

**G0370 PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S)**

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**Effective Date** 01/01/2005

**Termination Date** 12/31/2005

**Cross Reference Code(s)** Q0511; Q0512

**Type of Service** 9

**Pricing Indicators** 46

**Medicare Carriers  
Manual References**

**Coverage Issues  
Manual References**

**Statute References**