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Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
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<td>C9067</td>
<td>GALLIUM GA-68, DOTATOC, DIAGNOSTIC, 0.01 MCI</td>
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<td>BREXUCABTAGENE AUTOLEUCEL, 200 MIL AUTOLOGOUS ANTI-CD19 CAR POSITIVE VIALABLE CELLS, INCL LEUKAPHERESIS, DOSE PREP, PER DOSE</td>
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<td>INJ PANTOPRAZOLE SODIUM, VIA</td>
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<td>PROTHROMBIN COMPLEX CONCENTRATE (HUMAN), KCENTRA, PER I.U. OF FACTOR IX ACTIVITY</td>
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<td>INJ, CLEVIDIPINE BUTYRATE</td>
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<td>LIDOCAINE 70 MG/TETRACAIN 70 MG, PER PATCH</td>
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<td>INJECTION BUPIVACAINE LIPOSOME 1 MG</td>
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<td>INJ, SOTALOL HYDROCHLORIDE, 1 MG</td>
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**Medication**

| J0120 | TETRACYCLINE UP TO 250MG INJ | Auth Not Required |
| J0121 | INJ, OMADACYCLINE, 1 MG | Not Covered |
| J0122 | INJ, ERAVACYCLINE, 1 MG | Auth Required |
| J0129 | ABATACEPT INJ, 10MG | Auth Required |

**Medication**

| J0130 | ABCIXMAB 10MG INJECTION | Auth Not Required |
| J0131 | INJ, ACETAMINOPHEN, 10 MG | Auth Not Required |
| J0132 | ACETYLCSYSTEINE INJECTION | Auth Not Required |
| J0133 | ACYLOVIR INJECTION | Auth Not Required |
| J0135 | ADALIMUMAB INJECTION | Delegated- Contact PBM |

**Medication**

<p>| J0137 | INJ, ADENOSINE, 1 MG | Auth Not Required |
| J0171 | ADRENALIN EPINEPHRINE 0.1 MG INJ | Auth Not Required |
| J0178 | INJ, AFLIBERCEPT, 1 MG | Auth Required |
| J0179 | INJ, BROLUCIZUMAB-DBLL, 1 MG | Auth Required |
| J0180 | AGALSIDASE BETA INJECTION | Auth Required |
| J0185 | INJ, APREPITANT, 1 MG | Auth Not Required |
| J0190 | BIPERIDEN LACTATE PER 5MG INJ | Auth Not Required |
| J0200 | ALATROFLOXACIN MESYL 100MG INJ | Auth Not Required |
| J0202 | INJ, AALEMTUZUMAB, 1 MG | Auth Required |
| J0205 | ALGLUCERASE PER 10 UNITS INJ | Auth Required |
| J0207 | AMIFOSTINE 500 MG | Auth Not Required |
| J0210 | METHYL HCl UP TO 250MG INJ | Auth Not Required |
| J0220 | ALGUCOSIDASE ALFA 10MG INJ | Auth Required |
| J0221 | INJ, ALGUCOSIDASE ALFA, [LUMIZYME], 10 MG | Auth Required |
| J0222 | INJ, PATISIRAN, 0.1 MG | Auth Required |
| J0223 | INJECTION, GIVOSIRAN, 0.5 MG | Auth Required |
| J0256 | ALPHA 1 PROTEINASE INH 10MG | Auth Required |
| J0257 | INJ, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), [GLASSIA], 10 MG | Auth Required |
| J0270 | ALPROSTADIL PER 1.25MCG INJ | Auth Not Required |
| J0275 | ALPROSTADIL URETHRAL SUPPOSITORY | Auth Not Required |
| J0278 | AMIKACIN SULFATE INJECTION | Auth Not Required |
| J0280 | AMINOPHYLLIN TO 250MG INJ | Auth Not Required |</p>
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01/25/2021

(Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.)
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01/25/2021
<p>| Medication | J1060 | TESTOST CYP ESTRAD CYP 1ML INJ | Auth Not Required |
| Medication | J1071 | INJ, TESTOSTERONE CYPIONATE, 1MG | Auth Not Required |
| Medication | J1080 | TESTOST CYPIONAT 200MG 1CC INJ | Auth Not Required |
| Medication | J1094 | DEXAMETHASONE ACETATE 1 MG INJ | Auth Not Required |
| Medication | J1096 | DEXAMETHASONE, OPHT INSERT, 0.1 MG | Auth Required |
| Medication | J1097 | PHENYLEPHRINE 10.16 MG/ML AND KETOROLAC 2.88 MG/ML OPHT Irrigation SOL, 1 ML | Auth Not Required |
| Medication | J1100 | DEXAMETHASONE SOD PHOS 1MG | Auth Not Required |
| Medication | J1110 | DIHYDROERGOTAMINE INJECTION 1MG | Auth Not Required |
| Medication | J1120 | ACETAZOLAMID SODIUM INJECTIO | Auth Not Required |
| Medication | J1130 | INJ, DICLOFENAC SODIUM, 0.5 MG | Auth Not Required |
| Medication | J1160 | DIGOXIN INJECTION | Auth Not Required |
| Medication | J1162 | DIGOXIN IMMUNE FAB (OVINE) | Auth Not Required |
| Medication | J1165 | PHENITOIN SODIUM INJECTION | Auth Not Required |
| Medication | J1170 | HYDROMORPHONE INJECTION | Auth Not Required |
| Medication | J1180 | DYPHYLLINE INJECTION | Auth Not Required |
| Medication | J1190 | DEXRAZOXANE HCL INJECTION 250 MG | Auth Not Required |
| Medication | J1200 | DIPHENHYDRAMINE HCL UP TO 50MG | Auth Not Required |
| Medication | J1201 | INJECTION, CETIRIZINE HYDROCHLORIDE, 0.5 MG | Auth Not Required |
| Medication | J1205 | CHLOROTHIAZIDE SODIUM INJ | Auth Not Required |
| Medication | J1212 | DIMETHYL SULFOXIDE 50% 50 ML | Auth Not Required |
| Medication | J1230 | METHADONE INJECTION | Auth Not Required |
| Medication | J1240 | DIMENHYDRINATE INJECTION | Auth Not Required |
| Medication | J1245 | DIPYRIDAMOLE INJECTION | Auth Not Required |
| Medication | J1250 | DOBUTAMINE HCL,PER 250 MG | Auth Not Required |
| Medication | J1260 | DOLASETRON MESYLATE 10MG INJ | Auth Not Required |
| Medication | J1265 | DOPAMINE INJECTION | Auth Not Required |
| Medication | J1267 | DORIPENEM 10MG INJ | Auth Not Required |
| Medication | J1270 | DOXERCALCIFEROL, 1 MCG INJ | Auth Not Required |
| Medication | J1290 | ECALLANTIDE 1 MG INJECTION | Auth Required |
| Medication | J1300 | ECLIZUMAB 10MG INJ | Auth Required |
| Medication | J1301 | INJ, EDARAVONE, 1 MG | Auth Required |
| Medication | J1303 | INJ, RAVULIZUMAB-CWVZ, 10 MG | Auth Required |
| Medication | J1320 | AMITRIPTYLINE INJECTION | Auth Not Required |
| Medication | J1322 | INJ, ELOSULFASE ALFA, 1MG | Auth Required |
| Medication | J1324 | ENFUVIRTIDE INJ, 1MG | Auth Required |
| Medication | J1325 | EPOPROSTENOL 0.5 MG | Auth Not Required |
| Medication | J1327 | EPTIFIBATIDE 5MG INJ | Auth Not Required |
| Medication | J1330 | ERGONOVINE MALEATE INJECTION | Auth Not Required |
| Medication | J1335 | ERTAPENEM SODIUM 500MG | Auth Not Required |
| Medication | J1364 | ERYTHRO LACTOBIONATE 5/500 MG | Auth Not Required |
| Medication | J1380 | ESTRADIOL VALERATE 10 MG INJ | Auth Not Required |
| Medication | J1410 | INJ ESTROGEN CONJUGATE 25 MG | Auth Not Required |
| Medication | J1428 | INJ, ETEPLIRSEN, 10 MG | Not Covered |
| Medication | J1429 | INJECTION, GOLODIRSEN, 10 MG | Not Covered |
| Medication | J1430 | ETHANOLAMINE OLEATE 100 MG | Auth Not Required |
| Medication | J1435 | INJECTION ESTRONE PER 1 MG | Auth Not Required |
| Medication | J1436 | ETIDRONATE DISODIUM INJ | Auth Not Required |
| Medication | J1437 | INJECTION, FERRIC DERISOMALTOSE, 10 MG | Not Covered |</p>
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<td>CEPHALOTHIN SODIUM TO 1G INJ</td>
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<td>J1930</td>
<td>IANREOTIDE 1MG INJ</td>
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<td>LARONIDASE INJECTION</td>
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<td>FUROSEMIDE TO 20MG INJ</td>
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<td>J1943</td>
<td>INJ, ARIPIPRAZOLE LAUROXIL, (ARISTADA INITIO), 1 MG</td>
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<td>J1945</td>
<td>LEPIRUDIN</td>
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<td>LEVUNIDRIDE ACETATE 3.75MG INJ</td>
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<td>LEVERTACETAM 10MG INJ</td>
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<td>J1956</td>
<td>LEVOFLOXACIN 250MG INJ</td>
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<td>LIDOCAINE HCI IV, 10 MG, INJ</td>
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<td>LINCOMYCIN HCL 300MG INJ</td>
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<td>INJ, LINEZOLID, 200 MG</td>
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<td>LORAZEPAM 2MG INJ</td>
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<td>LOXAPINE, INHALATION, 1 MG</td>
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<td>MANNITOL 25% IN 50ML INJ</td>
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<td>MEPERIDINE HYDROCHL 100MG INJ</td>
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<td>MEROPENEM</td>
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<td>INJECTION, METHYLNALTREXONE, 0.1 MG</td>
<td>Delegated- Contact PBM</td>
<td>Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.</td>
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<td>MICAFUNGIN SODIUM INJ, 1MG</td>
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<td>MIRUNONE LACTATE 5 ML INJ</td>
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<td>INJ, MINOCYLNE HYDROCHLORIDE, 1 MG</td>
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<td>MORPHONE SULFATE 10MG INJ</td>
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<td>INJ, MORPHONE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHecal USE, 10MG</td>
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<td>ZICONOTIDE INJECTION</td>
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<td>INJ, MOXIFLOXACIN 100 MG</td>
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<td>J2300</td>
<td>NALBUPHINE HCL PER 10 MG INJ</td>
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<td>J2315</td>
<td>NALTREXONE EPO INJ, 1MG</td>
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<td>NANDROLONE DECANOATE 50 MG INJ</td>
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<td>J2323</td>
<td>NATALIZUMAB 1MG INJ</td>
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<td>NESiritide INJECTION</td>
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<td>INJ, OCRELIZUMAB, 1 MG</td>
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<td>Medication</td>
<td>J2353</td>
<td>OCTRETOIDE DEPOT IM INJ, 1MG</td>
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<td>OPRELVEKIN 5 MG INJ</td>
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<td>OLANZAPINE LONG-ACTING 1 MG INJ</td>
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<td>ORPHENADRINE CIT 60MG INJ</td>
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<td>PHENYLEPHRINE HCL 1ML INJ</td>
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<td>J2400</td>
<td>CHLOROPROCAINE HCL 30ML INJ</td>
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<td>ONDANSETRON HCL 1MG INJ</td>
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<td>J2407</td>
<td>INJ, ORITAVANCIN, 10 MG</td>
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<td>Medication</td>
<td>J2410</td>
<td>OXYMORPHONE HCL 1MG INJ</td>
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<td>J2426</td>
<td>PALIPERIDONE PALMITATE 1 MG INJ</td>
<td>Delegated- Contact PBM</td>
<td>Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.</td>
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<td>PARICALCITOL 1 MCG INJ</td>
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<td>J2502</td>
<td>INJ, PASIRETIDE LONG ACTING, 1 MG</td>
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<td>PEGFILGRASTIM 6 MG INJ</td>
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<td>INJ, PEGLOTICASE, 1 MG</td>
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<td>Medication</td>
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<td>PENIC G PROC TO 600,000 U INJ</td>
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<td>PENTASTARCH 10% SOLUTION</td>
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<td>PENTOBARBITAL SODIUM 50MG INJ</td>
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<td>PENICILLIN G POTASS 50MG INJ</td>
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<td>J2543</td>
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<td>J2547</td>
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<td>PROMETHAZINE HCL 50MG INJ</td>
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<td>J2560</td>
<td>PHENOBARBITAL SOD 120MG INJ</td>
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<td>OXYTOCIN TO 10 UNITS INJ</td>
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<td>DESMOPRESSIN ACETATE 1 MCG INJ</td>
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<td>J2650</td>
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<td>PROGESTERONE PER 50MG INJ</td>
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<td>FLUPHENAZINE DECAN 25 MG INJ</td>
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<td>PROCAINAMIDE HCL 1G INJ</td>
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<td>OXACILLIN SOD 250MG INJ</td>
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<td>INJ, PROPOFOL, 10 MG</td>
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<td>NEOSTIGMINE METHYL 0.5MG INJ</td>
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<td>PROTAMINE SULFATE 10 MG INJ</td>
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<td>PRALIDOXIME CHLORIDE 1G INJ</td>
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<td>PHENTOLAMINE MESYLATE 5MG INJ</td>
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<td>METOCLOPRAMIDE HCL 10MG INJ</td>
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<td>Medication</td>
<td>J2770</td>
<td>QUINUPRISTIN/DALFOPRIST 500 MG</td>
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<td>Medication</td>
<td>J2778</td>
<td>RANIBIZUMAB 0.1MG INJ</td>
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<td>J2780</td>
<td>RANITIDINE HYDROCHLOR 25MG INJ</td>
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<td>RASBURICASE</td>
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<td>Medication</td>
<td>J2785</td>
<td>REGADENOSON 0.1MG INJ</td>
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<td>J2786</td>
<td>INJ, RESLIZUMAB, 1 MG</td>
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<td>Medication</td>
<td>J2787</td>
<td>RIBOFLAVIN 5-PHOSPHATE, OPHTHALMIC SOLUTION, UP TO 3 ML</td>
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<td>J2788</td>
<td>RHO D IMMUNE GLOBULIN,HUMA 50MCG INJ</td>
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<td>RHO D IMM GLOB 300MCG INJ</td>
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<td>RHOPHYLAC INJECTION</td>
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<td>RHO D IMM GLOB IV 100IU INJ</td>
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<td>Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.</td>
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<td>Medication</td>
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<td>RISPERIDONE, LONG ACTING 0.5MG</td>
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<td>J2795</td>
<td>ROPIVACAINE HCL 1 MG</td>
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<td>Medication</td>
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<td>ROMIPLOSTIM INJECTION 10MCG</td>
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<td>INJ, ROLAPITANT, 0.5 MG</td>
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<td>J2798</td>
<td>INJ, RISPERIDONE, (PERSERIS), 0.5 MG</td>
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<td>J2800</td>
<td>METHOCARBAMOL TO 10ML INJ</td>
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<td>J2805</td>
<td>SINCALIDE INJECTION</td>
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<td>THEOPHYLLINE PER 40 MG INJ</td>
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<td>SARGRAMOSTIM GM-CSF 50MCG INJ</td>
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<td>INJ, SILTUXIMAB, 10 MG</td>
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<td>AUROTHIIOGLUCOSE 50MG INJ</td>
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<td>SOD FERRIC GLUC COMPLEX 12.5MG INJ</td>
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<td>M ETHYLPRED SOD SUCC 40MG INJ</td>
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<td>SOMATREM, 1 MG INJ</td>
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<td>J2941</td>
<td>SOMATROPIN, 1 MG INJ</td>
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<td>PROMAZINE HCL 25 MG INJ</td>
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<td>ALTEPLASE RECOMBINANT 1 MG INJ</td>
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<td>J3010</td>
<td>FENTANYL CITRATE INJ 0.1 MG</td>
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<td>CHLORPROMAZINE HCL 50MG INJ</td>
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<td>TOBRAMYCIN SULFATE 80MG INJ</td>
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<td>TORSEMIDE 10 MG/ML INJECTION</td>
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<td>J3280</td>
<td>THIETHYLPERAZINE MAL 10MG INJ</td>
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<td>J3285</td>
<td>TREPROMERIN INJECTION</td>
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<tr>
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<td>J3300</td>
<td>TRIAMCINOLONE ACETONIDE 1MG INJ</td>
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<td>J3301</td>
<td>TRIAMCINOLONE ACET 10MG INJ</td>
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<td>J3302</td>
<td>TRIAMCINOLONE DIACET 5MG INJ</td>
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<td>J3303</td>
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<td>TRIMETREXATE GLUCOR 25MG INJ</td>
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<td>PERPHENAZINE 5MG INJECTION</td>
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<td>J3315</td>
<td>TRIPTORELIN PAMOATE 3.7MG INJ</td>
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<td>UREA UP TO 40G INJECTION</td>
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<td>USTEKINUMAB, FOR IV INJECTION, 1 MG</td>
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<td>Medication</td>
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<td>DIAZEPAM UP TO 5MG INJECTION</td>
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<td>J3364</td>
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<td>VELAGLUCERASE ALFA100 UNIT INJ</td>
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<td>VERTEPORFIN INJECTION</td>
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<td>INJ, VESTRONIDASE ALFA-VIBK, 1 MG</td>
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<td>INJ, NAPARVOVEC-RZYL, 1 BILLION VECTOR GENOMES</td>
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<td>J3399</td>
<td>INJECTION, ONASEMNOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP TO 5X10^15 VECTOR GENOMES</td>
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<td>VITAMIN B12 CYANO 1000MCG INJ</td>
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<td>VITAMIN K PHYTONADIONE 1MG INJ</td>
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<td>INJECTION, VORICONAZOLE</td>
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<td>J3470</td>
<td>HYALURONIDASE TO 150UNITS INJ</td>
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<td>MAGNESIUM SULPH PER 500 MG INJ</td>
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<td>POTASSIUM CHLORIDE PER 2 MEQ</td>
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<td>ZIDOVUDINE 10 MG INJ</td>
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<td>DRUG OR BIOLOGICAL, ESRD ON DIALYSIS, NOC</td>
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<td>Medication</td>
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<td>NORMAL SALINE SOLUTION 1,000CC</td>
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<td>NORMAL SAL SOL INFUS 500ML=1UN</td>
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<td>5% DEXT/NORMAL SAL 500ML=1UNIT</td>
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<td>DEXTRAN 75 INFUSION 500ML</td>
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<td>5% DEXTROSE IN LACTATED RINGERS INF, UP TO 1000 CC</td>
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<td>J7131</td>
<td>HYPERTONIC SALINE SOLUTION, 1 ML</td>
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<td>J7169</td>
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<td>INJ, EMICIZUMAB-KXWH, 0.5 MG</td>
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<tr>
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<td>J7175</td>
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<td>INJECTION, FIBRYGA, 1 MG</td>
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<td>INJ, HUMAN FIBRINOGEN CONCENTRATE, 1 MG</td>
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<td>XYNTHA INJ PER I.U.</td>
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<td>ANTIHEMOPHILIC FACTOR VIII PER FACTOR</td>
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<td>FACTOR VIII</td>
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<td>FACTOR VIII HUMAN PER IU</td>
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<td>FACTOR IX COMPLEX PER IU</td>
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<td>J7300</td>
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<td>J7301</td>
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<td>J7303</td>
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<td>J7309</td>
<td>METHYL AMINOLEVULINATE, TOP 1G 16.8%</td>
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<td>J7324</td>
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<td>J7325</td>
<td>SYNVISC OR SYNVISC-ONE</td>
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<td>HYALURONAN/DERIVATIVE, GEL-ONE,INTRA-ARTICULAR INJ PER DOSE</td>
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<td>HYALURONAN OR DERIVATIVE, GEL-SYN, INTRA-ARTICULAR INJECTION, 0.1 MG</td>
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<td>J7333</td>
<td>HYALURONAN OR DERIVATIVE, VISCO-3, FOR INTRA-ARTICULAR INJECTION, PER DOSE</td>
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<td>J7336</td>
<td>CAPSAICIN 8% PATCH, PER SQ CENT</td>
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<td>J7340</td>
<td>CARBIDOPA 5 MG/LEVODOBPA 20 MG ENTERAL SUSPENSION</td>
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<td>J7342</td>
<td>INSTALLATION, CIPROFLOXACIN OTIC SUSPENSION, 6 MG</td>
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<td>J7345</td>
<td>AMINOLEVULINIC ACID HCL, TOPICAL ADMINISTRATION, 10% GEL, 10 MG</td>
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<td>INJECTION, BIMATOPROST, INTRACAMERAL IMPLANT, 1 MICROGRAM</td>
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<td>J7352</td>
<td>AFAMELANOTIDE IMPLANT, 1 MG</td>
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01/25/2021
<p>| Medication | J7401 | MOMETASONE FURATE SINUS IMPLANT, 10 MCG | Not Covered |
| Medication | J7500 | AZATHIOPRINE ORAL 50MG | Auth Not Required |
| Medication | J7501 | AZATHIOPRINE PARENTERAL 100MG | Auth Not Required |
| Medication | J7502 | CYCLOSPORINE ORAL 100MG | Auth Not Required |
| Medication | J7503 | TACROLIMUS, EXTENDED RELEASE, (ENVARSUS XR), ORAL, 0.25 MG | Auth Not Required |
| Medication | J7504 | LYMPHOCYTE IMM GLOBULIN, ORAL | Auth Not Required |
| Medication | J7505 | MUROMONAB-CD3 PARENTERAL 5 MG | Auth Not Required |
| Medication | J7507 | TACROLIMUS ORAL PER 1 MG | Auth Not Required |
| Medication | J7508 | TACROLIMUS EXTENDED RELEASE ORAL 0.1 MG | Auth Not Required |
| Medication | J7509 | METHYL PREDNI SOLON ORAL 4MG | Auth Not Required |
| Medication | J7510 | PREDNI SOLON ORAL PER 5 MG | Auth Not Required |
| Medication | J7511 | LYMPHOCYTE IMM GLOBULIN, 25 MG | Auth Not Required |
| Medication | J7512 | PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG | Auth Not Required |
| Medication | J7513 | DACLIZUMAB PARENTERAL 25 MG | Auth Not Required |
| Medication | J7515 | CYCLOSPORINE ORAL 25MG | Auth Not Required |
| Medication | J7516 | CYCLOSPORIN PARENTERAL 250MG | Auth Not Required |
| Medication | J7517 | MYCOPHENOLATE MOFET ORAL 250MG | Auth Not Required |
| Medication | J7518 | MYCOPHENOLIC ACID, ORAL 180MG | Auth Not Required |
| Medication | J7520 | SIROLIMUS ORAL 1 MG | Auth Not Required |
| Medication | J7525 | TACROLIMUS PARENTERAL 5 MG | Auth Not Required |
| Medication | J7527 | EVEROLIMUS, ORAL, 0. 25 MG | Auth Not Required |
| Medication | J7599 | IMMUNOSUPPRESSIVE DRUG, NEC | Auth Required | Auth Required when billing over $500 |
| Medication | J7604 | ACETYLCYSTEINE INH SOL UNIT DOSE | Auth Not Required |
| Medication | J7605 | ARFORMOTEROL NON-COMP UNIT | Auth Not Required |
| Medication | J7606 | FORM FURMARATE INH SOL UNIT DOSE | Auth Not Required |
| Medication | J7607 | LEVALBUTEROL INH SOLU 0.5 MG | Auth Not Required |
| Medication | J7608 | ACETYLCYSTEINE INH SOL NONCOMP UN 1GM | Auth Not Required |
| Medication | J7609 | ALBUTEROL INH SOL UNIT DOSE 1MG | Auth Not Required |
| Medication | J7610 | ALBUTEROL INHAL SOLUTION, 1MG | Auth Not Required |
| Medication | J7611 | ALBUTEROLINH SOL_CONCNR/TMG | Auth Not Required |
| Medication | J7612 | LEVALBUTEROL INH SOL CON 0.5MG | Auth Not Required |
| Medication | J7613 | ALBUTEROL INH SOL,UNIT DOSE/MG | Auth Not Required |
| Medication | J7614 | LEVALBUTEROL INH SOL UNIT .5MG | Auth Not Required |
| Medication | J7615 | ACETYLCYSTEINE 20% PER ML INH | Auth Not Required |
| Medication | J7620 | ALBUTER 2.5MG/IPRA BRO .05 MG | Auth Not Required |
| Medication | J7622 | BETHAMETHASONE,INH SOL UNIT/MI | Auth Not Required |
| Medication | J7624 | BETHAMETHASONE,INH SOL UNIT/MIL | Auth Not Required |
| Medication | J7626 | BUDESONIDE INH SOL,UNIT .5MG | Auth Not Required |
| Medication | J7627 | BUDESONIDE INH SOL COMPOUND 0.5 | Auth Not Required |
| Medication | J7628 | BITOLTEROL MESY INH CON PER MI | Auth Not Required |
| Medication | J7629 | BITOLTEROL MES INH UNIT PER MI | Auth Not Required |
| Medication | J7631 | CROMOLYN SOD INH UNIT PER 10MG | Auth Not Required |
| Medication | J7632 | CROMOLYN SODIUM COMP UNIT | Auth Not Required |
| Medication | J7633 | BUDESONIDE INH SOL CON .25MIL | Auth Not Required |
| Medication | J7634 | BUDESONIDE INH SOL 0.25MIL | Auth Not Required |
| Medication | J7635 | ATROPINE INH SOL CONC PER MIL | Auth Not Required |
| Medication | J7636 | ATROPINE INH UNIT DOSE PER MIL | Auth Not Required |
| Meditation | J7637 | DEXAMETHASONE INH CONC PER MIL | Auth Not Required |
| Meditation | J7638 | DEXAMETHASONE INH UNIT PER MIL | Auth Not Required |</p>
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<th>J7639</th>
<th>DORNASE ALPHA INH UNIT DOSE PER MG</th>
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01/25/2021
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| Medication | J8670 | ROLAPITANT, ORAL, 1 MG | Auth Not Required |
| Medication | J8700 | TEMOZOLMIDE ORAL 5 MG | Auth Not Required |
| Medication | J8705 | TOPOTECAN ORAL 0.25MG | Auth Not Required |
| Medication | J8999 | ORAL PRESCRIPTION DRUG CHEMO | Auth Required |
| Medication | J9000 | DOXORUBIC HCL 10 MG CHEMO | Auth Not Required |
| Medication | J9010 | ALEMTUZUMAB, 10 MG | Auth Not Required |
| Medication | J9015 | ALDESLEUKIN PER SINGLE USE VL | Auth Required |
| Medication | J9017 | ARSENIC TRIOXIDE, 1 MG | Auth Required |
| Medication | J9019 | INJ, ASPARAGINASE (ERWINAZE), 1,000 IU | Auth Required |
| Medication | J9020 | ASPARAGINASE 10,000 UNITS | Auth Required |
| Medication | J9022 | INJ, ATEZOLIZUMAB, 10 MG | Auth Required |
| Medication | J9023 | INJ, AVELUMAB, 10 MG | Auth Required |
| Medication | J9025 | AZACITIDINE INJECTION | Auth Required |
| Medication | J9027 | CLOFARABINE INJECTION | Auth Required |
| Medication | J9030 | BCG LIVE INTRAVESICAL INSTILLATION, 1 MG | Auth Not Required |
| Medication | J9032 | INJ, BELINOSTAT, 10 MG | Auth Required |
| Medication | J9033 | BENHAMUSTINE HCI 1MG INJ | Auth Required |
| Medication | J9034 | INJECTION, BENHAMUSTINE HCL (BENDEKA), 1 MG | Auth Required |
| Medication | J9035 | BEVACIZUMAB INJECTION | Auth Required |
| Medication | J9036 | INJECTION, BENHAMUSTINE HYDROCHLORIDE, (BELRAPZO), 1 MG | Not Covered |
| Medication | J9039 | INJ, BLINATUMOMAB, 1 MICROGRAM | Auth Required |
| Medication | J9040 | BLEOMYCIN SULFATE 15 UNITS | Auth Required |
| Medication | J9041 | BORTEZOMIB INJECTION | Auth Required |
| Medication | J9042 | INJ, BRENITUXIM VEDOTIN, 1 MG | Auth Required |
| Medication | J9043 | INJ, CABAZITAXEL, 1 MG | Auth Required |
| Medication | J9044 | INJECTION, BORTEZOMIB, NOS, 0.1 MG | Auth Required |
| Medication | J9045 | CARBOPLATIN 50MG | Auth Not Required |
| Medication | J9047 | INJECTION CARFIZOMIB 1 MG | Auth Required |
| Medication | J9050 | CARMUSTINE 100MG INJ | Auth Required |
| Medication | J9055 | CETUXIMAB INJECTION | Auth Required |
| Medication | J9057 | INJ, COPANLISIB, 1 MG | Auth Required |
| Medication | J9060 | CISPLATIN POWDER OR SOL 10MG | Auth Not Required |
| Medication | J9065 | CLADRINE PER 1 MG INJ | Auth Required |
| Medication | J9070 | CYCLOPHOSPHAMIDE 100 MG | Auth Not Required |
| Medication | J9098 | CYTARABINE LIPOSONE 10MG INJ | Auth Required |
| Medication | J9100 | CYTARABINE 100 MG | Auth Not Required |
| Medication | J9118 | INJECTION, CALASPARGE PEGOL-MKNL, 10 UNITS | Auth Required |
| Medication | J9119 | INJECTION, CEMIPLUMAB-RWLC, 1 MG | Auth Required |
| Medication | J9120 | DACTINOMYCIN D 0.5MG | Auth Required |
| Medication | J9130 | DACARBAZINE 100 MG | Auth Not Required |
| Medication | J9144 | INJECTION, DARAMUMAB, 10 MG AND HYALURONIDASE-FIHJ | Not Covered |
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| Medication | J9145 | INJ, DARAMUMAB, 10 MG | Auth Required |
| Medication | J9150 | DAUNORUBICIN 10MG | Auth Not Required |
| Medication | J9151 | DAUNORUBICIN CITRATE LIPO 10MG | Auth Required |
| Medication | J9153 | INJ, LIPOSONAL, 1 MG DAUNORUBICIN AND 2.27 MG CYTARABINE | Auth Required |
| Medication | J9155 | DEGARELIX INJECTION 1MG | Auth Required |</p>
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<td>OSSICULAR IMPLANT</td>
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<tr>
<td>L8614</td>
<td>COCHLEAR DEVICE</td>
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<td>L8615</td>
<td>COCH IMPLANT HEADSET REPLACE</td>
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<td>L8616</td>
<td>COCH IMPLANT MICROPHONE REPL</td>
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<td>L8617</td>
<td>COCH IMPLANT TRANS COIL REPL</td>
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<td>L8618</td>
<td>COCH IMPLANT TRAN CABLE REPL</td>
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<td>L8619</td>
<td>COCH IMP EXT PROC/CONTR REPL</td>
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<tr>
<td>L8623</td>
<td>LITH ION BATT CID,NON-EARLVL</td>
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<td>L8624</td>
<td>LITH ION BATT CID, EAR LEVEL</td>
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<td>L8625</td>
<td>EXTERNAL RECHARG SYS FOR COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DEVICE BATTERY, REPL ONLY, EA</td>
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<tr>
<td>L8627</td>
<td>CID EXT SPEECH PROCESS REPL</td>
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<tr>
<td>L8628</td>
<td>CID EXT CONTROLLER REPL</td>
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<tr>
<td>L8629</td>
<td>CID TRANSMIT COIL AND CABLE</td>
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<tr>
<td>L8631</td>
<td>MCP JOINT REPL 2 PC OR MORE</td>
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<td>L8641</td>
<td>METATARSAL JOINT IMPLANT</td>
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<tr>
<td>L8642</td>
<td>HALLUX IMPLANT</td>
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<td>L8658</td>
<td>INTERPHALANGEAL JOINT SPACER</td>
<td>Auth Required</td>
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<td>L8659</td>
<td>INTERPHALANGEAL JOINT REPL</td>
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<td>L8670</td>
<td>VASCULAR GRAFT, SYNTHETIC</td>
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<td>L8679</td>
<td>IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR ANY</td>
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<td>L8680</td>
<td>IMPLT NEUROSTIM ECTR EACH</td>
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<td>L8681</td>
<td>PT PRGRM FOR IMPLT NEUROSTIM</td>
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<td>L8682</td>
<td>IMPLT NEUROSTIM RADFOQ REC</td>
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<td>L8683</td>
<td>RADIOFQ TRSMTR FOR IMPLT NEU</td>
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<td>L8684</td>
<td>RADIOF TRSMTR IMPLT SCRL NEU</td>
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<td>IMPLT NROSTM PLS GEN DUA NON</td>
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<td>EXTERNAL RECHARG SYS INTERN</td>
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<td>L8690</td>
<td>AUD OSSEO DEV, INT/EXT COMP</td>
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<td>L8691</td>
<td>OSSEOINTEGRATED SND PROC RPL</td>
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<td>L8692</td>
<td>NON-OSSEOINTEGRATED SND PROC</td>
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<td>L8693</td>
<td>AUD OSSEO DEV, ABUTMENT</td>
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<td>L8694</td>
<td>AUDITORY OSSEOINTEGRATED DEVICE, TRANSCLUDER/ACTUATOR, REPLACEMENT ONLY, EA</td>
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<td>EXTERNAL RECHARG SYS EXTERN</td>
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<td>L8696</td>
<td>ANTENNA (EXTERNAL) FOR IMPL DIAPHRAGMATIC/PHRENIC NERVE STIM DEVICE, REPLACEMENT, EACH</td>
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<tr>
<td>L8698</td>
<td>MISC COMP/SUPPLY/ACCESS USED WITH TOTAL ARTIFICIAL HEART SYSTEM</td>
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<td>L8699</td>
<td>PROSTHETIC IMPLANT,NOS</td>
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<td>O&amp;P SUPPLY/ACCESSORY/SERVICE</td>
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<td>Q0138</td>
<td>FERUMOXYTOL, NON-ESRD</td>
<td>Auth Required</td>
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<td>Q0139</td>
<td>FERUMOXYTOL, ESRD</td>
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<td>Q0144</td>
<td>AZITHROMYCIN DIHYDRATE, ORAL</td>
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<td>Medication</td>
<td>Description</td>
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<tr>
<td>Q0161</td>
<td>Chlorpromazine Hydrochloride 5 mg Oral</td>
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<tr>
<td>Q0162</td>
<td>Ondansetron 1 mg, Oral, FDA Approved Prescription Anti-Emetic, For Use As A</td>
<td>Not Required</td>
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<tr>
<td>Q0163</td>
<td>Diphenhydramine HCl 50 mg</td>
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<tr>
<td>Q0164</td>
<td>Prochlorperazine Maleate 5 mg</td>
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<tr>
<td>Q0166</td>
<td>Granisetron HCl 1 mg, Oral</td>
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<tr>
<td>Q0167</td>
<td>Dronabinol 2.5 mg, Oral</td>
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<tr>
<td>Q0169</td>
<td>Promethazine HCl 12.5 mg, Oral</td>
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<tr>
<td>Q0173</td>
<td>Trimethobenzamide HCl 250 mg</td>
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<td>Q0174</td>
<td>Thiethylperazine Maleate 10 mg</td>
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<tr>
<td>Q0175</td>
<td>Perphenazine, Oral</td>
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<tr>
<td>Q0177</td>
<td>Hydroxyzine Pamoate 25 mg</td>
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<td>Q0180</td>
<td>Dolasetron Mesylate Oral</td>
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<td>Q0181</td>
<td>Unspecified Oral Anti-Emetic</td>
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<td>Q0510</td>
<td>Dispens Fee Immunosuppressive</td>
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<tr>
<td>Q0511</td>
<td>Sup Fee Antiem, Antica, Immuno</td>
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<td>Q0512</td>
<td>Pk Sup Fee Anti-Can Sub Pres</td>
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<tr>
<td>Q0513</td>
<td>Disp Fee Inhal Drugs/30 Days</td>
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<td>Q0514</td>
<td>Disp Fee Inhal Drugs/90 Days</td>
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<td>Q0515</td>
<td>Sermorelin Acetate Injection</td>
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<tr>
<td>Q2009</td>
<td>Fosphenytoin inj pe 50 mg</td>
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<tr>
<td>Q2017</td>
<td>Teniposide, 50 mg</td>
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<td>Q2028</td>
<td>Injection Sculptra 0.5 mg</td>
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<tr>
<td>Q2034</td>
<td>Flu virus vac split virus intramuscular agriflu</td>
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<tr>
<td>Q2035</td>
<td>Afluria Vacc, 3 Yrs &amp; &gt;, IM</td>
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<tr>
<td>Q2036</td>
<td>Fluval VACC, 3 Yrs &amp; &gt;, IM</td>
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<tr>
<td>Q2037</td>
<td>Fluvirin VACC, 3 Yrs &amp; &gt;, IM</td>
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<tr>
<td>Q2038</td>
<td>Fluzone VACC, 3 Yrs &amp; &gt;, IM</td>
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<tr>
<td>Q2039</td>
<td>Nos flu VACC, 3 Yrs &amp; &gt;, IM</td>
<td>Not Required</td>
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<tr>
<td>Q2041</td>
<td>Infusion, Axicabtagene Ciloleucel, Max 200 Mil Autologous Car T Cells, Per</td>
<td>Required</td>
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<tr>
<td>Q2043</td>
<td>Sipuleucel-T, Min 50 mill autologous CD54+ cells actvtd, per infusion</td>
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<tr>
<td>Q2049</td>
<td>Inj Doxorubicin Hcl lip imported lipodox 10 mg</td>
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<tr>
<td>Q2050</td>
<td>Injection Doxorubicin Hcl liposomal nos 10 mg</td>
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<tr>
<td>Q2052</td>
<td>Services supplies in home medicare ivig dem</td>
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<tr>
<td>Q3027</td>
<td>Injection Interferon Beta-1A 1 MCG Im use</td>
<td>Delegated- Contact</td>
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<tr>
<td>Q3028</td>
<td>Injection Interferon Beta-1A 1 MCG subq use</td>
<td>Delegated- Contact</td>
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<td>Q4050</td>
<td>Cast supplies unlisted</td>
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<tr>
<td>Q4051</td>
<td>Splint supplies, misc</td>
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<tr>
<td>Q4074</td>
<td>Iloprost non-comp unit dose</td>
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<tr>
<td>Q4081</td>
<td>Epoetin alfa, 100 units ESRD</td>
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<tr>
<td>Q4082</td>
<td>Drug/bio noc part B drug cap</td>
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<tr>
<td>Q5101</td>
<td>Injection, Filgrastim (G-CSF), biosimilar, 1 microgram</td>
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<tr>
<td>Q5103</td>
<td>Inj, Infliximab-Dyyb, biosimilar, (Inflectra), 10 mg</td>
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<tr>
<td>Medication Q5104</td>
<td>INJ, INFliximab-Abda, Biosimilar, (Renflexis), 10 MG</td>
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<tr>
<td>Medication Q5105</td>
<td>INJ, Epoetin Alfa, Biosimilar, (Retacrit) (ESRD On Dialysis), 100 UNITS</td>
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<tr>
<td>Medication Q5106</td>
<td>INJ, Epoetin Alfa, Biosimilar, (Retacrit) (Non-ESRD Use), 1000 UNITS</td>
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<tr>
<td>Medication Q5107</td>
<td>INJECTION MVASI, 10 MG</td>
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<tr>
<td>Medication Q5108</td>
<td>INJECTION, Fulphila</td>
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<tr>
<td>Medication Q5109</td>
<td>INJECTION, Ixifi, 10 MG</td>
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<tr>
<td>Medication Q5111</td>
<td>INJ, Pegfilgrastim-Crbv, Biosimilar, (Jdenyca), 0.5 MG</td>
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<tr>
<td>Medication Q5112</td>
<td>INJ, Trastuzumab-Dttb, Biosimilar, (Ontruzant), 10 MG</td>
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<td>Medication Q5113</td>
<td>INJ, Trastuzumab-Pkrb, Biosimilar, (Herzuma), 10 MG</td>
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<td>Medication Q5114</td>
<td>INJ, Trastuzumab-Dkst, Biosimilar, (Ogivri), 10 MG</td>
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<tr>
<td>Medication Q5115</td>
<td>INJ, Rituximab-Abbs, Biosimilar, (Truxima) 10 MG</td>
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<td>Medication Q5116</td>
<td>INJ, Trastuzumab-Qyyp, Biosimilar, (Trazimera), 10 MG</td>
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<td>INJ, Trastuzumab-Anns, Biosimilar, (Kanjinti), 10 MG</td>
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<td>Medication Q5118</td>
<td>INJ, Bevacizumab-Bvzr, Biosimilar, (Zirabev), 10 MG</td>
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<td>Medication Q5119</td>
<td>INJECTION, Rituximab-Pvvr, Biosimilar, (Ruxience), 10 MG</td>
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<td>Medication Q5120</td>
<td>INJECTION, Pegfilgrastim-Bmez, Biosimilar, (Ziextenz2o), 0.5 MG</td>
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<td>INJECTION, Infliximab-Axqo, Biosimilar, (Avsola), 10 MG</td>
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<td>Medication Q5122</td>
<td>INJECTION, Pegfilgrastim-Appf, Biosimilar, (Nvvpria), 0.5 MG</td>
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<td>Medication Q9991</td>
<td>INJ, Buprenorphine Ext-Rel (Sublocaide), 100 MG Or Less</td>
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<tr>
<td>Medication Q9992</td>
<td>INJ, Buprenorphine Ext-Rel (Sublocaide), Greater Than 100 MG</td>
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<td>Service Request S1034</td>
<td>ARTIF PANCREAS DEVCS THAT CMNCT W/ALL DEVCS</td>
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<td>Service Request S1035</td>
<td>SENSOR; INVASV DSPBL USE ARTIF PANCREAS DEVCS SYS</td>
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<td>Service Request S2053</td>
<td>TRANSPLANTATION OF SMALL INT</td>
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<td>Service Request S2054</td>
<td>TRANSPLANTATION OF MULTIVISC</td>
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<td>Service Request S2060</td>
<td>LOBAR LUNG TRANSPLANTATION</td>
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<td>SIMULT PANC KIDN TRANS</td>
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<td>Service Request S2095</td>
<td>TRANSCATHER EMBOLIZ MICROSPHER</td>
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<td>ISLET CELL TISSUE TRANSPLANT</td>
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<tr>
<td>Service Request S2112</td>
<td>KNEE ARTHROSCOP HAV</td>
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<td>Service Request S2118</td>
<td>TOTAL HIP RESURFACING</td>
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<td>Service Request S2140</td>
<td>CORD BLOOD HARVESTING</td>
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<td>Service Request S2142</td>
<td>CORD BLOOD-DERIVED STEM-CELL</td>
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<td>Service Request S2150</td>
<td>BMT HARV/TRANSPL 28D PKG</td>
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<td>SOLID ORGAN TRANSPL PKG</td>
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<td>ECHOSCLEROThERAPY</td>
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<td>GENETIC TESTING ALS</td>
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<td>DNA ANALYSIS RET-Oncogene</td>
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<td>GENE TEST RETINOBLASTOMA</td>
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<td>GENE TEST HIPPEL-LINDAU</td>
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<td>GENE TEST MYO MUSCLR DYST</td>
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<td>GENETIC TEST BRUGADA</td>
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<td>CGH TEST DEVELOPMENTAL DELAY</td>
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<td>Service Request S9152</td>
<td>SPEECH THERAPY, RE-EVAL</td>
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<td>Service Request S9341</td>
<td>HIT ENTERAL GRAV DIEM</td>
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<td>Service Request S9342</td>
<td>HIT ENTERAL PUMP DIEM</td>
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<td>Service Request S9343</td>
<td>HIT ENTERAL BOLUS NURS</td>
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<td>Service Request S9960</td>
<td>AMB SERVICE AIR NONEMERGENCY 1 WAY FIXED WING</td>
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<td>LENS SINGLE VISION NOT OTH C</td>
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<td>V2797</td>
<td>VIS ITEM/SVC IN OTHER CODE</td>
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<td>V2799</td>
<td>MISCELLANEOUS VISION SERVICE</td>
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<td>V5299</td>
<td>HEARING SERVICE</td>
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<td>V5362</td>
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<td>V5363</td>
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<td>V5364</td>
<td>DYSPHAGIA SCREENING</td>
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<td>81168</td>
<td>CCND1/IGH TRANSLOCATION ALYS MAJOR BP QUAL AND QUAN</td>
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<td>NTRK1 TRANSLOCATION ANALYSIS</td>
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<td>NTRK2 TRANSLOCATION ANALYSIS</td>
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<td>81278</td>
<td>IGH@/BCL2 TRANSLOCATION ALYS MBR AND MCR BP QUAL/QUAN</td>
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