Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
90281	ML
90283	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
90284	ML
90291	ML
90371	ML
90375	ML
90376	ML
90378	ML
90384	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
90385	UN
90386	ML
90389	UN
90396	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
90581	ML
90585	UN
90586	UN
90620	ML
90621	ML
90625	ML
90630	ML
90632	ML
90633	ML
90636	ML
90644	UN
90647	ML
90648	UN
90649	ML
90650	ML
90651	ML
90653	ML
90654	ML
90655	ML

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
90656	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
90657	ML
90658	ML
90660	UN
90661	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
90662	ML
90670	ML
90672	UN
90673	ML
90674	ML
90675	UN
90680	ML
90681	ML
90685	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
90686	ML
90687	ML
90688	ML
90690	UN
90691	ML
90696	ML
90698	UN
90700	ML
90702	ML
90703	ML
90707	UN
90710	UN
90713	ML
90714	ML
90715	ML
90716	UN
90717	UN
90718	ML

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
90723	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
90732	ML
90733	UN
90734	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
90736	UN
90738	ML
90740	ML
90743	ML
90744	ML
90746	ML
90747	ML
90748	ML
A4801	ML
A9155	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
A9575	ML
A9576	ML
A9577	ML
A9578	ML
A9579	ML
A9581	ML
A9582	ML
A9585	ML
A9604	ML
A9606	UN
B4100	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
B4102	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
B4103	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
B4104	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
B4149	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
B4150	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
B4151	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
B4152	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
B4153	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
B4154	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
B4155	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
B4156	UN
B4157	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
B4158	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
B4159	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
B4160	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
B4161	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
B4162	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
B4184	ML
B4185	ML
B4186	ML

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
B5000	ML
B5100	ML
B5200	ML
C1086	UN
C1166	ML
C1167	ML
C1207	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
C9001	ML
C9003	ML
C9006	ML
C9007	ML
C9008	ML
C9009	ML
C9010	ML
C9012	ML
C9019	UN
C9020	ML
C9021	ML
C9022	ML
C9023	ML
C9026	UN
C9027	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
C9105	ML
C9106	ML
C9108	UN
C9116	UN
C9119	ML
C9124	UN
C9125	UN
C9127	UN
C9129	ML
C9130	ML
C9131	UN
C9133	UN
C9135	UN
C9136	UN

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
C9137	UN
C9138	UN
C9139	UN
C9205	ML
C9207	UN
C9208	UN
C9209	ML
C9213	UN
C9214	ML
C9215	ML
C9217	UN
C9219	UN
C9220	ML
C9224	ML
C9225	UN
C9227	UN
C9228	UN
C9230	UN
C9232	ML
C9233	ML
C9234	UN
C9235	ML
C9236	ML
C9237	ML
C9238	ML
C9239	ML
C9240	UN
C9243	UN
C9245	UN
C9249	UN
C9251	UN
C9253	UN
C9255	ML
C9257	ML
C9259	ML
C9261	ML
C9263	ML
C9264	ML
C9265	UN
C9266	UN
C9269	UN
C9270	ML
C9271	UN
C9272	ML

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
C9276	ML
C9277	UN
C9278	UN
C9279	ML
C9280	ML
C9281	ML
C9284	ML
C9286	UN
C9287	UN
C9288	UN
C9291	ML
C9292	ML
C9296	ML
C9297	UN
C9298	ML
C9399	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
C9413	ML
C9415	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
C9416	UN
C9420	UN
C9421	UN
C9424	ML
C9427	UN
C9428	ML
C9429	ML
C9431	ML
C9438	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
C9441	ML
C9442	UN
C9445	UN
C9449	UN
C9450	UN

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
C9453	ML
C9455	UN
C9458	UN
C9459	UN
C9471	ML
C9472	ML
C9473	UN
C9476	ML
C9477	UN
C9478	ML
C9479	ML
C9480	UN
C9483	ML
G9017	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
G9018	UN
G9019	UN
G9020	UN
G9034	UN
G9035	UN
G9036	UN
J0129	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J0130	ML
J0131	ML
J0132	ML
J0133	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J0135	UN
J0150	ML
J0151	ML
J0152	ML
J0153	ML
J0170	ML

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
J0171	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J0178	ML
J0180	UN
J0202	ML
J0207	UN
J0210	ML
J0220	UN
J0221	UN
J0270	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J0275	UN
J0278	ML
J0280	ML
J0282	ML
J0285	UN
J0286	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J0287	ML
J0289	UN
J0290	UN
J0295	UN
J0300	UN
J0330	ML
J0348	UN
J0360	ML
J0364	ML
J0400	ML
J0401	UN
J0456	UN
J0460	ML
J0461	ML
J0470	ML
J0475	ML
J0476	ML

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

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Procedure Code*	Unit of Measure
J0480	UN
J0485	UN
J0490	UN
J0500	ML
J0515	ML
J0530	ML
J0540	ML
J0550	ML
J0558	ML
J0559	ML
J0560	ML
J0561	ML
J0570	ML
J0571	UN
J0572	UN
J0573	UN
J0574	UN
J0575	UN
J0580	ML
J0583	UN
J0585	UN
J0586	UN
J0587	ML
J0588	UN
J0592	ML
J0594	ML
J0595	ML
J0596	UN
J0597	UN
J0598	UN
J0600	ML
J0610	ML
J0630	ML
J0635	ML
J0636	ML
J0637	UN
J0638	UN
J0640	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
J0641	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J0670	ML
J0690	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J0692	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J0694	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J0695	UN
J0696	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J0697	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J0698	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J0702	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J0706	ML
J0712	UN

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Published: Jan. 5, 2017

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
J0713	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J0714	UN
J0716	UN
J0717	UN
J0718	UN
J0720	UN
J0725	UN
J0735	ML
J0740	ML
J0743	UN
J0744	ML
J0770	UN
J0775	UN
J0780	ML
J0795	UN
J0800	ML
J0833	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J0834	UN
J0835	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J0840	UN
J0850	ML
J0875	UN
J0878	UN
J0881	ML
J0882	ML
J0885	ML
J0886	ML
J0887	ML
J0888	ML
J0890	ML
J0894	UN
J0895	UN

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
J0897	ML
J0970	ML
J1000	ML
J1020	ML
J1030	ML
J1040	ML
J1050	ML
J1051	ML
J1055	ML
J1070	ML
J1071	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J1080	ML
J1090	ML
J1100	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J1110	ML
J1120	UN
J1160	ML
J1162	UN
J1165	ML
J1170	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J1190	UN
J1200	ML
J1205	UN
J1212	ML
J1230	ML
J1240	ML
J1245	ML
J1250	ML
J1260	ML
J1265	ML
J1267	UN
J1270	ML

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
J1290	ML
J1300	ML
J1322	ML
J1324	UN
J1325	UN
J1327	ML
J1335	UN
J1364	UN
J1380	ML
J1390	ML
J1410	UN
J1430	ML
J1438	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J1439	ML
J1440	ML
J1441	ML
J1442	ML
J1443	ML
J1446	ML
J1447	ML
J1450	ML
J1451	ML
J1453	UN
J1455	ML
J1457	ML
J1458	ML
J1459	ML
J1460	ML
J1470	ML
J1480	ML
J1490	ML
J1500	ML
J1510	ML
J1520	ML
J1530	ML
J1540	ML
J1550	ML
J1556	ML
J1557	ML
J1559	ML

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
J1560	ML
J1561	ML
J1563	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J1564	ML
J1566	UN
J1567	ML
J1568	ML
J1569	ML
J1570	UN
J1571	ML
J1572	ML
J1573	ML
J1575	ML
J1580	ML
J1595	ML
J1602	ML
J1610	UN
J1626	ML
J1630	ML
J1631	ML
J1640	UN
J1642	ML
J1644	ML
J1645	ML
J1650	ML
J1652	ML
J1670	UN
J1680	UN
J1720	UN
J1725	ML
J1740	ML
J1741	ML
J1742	ML
J1743	ML
J1744	ML
J1745	UN
J1750	ML
J1751	ML
J1752	ML
J1755	ML

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
J1756	ML
J1785	UN
J1786	UN
J1790	ML
J1800	ML
J1815	ML
J1817	ML
J1820	ML
J1825	UN
J1826	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J1830	UN
J1833	UN
J1885	ML
J1930	ML
J1931	ML
J1940	ML
J1950	UN
J1953	ML
J1955	ML
J1956	ML
J1980	ML
J2000	ML
J2001	ML
J2010	ML
J2020	ML
J2060	ML
J2150	ML
J2170	ML
J2175	ML
J2185	UN
J2210	ML
J2212	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J2248	UN

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
J2250	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J2260	ML
J2265	UN
J2270	ML
J2271	ML
J2274	ML
J2275	ML
J2278	ML
J2280	ML
J2300	ML
J2310	ML
J2315	UN
J2323	ML
J2324	UN
J2325	UN
J2352	ML
J2353	UN
J2354	ML
J2355	UN
J2357	UN
J2358	UN
J2360	ML
J2370	ML
J2400	ML
J2405	ML
J2407	UN
J2410	ML
J2425	UN
J2426	ML
J2430	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J2440	ML
J2469	ML
J2500	ML
J2501	ML
J2502	UN
J2503	ML

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
J2504	ML
J2505	ML
J2507	ML
J2510	ML
J2515	ML
J2540	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J2543	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J2545	UN
J2547	ML
J2550	ML
J2560	ML
J2562	ML
J2590	ML
J2597	ML
J2675	ML
J2680	ML
J2690	ML
J2700	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J2704	ML
J2710	ML
J2720	ML
J2724	UN
J2730	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J2760	UN
J2765	ML
J2770	UN
J2778	ML
J2780	ML

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
J2783	UN
J2785	ML
J2788	UN
J2790	UN
J2791	ML
J2792	ML
J2793	UN
J2794	UN
J2795	ML
J2796	UN
J2800	ML
J2805	UN
J2810	ML
J2820	UN
J2850	UN
J2860	UN
J2912	ML
J2916	ML
J2920	UN
J2930	UN
J2941	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J2993	UN
J2996	UN
J2997	UN
J3000	UN
J3010	ML
J3030	ML
J3060	UN
J3070	ML
J3090	UN
J3095	UN
J3101	UN
J3105	ML
J3110	ML
J3120	ML
J3121	ML
J3130	ML
J3145	ML
J3230	ML
J3240	UN

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
J3243	UN
J3246	ML
J3250	ML
J3260	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J3262	ML
J3265	ML
J3285	ML
J3300	ML
J3301	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J3303	ML
J3315	UN
J3355	UN
J3357	ML
J3360	ML
J3364	UN
J3365	UN
J3370	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J3380	UN
J3385	UN
J3396	UN
J3410	ML
J3411	ML
J3415	ML
J3420	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J3430	ML
J3465	UN
J3470	ML
J3471	ML

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
J3473	ML
J3475	ML
J3480	ML
J3485	ML
J3486	UN
J3487	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J3488	ML
J3489	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J3490	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J3535	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J3590	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J7030	ML
J7040	ML
J7042	ML
J7050	ML
J7051	ML
J7060	ML
J7070	ML
J7100	ML
J7120	ML
J7121	ML
J7130	ML
J7131	ML
J7178	UN

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
J7180	UN
J7181	UN
J7182	UN
J7183	UN
J7184	UN
J7185	UN
J7186	UN
J7187	UN
J7188	UN
J7189	UN
J7190	UN
J7192	UN
J7193	UN
J7194	UN
J7195	UN
J7197	UN
J7198	UN
J7199	UN
J7200	UN
J7201	UN
J7205	UN
J7297	UN
J7298	UN
J7300	UN
J7301	UN
J7302	UN
J7303	UN
J7304	UN
J7307	UN
J7308	UN
J7311	UN
J7312	UN
J7313	UN
J7315	UN
J7316	ML
J7317	ML
J7319	ML
J7320	ML
J7321	ML
J7322	ML
J7323	ML
J7324	ML
J7325	ML
J7326	ML

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
J7327	ML
J7328	ML
J7330	UN
J7335	UN
J7336	UN
J7340	ML
J7341	UN
J7342	UN
J7343	UN
J7344	UN
J7345	UN
J7346	UN
J7347	UN
J7348	UN
J7349	UN
J7500	UN
J7501	UN
J7502	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J7503	UN
J7504	ML
J7506	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J7507	UN
J7508	UN
J7509	UN
J7510	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J7511	UN
J7512	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J7515	UN

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
J7516	ML
J7517	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J7518	UN
J7520	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J7525	ML
J7527	UN
J7599	UN
J7602	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J7603	ML
J7605	ML
J7606	ML
J7608	ML
J7609	ML
J7611	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J7612	UN
J7613	ML
J7614	ML
J7616	ML
J7618	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J7619	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Published: Jan. 5, 2017

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
J7620	ML
J7621	ML
J7625	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J7626	ML
J7627	GR
J7630	ML
J7631	ML
J7639	ML
J7644	ML
J7665	UN
J7674	UN
J7682	ML
J7686	ML
J7699	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J7999	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J8498	UN
J8501	UN
J8510	UN
J8515	UN
J8520	UN
J8521	UN
J8530	UN
J8540	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J8560	UN
J8561	UN
J8565	UN

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Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
J8597	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J8600	UN
J8610	UN
J8650	UN
J8655	UN
J8700	UN
J8705	UN
J8999	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J9000	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J9001	ML
J9002	ML
J9015	UN
J9017	ML
J9019	UN
J9025	UN
J9027	ML
J9031	UN
J9032	UN
J9033	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J9035	ML
J9039	UN
J9040	UN
J9041	UN
J9042	UN
J9043	ML

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
J9045	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J9047	UN
J9050	UN
J9055	ML
J9060	ML
J9062	ML
J9065	ML
J9070	UN
J9080	UN
J9090	UN
J9091	UN
J9092	UN
J9098	ML
J9100	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J9110	UN
J9120	UN
J9130	UN
J9140	UN
J9150	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J9151	ML
J9155	UN
J9160	ML
J9171	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J9175	ML

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
J9178	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J9179	ML
J9180	ML
J9181	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J9182	ML
J9185	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J9190	ML
J9200	UN
J9201	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J9202	UN
J9206	ML
J9207	UN
J9208	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J9209	ML
J9211	ML
J9214	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J9215	ML
J9216	ML
J9217	UN
J9218	UN

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
J9225	UN
J9226	UN
J9228	ML
J9230	UN
J9245	UN
J9250	ML
J9260	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J9261	ML
J9262	UN
J9263	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J9264	UN
J9265	ML
J9266	ML
J9267	ML
J9268	UN
J9271	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J9280	UN
J9290	UN
J9291	UN
J9293	ML
J9299	ML
J9301	ML
J9302	ML
J9303	ML
J9305	UN
J9306	ML
J9307	ML
J9308	ML
J9310	ML
J9315	UN
J9320	UN
J9328	UN

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
J9330	ML
J9340	UN
J9350	UN
J9351	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J9354	UN
J9355	UN
J9357	ML
J9360	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
J9370	ML
J9371	UN
J9375	ML
J9380	ML
J9390	ML
J9395	ML
J9400	ML
J9600	UN
J9999	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
P9041	ML
P9043	ML
P9045	ML
P9046	ML
P9047	ML
P9048	ML
Q0090	UN
Q0136	ML
Q0138	ML
Q0139	ML
Q0144	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
Q0161	UN
Q0162	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
Q0163	UN
Q0164	UN
Q0166	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
Q0167	UN
Q0169	UN
Q0175	UN
Q0177	UN
Q0180	UN
Q0181	UN
Q2004	ML
Q2005	UN
Q2008	ML
Q2009	ML
Q2012	ML
Q2017	ML
Q2018	UN
Q2023	UN
Q2024	ML
Q2035	ML
Q2036	ML
Q2037	ML
Q2038	ML
Q2040	UN
Q2041	UN
Q2042	ML
Q2043	ML
Q2044	UN
Q2045	UN
Q2046	ML
Q2048	ML
Q2049	ML
Q2050	ML

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Published: Jan. 5, 2017

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
Q2051	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
Q3021	ML
Q3022	ML
Q3023	ML
Q3025	UN
Q3026	ML
Q3027	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
Q3028	ML
Q3030	ML
Q4052	UN
Q4053	ML
Q4055	ML
Q4074	ML
Q4075	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
Q4081	ML
Q4083	ML
Q4084	ML
Q4085	ML
Q4086	ML
Q4087	ML
Q4088	ML
Q4089	ML
Q4091	ML
Q4095	ML
Q4096	UN
Q4097	ML
Q4098	ML
Q4101	UN
Q4102	UN
Q4104	UN
Q4105	UN
Q4106	UN

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Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
Q4107	UN
Q4108	UN
Q4110	UN
Q4113	UN
Q4114	UN
Q4124	UN
Q4127	UN
Q5101	ML
Q9920	ML
Q9921	ML
Q9922	ML
Q9923	ML
Q9924	ML
Q9925	ML
Q9926	ML
Q9927	ML
Q9928	ML
Q9929	ML
Q9930	ML
Q9931	ML
Q9932	ML
Q9933	ML
Q9934	ML
Q9935	ML
Q9936	ML
Q9937	ML
Q9938	ML
Q9939	ML
Q9940	ML
Q9941	UN
Q9943	ML
Q9944	ML
Q9950	UN
Q9956	ML
Q9957	ML
Q9958	ML
Q9960	ML
Q9961	ML
Q9963	ML
Q9965	ML
Q9966	ML
Q9967	ML
Q9968	ML
Q9970	ML

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
Q9974	ML
Q9975	UN
Q9977	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
Q9978	UN
Q9979	ML
Q9980	ML
Q9981	UN
Q9982	UN
Q9983	UN
S0009	ML
S0012	ML
S0016	ML
S0017	ML
S0020	ML
S0024	ML
S0028	ML
S0029	ML
S0030	ML
S0032	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
S0039	ML
S0040	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
S0071	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
S0072	ML
S0073	UN
S0074	UN

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
S0077	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
S0078	ML
S0080	UN
S0088	UN
S0090	UN
S0091	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
S0092	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
S0093	ML
S0104	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
S0106	UN
S0107	UN
S0108	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
S0109	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
S0115	UN
S0116	ML
S0117	GR

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
S0119	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
S0122	UN
S0124	UN
S0126	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
S0128	ML
S0130	UN
S0132	ML
S0133	UN
S0135	ML
S0136	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
S0137	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
S0138	UN
S0139	UN
S0144	ML
S0145	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
S0146	UN
S0147	UN
S0148	UN
S0155	ML
S0156	UN
S0157	GR
S0158	ML
S0159	UN
S0160	UN

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
S0163	UN
S0164	UN
S0166	UN
S0169	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
S0170	UN
S0171	ML
S0172	UN
S0174	UN
S0175	UN
S0176	UN
S0178	UN
S0179	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
S0182	UN
S0183	UN
S0187	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
S0189	UN
S0190	UN
S0191	UN
S0194	UN
S1090	UN
S4980	UN
S4991	UN
S4993	Determine by product used: • If POWDER that needs to be reconstituted use UN or GR • If oral TABLET then UN • If liquid in VIAL then ML
S4995	UN
S5010	ML
S5011	ML
S5012	ML
S5550	ML

Blue Care Network - Units of Measure for Drugs Covered Under the Medical Benefit

Note: A claim line will not pay if the unit of measure on the line does not match the unit of measure on this list.

Procedure Code*	Unit of Measure
S5551	ML
S5552	ML
S5553	ML
S5561	UN
S5566	ML
S5570	ML
S5571	ML
WW031	UN
WW089	UN
WW096	UN

Unit of Measure Key:
GR = Grams
ML = Milliliters
UN = Units