

Renal Dialysis Revised 6.14.2024
Payment Allowance Limits for Medicare Part B Drugs



Effective July 1, 2024 through June 30, 2025

Note 1: Payment allowance limits subject to the ASP methodology are based on 1Q24 ASP data.

Note 2: 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.

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	158.152	0.000	158.152	
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	4.109	20.000		
J0610	Calcium gluconate injection	10 ML	3.96	0.000		End-Dated 3/31/2023
J0612	Calcium glucon (fresenius)	10 MG	0.035	20.000		
J0613	Calcium glucon (wg critical)	10 MG	0.087	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	0.817	20.000		
J0696	Ceftriaxone sodium injection	250 MG	0.456	20.000		
J0713	Inj ceftazidime per 500 mg	500 MG	1.619	20.000		
J0744	Ciprofloxacin iv	200 MG	1.846	20.000		
J0882	Darbepoetin alfa, esrd use	1 MCG	3.063	20.000		
J0885	Epoetin alfa, non-esrd	1000 UNITS	8.134	20.000		
J0887	Epoetin beta esrd use	1 MCG	1.075	20.000		
J0895	Deferoxamine mesylate inj	500 MG	6.900	20.000		
J1030	Methylprednisolone 40 mg inj	40 MG	7.613	20.000		End-Dated 6/30/2024
J1270	Injection, doxercalciferol	1 MCG	0.331	20.000		
J1580	Garamycin gentamicin inj	80 MG	2.066	20.000		
J1644	Inj heparin sodium per 1000u	1000 UNITS	0.234	20.000		

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J1720	Hydrocortisone sodium succ i	100 MG	19.853	20.000		
J1756	Iron sucrose injection	1 MG	0.228	20.000		
J1955	Inj levocarnitine per 1 gm	1 GM	30.542	20.000		
J1956	Levofloxacin injection	250 MG	0.935	20.000		
J2060	Lorazepam injection	2 MG	1.307	20.000		
J2501	Paricalcitol	1 MCG	0.983	20.000		AMP-based payment limit
J2550	Promethazine hcl injection	50 MG	3.572	20.000		
J2765	Metoclopramide hcl injection	10 MG	0.925	20.000		
J2916	Na ferric gluconate complex	12.5 MG	2.137	20.000		
J2997	Alteplase recombinant	1 MG	91.341	20.000		
J3250	Trimethobenzamide hcl inj	200 MG	48.359	19.850		Inflation-adjusted coinsurance
J3260	Tobramycin sulfate injection	80 MG	2.388	20.000		
J3360	Diazepam injection	5 MG	5.449	20.000		
J3370	Vancomycin hcl injection	500 MG	1.995	20.000		
J3420	Vitamin b12 injection	1000 MCG	1.113	20.000		
Q4081	Epoetin alfa, 100 units esrd	100 UNITS	0.813	20.000		