Renal Dialysis Revised 7/1/2025
Payment Allowance Limits for Medicare Part B Drugs

TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Effective July 1, 2025 through June 30, 2026

Notes:

- Payment allowance limits subject to the ASP methodology are based on 1Q25 ASP data.
- The absence or presence of a HCPCS code and the payment allowance limits in this table does not indicate whether Medicare covers a drug. These determinations shall be made by the local Medicare contractor processing the claim.
- Red indicates new codes or changes for the most current revision date.
- Blue indicates code is end dated
- Billing Instructions: http://www.kymmis.com/kymmis/Provider%20Relations/billingInst.aspx
- The appearance on this fee schedule of a code and rate is not an indication of coverage, nor a guarantee of payment.
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HCPCS Code	Short Description	HCPCS Dosage	Payment Limit	Vaccine AWP%	Vaccine Limit	Notes
90670	Pcv13 vaccine im	0.5 ML	257.989	0.000	257.989	
90732	Ppsv23 vacc 2 yrs+ subq/im	0.5 ML	133.472	0.000	133.472	
90740	Hepb vacc 3 dose immunsup im	40 MCG	164.422	0.000	164.422	
90746	Hepb vaccine 3 dose adult im	20 MCG	70.376	0.000	70.376	
90747	Hepb vacc 4 dose immunsup im	40 MCG	140.752	0.000	140.752	
J0360	Hydralazine hcl injection	20 MG	4.402	20.000		
J0612	Calcium glucon (fresenius)	10 MG	0.046	20.000		
J0613	Calcium glucon (wg critical)	10 MG	0.076	20.000		
J0636	Inj calcitriol per 0.1 mcg	0.1 MCG	0.795	20.000		End-Dated 6/30/2024
J0690	Cefazolin sodium injection	500 MG	0.828	20.000		
J0696	Ceftriaxone sodium injection	250 MG	0.493	20.000		
J0713	Inj ceftazidime per 500 mg	500 MG	1.600	20.000		
J0744	Ciprofloxacin iv	200 MG	2.098	20.000		
J0882	Darbepoetin alfa, esrd use	1 MCG	2.918	20.000		
J0885	Epoetin alfa, non-esrd	1000 UNITS	7.080	20.000		
J0887	Epoetin beta esrd use	1 MCG	1.260	20.000		
J0895	Deferoxamine mesylate inj	500 MG	8.208	20.000		
J1030	Methylprednisolone 40 mg inj	40 MG	7.613	20.000		End-Dated 6/30/2024
J1270	Injection, doxercalciferol	1 MCG	0.376	20.000		

HCPCS Code	Short Description	HCPCS Dosage	Payment Limit	Vaccine AWP%	Vaccine Limit	Notes
J1580	Garamycin gentamicin inj	80 MG	2.467	20.000		
J1644	Inj heparin sodium per 1000u	1000 UNITS	0.219	20.000		
J1720	Hydrocortisone sodium succ i	100 MG	20.580	20.000		
J1756	Iron sucrose injection	1 MG	0.237	20.000		
J1955	Inj levocarnitine per 1 gm	1 GM	24.376	20.000		
J1956	Levofloxacin injection	250 MG	1.025	20.000		
J2060	Lorazepam injection	2 MG	1.565	20.000		
J2501	Paricalcitol	1 MCG	0.808	20.000		AMP-based payment limit
J2550	Promethazine hcl injection	50 MG	3.313	20.000		
J2765	Metoclopramide hcl injection	10 MG	1.125	20.000		
J2916	Na ferric gluconate complex	12.5 MG	1.935	20.000		
J2997	Alteplase recombinant	1 MG	91.462	20.000		
J3250	Trimethobenzamide hcl inj	200 MG	50.038	19.850		Inflation-adjusted coinsurance
J3260	Tobramycin sulfate injection	80 MG	1.595	20.000		
J3360	Diazepam injection	5 MG	5.787	20.000		
J3370	Vancomycin hcl injection	500 MG	1.949	20.000		
J3420	Vitamin b12 injection	1000 MCG	0.665	20.000		
Q4081	Epoetin alfa, 100 units esrd	100 UNITS	0.708	20.000		