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1. The Pricing, Data Analysis and Coding (PDAC) Contractor

Palmetto GBA is contracted by the Centers for Medicare & Medicaid Services (CMS) to serve as the Pricing, Data Analysis and Coding (PDAC) Contractor. The PDAC assists suppliers and manufacturers in the proper use of the Healthcare Common Procedure Coding System (HCPCS). The HCPCS is used to identify items of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) for purposes of Medicare billing.

The PDAC plays a key role in the regionalization of DMEPOS claim processing. Some of their responsibilities include:

- Supports the integrity of the Medicare DMEPOS benefit
- Advises manufacturers and suppliers on the appropriate HCPCS for billing DMEPOS items
- Receives, evaluates, and processes coding verification applications for DMEPOS
- Establishes, maintains, and updates all coding verification decisions on the Product Classification List housed within the Durable Medical Equipment Coding System (DMECS)
- Establishes, maintains, and distributes the National Drug Codes (NDC)/HCPCS Crosswalk and Oral Anti-Cancer Drugs (OACD) pricing files
- Conducts DMEPOS statistical analysis and reporting

The PDAC also operates a help line to provide DMEPOS coding advice. The help line telephone number is 1.877.735.1326. The hours of operation are Monday–Friday, 9:30 am–5 pm ET.

You can also reach the PDAC at their website: https://www.dmepdac.com/

Or by mail:

Palmetto GBA
PO Box 100320
Columbia, SC 29202-3320

DMECS—Online Coding Assistance from the PDAC

The Durable Medical Equipment Coding System (DMECS) is an online application that provides HCPCS coding assistance and national pricing information 24 hours a day. DMECS is designed to help Medicare providers and suppliers quickly classify DMEPOS by combining information from a variety of sources to make HCPCS coding determinations for claim submission to the DME MACs easier.

DMECS is available on the PDAC website (https://www.dmepdac.com/).

2. Level II HCPCS Codes

CMS Manual System, Pub. 100-04, *Medicare Claims Processing Manual*, Chapter 23, §20

Level II HCPCS codes are CMS assigned and consist of an alpha followed by four numeric digits. The Level II HCPCS listed in Appendix A of this manual are provided as a guide for identifying items that are processed by the DME MACs. The appearance of a code in the appendix does not necessarily indicate coverage.

3. Coding Jurisdiction

A spreadsheet containing an updated list of the HCPCS for DME MACs is maintained by CMS. A recurring update notification is published when CMS updates the list. The list is made available on the CMS website. The jurisdiction list is located in the subcategory of Coding under the Important Links references at https://www.cms.gov/Center/Provider-Type/Durable-Medical-Equipment-DME-Center.html.

4. Modifiers

Modifiers can be alphas, numeric, or a combination of both, but will always be two digits for Medicare purposes. Some modifiers cause automated pricing changes, while others are used to convey information only.

Below is a list of modifiers used with procedure codes for DMEPOS:

99	MODIFIER OVERFLOW (EFFECTIVE DATE 7/1/2003)
A1	DRESSING FOR ONE WOUND (EFFECTIVE DATE 1/1/2003)
A2	DRESSING FOR TWO WOUNDS (EFFECTIVE DATE 1/1/2003)
A3	DRESSING FOR THREE WOUNDS (EFFECTIVE DATE 1/1/2003)
A4	DRESSING FOR FOUR WOUNDS (EFFECTIVE DATE 1/1/2003)
A5	DRESSING FOR FIVE WOUNDS (EFFECTIVE DATE 1/1/2003)
A6	DRESSING FOR SIX WOUNDS (EFFECTIVE DATE 1/1/2003)
A7	DRESSING FOR SEVEN WOUNDS (EFFECTIVE DATE 1/1/2003)
A8	DRESSING FOR EIGHT WOUNDS (EFFECTIVE DATE 1/1/2003)
A9	DRESSING FOR NINE OR MORE WOUNDS (EFFECTIVE DATE 1/1/2003)
AU	ITEM FURNISHED IN CONJUNCTION WITH A UROLOGICAL, OSTOMY, OR TRACHEOSTOMY SUPPLY (EFFECTIVE DATE 1/1/2003)
AV	ITEM FURNISHED IN CONJUNCTION WITH A PROSTHETIC DEVICE, PROSTHETIC OR ORTHOTIC (EFFECTIVE DATE 1/1/2003)
AW	ITEM FURNISHED IN CONJUNCTION WITH A SURGICAL DRESSING (EFFECTIVE DATE 1/1/2003)

AX	ITEM FURNISHED IN CONJUNCTION WITH DIALYSIS SERVICES (EFFECTIVE DATE 1/1/2003)
AY	ITEM OR SERVICE FURNISHED TO AN ESRD PATIENT THAT IS NOT FOR THE TREATMENT OF ESRD (EFFECTIVE 01/01/2011)
BA	ITEM FURNISHED IN CONJUNCTION WITH PARENTERAL ENTERAL NUTRITION (PEN) SERVICES (EFFECTIVE DATE 1/1/2003)
BO	ORALLY ADMINISTERED NUTRITION, NOT BY FEEDING TUBE (EFFECTIVE DATE 1/1/2003)
BP	THE BENEFICIARY HAS BEEN INFORMED OF THE PURCHASE AND RENTAL OPTIONS AND HAS ELECTED TO PURCHASE THE ITEM
BR	THE BENEFICIARY HAS BEEN INFORMED OF THE PURCHASE AND RENTAL OPTIONS AND HAS ELECTED TO RENT THE ITEM
BU	THE BENEFICIARY HAS BEEN INFORMED OF THE PURCHASE AND RENTAL OPTIONS AND AFTER 30 DAYS HAS NOT INFORMED THE SUPPLIER OF HIS/HER DECISION
CC	PROCEDURE CODE CHANGE (USE 'CC' WHEN THE PROCEDURE CODE SUBMITTED WAS CHANGED EITHER FOR ADMINISTRATIVE REASONS OR BECAUSE AN INCORRECT CODE WAS FILED). (SUPPLIERS SHOULD NOT SUBMIT MODIFIER CC.)
CG	POLICY CRITERIA APPLIED (EFFECTIVE DATE 07/01/2008)
CR	CATASTROPHE/DISASTER RELATED
EA	ERYTHROPOETIC STIMULATING AGENT (ESA) ADMINISTERED TO TREAT ANEMIA DUE TO ANTI-CANCER CHEMOTHERAPY (EFFECTIVE DATE 1/1/2008)
EB	ERYTHROPOETIC STIMULATING AGENT (ESA) ADMINISTERED TO TREAT ANEMIA DUE TO ANTI-CANCER RADIOTHERAPY (EFFECTIVE DATE 1/1/2008)
EC	ERYTHROPOETIC STIMULATING AGENT (ESA) ADMINISTERED TO TREAT ANEMIA NOT DUE TO ANTI-CANCER RADIOTHERAPY OR ANTI-CANCER CHEMOTHERAPY (EFFECTIVE DATE 1/1/2008)
EJ	SUBSEQUENT CLAIMS FOR A DEFINED COURSE OF THERAPY, E.G., EPO, SODIUM HYALURONATE, INFLAXIMAB
EM	EMERGENCY RESERVE SUPPLY (FOR ESRD BENEFIT ONLY)
EX	EXPATRIATE BENEFICIARY
EY	NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE (EFFECTIVE DATE 1/1/2003)
F1	LEFT HAND, SECOND DIGIT (EFFECTIVE DATE 01/01/1995)
F2	LEFT HAND, THIRD DIGIT (EFFECTIVE DATE 01/01/1995)
F3	LEFT HAND, FOURTH DIGIT (EFFECTIVE DATE 01/01/1995)
F4	LEFT HAND, FIFTH DIGIT (EFFECTIVE DATE 01/01/1995)
F5	RIGHT HAND, THUMB (EFFECTIVE DATE 01/01/1995)

F6	RIGHT HAND, SECOND DIGIT (EFFECTIVE DATE 01/01/1995)
F7	RIGHT HAND, THIRD DIGIT (EFFECTIVE DATE 01/01/1995)
F8	RIGHT HAND, FOURTH DIGIT (EFFECTIVE DATE 01/01/1995)
F9	RIGHT HAND, FIFTH DIGIT (EFFECTIVE DATE 01/01/1995)
FA	LEFT HAND, THUMB (EFFECTIVE DATE 01/01/1995)
FC	PARTIAL CREDIT RECEIVED FOR REPLACED DEVICE (EFFECTIVE DATE 1/1/2008)
GA	WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED BY PAYER POLICY, INDIVIDUAL CASE (EFFECTIVE 10/02/1995)
GD	UNITS OF SERVICE EXCEEDS MEDICALLY UNLIKELY EDIT VALUE AND REPRESENTS REASONABLE AND NECESSARY SERVICES (END DATE 12/31/2019)
GK	REASONABLE AND NECESSARY ITEM/SERVICE ASSOCIATED WITH A GA OR GZ MODIFIER (UPDATED 1/1/2008)
GL	MEDICALLY UNNECESSARY UPGRADE PROVIDED INSTEAD OF NON-UPGRADED ITEM, NO CHARGE, NO ADVANCE BENEFICIARY NOTICE (ABN) (UPDATED 1/1/2008)
GU	WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED BY PAYER POLICY, ROUTINE NOTICE (EFFECTIVE 01/01/2011)
GW	SERVICE NOT RELATED TO THE HOSPICE PATIENT'S TERMINAL CONDITION
GX	NOTICE OF LIABILITY ISSUED, VOLUNTARY UNDER PAYER POLICY (EFFECTIVE 4/1/2010)
GY	ITEM OR SERVICE STATUTORILY EXCLUDED, DOES NOT MEET THE DEFINITION OF ANY MEDICARE BENEFIT OR, FOR NON-MEDICARE INSURERS, IS NOT A CONTRACT BENEFIT (UPDATED 1/1/2008)
GZ	ITEM OR SERVICE EXPECTED TO BE DENIED AS NOT REASONABLE OR NECESSARY. (EFFECTIVE 1/1/2002)
J4	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM THAT IS FURNISHED BY A HOSPITAL UPON DISCHARGE (EFFECTIVE 01/01/2010)
J5	DMEPOS COMP BID FUR BY PT/OT (EFFECTIVE 10/01/2020)
JA	ADMINISTERED INTRAVENOUSLY (EFFECTIVE DATE 01/01/2007)
JB	ADMINISTERED SUBCUTANEOUSLY (EFFECTIVE DATE 01/01/2007)
JK	ONE MONTH SUPPLY OR LESS OF DRUG OR BIOLOGICAL (EFFECTIVE DATE 04/01/2023)
JL	THREE MONTH SUPPLY OF DRUG OR BIOLOGICAL (EFFECTIVE DATE 04/01/2023)
JW	DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT (EFFECTIVE 01/01/2003)
JZ	ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT (EFFECTIVE DATE 01/01/2023)
K0	LOWER EXTREMITY PROSTHESIS FUNCTIONAL LEVEL 0 - DOES NOT HAVE THE ABILITY OR POTENTIAL TO AMBULATE OR TRANSFER SAFELY WITH OR WITHOUT ASSISTANCE

	AND A PROSTHESIS DOES NOT ENHANCE THEIR QUALITY OF LIFE OR MOBILITY
K1	LOWER EXTREMITY PROSTHESIS FUNCTIONAL LEVEL 1 - HAS THE ABILITY OR POTENTIAL TO USE A PROSTHESIS FOR TRANSFERS OR AMBULATION ON LEVEL SURFACES AT FIXED CADENCE. TYPICAL OF THE LIMITED AND UNLIMITED HOUSEHOLD AMBULATOR
K2	LOWER EXTREMITY PROSTHESIS FUNCTIONAL LEVEL 2 - HAS THE ABILITY OR POTENTIAL FOR AMBULATION WITH THE ABILITY TO TRAVERSE LOW LEVEL ENVIRONMENTAL BARRIERS SUCH AS CURBS, STAIRS OR UNEVEN SURFACES. TYPICAL OF THE LIMITED COMMUNITY AMBULATOR
K3	LOWER EXTREMITY PROSTHESIS FUNCTIONAL LEVEL 3 - HAS THE ABILITY OR POTENTIAL FOR AMBULATION WITH VARIABLE CADENCE. TYPICAL OF THE COMMUNITY AMBULATOR WHO HAS THE ABILITY TO TRANSVERSE MOST ENVIRONMENTAL BARRIERS AND MAY HAVE VOCATIONAL, THERAPEUTIC OR EXERCISE ACTIVITY THAT DEMANDS PROSTHETIC UTILIZATION BEYOND SIMPLE LOCOMOTION.
K4	LOWER PROSTHESIS FUNCTIONAL LEVEL 4 - HAS THE ABILITY OR POTENTIAL FOR PROSTHETIC AMBULATION THAT EXCEEDS THE BASIC AMBULATION SKILLS, EXHIBITING HIGH IMPACT, STRESS, OR ENERGY LEVELS, TYPICAL OF THE PROSTHETIC DEMANDS OF THE CHILD, ACTIVE ADULT, OR ATHLETE
KA	ADD ON OPTION/ACCESSORY FOR WHEELCHAIR (EFFECTIVE DATE 01/01/1994)
KB	BENEFICIARY REQUESTED UPGRADE FOR ABN, MORE THAN 4 MODIFIERS IDENTIFIED ON CLAIM. (EFFECTIVE DATE 1/1/2003)
KC	REPLACEMENT OF SPECIAL POWER WHEELCHAIR INTERFACE. (EFFECTIVE DATE 01/01/05)
KD	DRUG OR BIOLOGICAL INFUSED THOUGH DME. (EFFECTIVE DATE 01/01/04)
KE	BID UNDER ROUND ONE OF THE DMEPOS COMPETITIVE BIDDING PROGRAM FOR USE WITH NON-COMPETITIVE BID BASE EQUIPMENT (EFFECTIVE 01/01/2009)
KF	ITEM DESIGNATED BY FDA AS CLASS III DEVICES (EFFECTIVE DATE 04/01/04)
KG	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 1 (EFFECTIVE DATE 07/01/2007)
KH	DMEPOS ITEM, INITIAL CLAIM, PURCHASE OR FIRST MONTH RENTAL
KI	DMEPOS ITEM, SECOND OR THIRD MONTH RENTAL
KJ	DMEPOS ITEM, PARENTERAL ENTERAL NUTRITION (PEN) PUMP OR CAPPED RENTAL, MONTHS FOUR TO FIFTEEN
KK	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 2 (EFFECTIVE DATE 07/01/2007)
KL	DMEPOS ITEM DELIVERED VIA MAIL (EFFECTIVE DATE 07/01/2007)
KM	REPLACEMENT OF FACIAL PROSTHESIS INCLUDING NEW IMPRESSION/MOULAGE
KN	REPLACEMENT OF FACIAL PROSTHESIS USING PREVIOUS MASTER MODEL
KO	SINGLE DRUG UNIT DOSE FORMULATION

KP	FIRST DRUG OF A MULTIPLE DRUG UNIT DOSE FORMULATION
KQ	SECOND OR SUBSEQUENT DRUG OF A MULTIPLE DRUG UNIT DOSE FORMULATION
KR	RENTAL ITEM, BILLING FOR PARTIAL MONTH
KS	GLUCOSE MONITOR SUPPLY FOR DIABETIC BENEFICIARY NOT TREATED WITH INSULIN
KT	BENEFICIARY RESIDES IN A COMPETITIVE BIDDING AREA AND TRAVELS OUTSIDE THAT COMPETITIVE BIDDING AREA AND RECEIVES A COMPETITIVE BID ITEM (UPDATED 04/01/2008)
KU	CR9520 UNADJUSTED FEE SCHEDULE (EFFECTIVE DATE 07/01/2007; DESCRIPTION CHANGE EFFECTIVE 01/01/2016))
KV	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM THAT IS FURNISHED AS PART OF A PROFESSIONAL SERVICE (EFFECTIVE DATE 1/1/2008)
KW	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 4 (EFFECTIVE DATE 1/1/2008)
KX	REQUIREMENTS SPECIFIED IN THE MEDICAL POLICY HAVE BEEN MET (EFFECTIVE DATE 7/1/2002)
KY	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 5 (EFFECTIVE DATE 1/1/2008)
LT	LEFT SIDE (USED TO IDENTIFY ITEM PROVIDED FOR THE LEFT SIDE OF THE BODY)
M2	MEDICARE SECONDARY PAYER (MSP) (EFFECTIVE DATE 01/01/2007)
MS	SIX MONTH MAINTENANCE AND SERVICING FEE FOR REASONABLE AND NECESSARY PARTS AND LABOR WHICH ARE NOT COVERED UNDER ANY MANUFACTURER OR SUPPLIER WARRANTY
N1	GROUP 1 OXYGEN COVERAGE CRITERIA MET (EFFECTIVE DATE 01/01/2023)
N2	GROUP 2 OXYGEN COVERAGE CRITERIA MET (EFFECTIVE DATE 01/01/2023)
N3	GROUP 3 OXYGEN COVERAGE CRITERIA MET (EFFECTIVE DATE 01/01/2023)
NB	NEBULIZER SYSTEM, ANY TYPE, FDA-CLEARED FOR USE WITH SPECIFIC DRUG (EFFECTIVE 01/01/2011)
NR	NEW WHEN RENTED (USE THE 'NR' MODIFIER WHEN DME WHICH WAS NEW AT THE TIME OF RENTAL IS SUBSEQUENTLY PURCHASED) (EFFECTIVE DATE 01/01/1984)
NU	NEW DURABLE MEDICAL EQUIPMENT PURCHASE
PD	DIAGNOSTIC OR RELATED NON DIAGNOSTIC ITEM OR SERVICE PROVIDED IN A WHOLLY OWNED OR OPERATED ENTITY TO A PATIENT WHO IS ADMITTED AS AN INPATIENT WITHIN 3 DAYS (EFFECTIVE DATE 01/01/2012)
PL	PROGRESSIVE ADDITION LENSES (EFFECTIVE DATE 01/01/89)
Q0	INVESTIGATIONAL CLINICAL SERVICE PROVIDED IN A CLINICAL RESEARCH STUDY THAT IS IN AN APPROVED CLINICAL RESEARCH STUDY (EFFECTIVE DATE 1/1/2008)

Q1	ROUTINE CLINICAL SERVICE PROVIDED IN A CLINICAL RESEARCH STUDY THAT IS IN AN APPROVED CLINICAL RESEARCH STUDY (EFFECTIVE DATE 1/1/2008)
Q2	DEMONSTRATION PROCEDURE/SERVICE (UPDATED DESCRIPTION 01/01/2017)
QA	PRESCRIBED AMOUNTS OF STATIONARY OXYGEN FOR DAYTIME USE WHILE AT REST AND NIGHTTIME USE DIFFER AND THE AVERAGE OF THE TWO AMOUNTS IS LESS THAN 1 LITER PER MINUTE (LPM) (EFFECTIVE DATE 04/01/2018)
QB	PRESCRIBED AMOUNTS OF STATIONARY OXYGEN FOR DAYTIME USE WHILE AT REST AND NIGHTTIME USE DIFFER AND THE AVERAGE OF THE TWO AMOUNTS EXCEEDS 4 LITERS PER MINUTE (LPM) AND PORTABLE OXYGEN IS PRESCRIBED (EFFECTIVE DATE 04/01/2018)
QE	PRESCRIBED AMOUNT OF STATIONARY OXYGEN WHILE AT REST IS LESS THAN 1 LITER PER MINUTE (LPM) (UPDATED DESCRIPTION 04/01/2018)
QF	PRESCRIBED AMOUNT OF STATIONARY OXYGEN WHILE AT REST EXCEEDS 4 LITERS PER MINUTE (LPM) AND PORTABLE OXYGEN IS PRESCRIBED (UPDATED DESCRIPTION 04/01/2018)
QG	PRESCRIBED AMOUNT OF STATIONARY OXYGEN WHILE AT REST IS GREATER THAN 4 LITERS PER MINUTE (LPM) (UPDATED DESCRIPTION 04/01/2018)
QH	OXYGEN CONSERVING DEVICE IS BEING USED WITH AN OXYGEN DELIVERY SYSTEM
QJ	SERVICES/ITEMS PROVIDED TO A PRISONER OR PATIENT IN STATE OR LOCAL CUSTODY, HOWEVER THE STATE OR LOCAL GOVERNMENT, AS APPLICABLE, MEETS THE REQUIREMENTS IN 42 CFR 411.1(B) (EFFECTIVE DATE 1/1/2003)
QQ	CLAIM SUBMITTED WITH A WRITTEN STATEMENT OF INTENT
QR	PRESCRIBED AMOUNTS OF STATIONARY OXYGEN FOR DAYTIME USE WHILE AT REST AND NIGHTTIME USE DIFFER AND THE AVERAGE OF THE TWO AMOUNTS IS GREATER THAN 4 LITERS PER MINUTE (LPM) (EFFECTIVE DATE 04/01/2018)
RA	REPLACEMENT OF A DME, ORTHOTIC OR PROSTHETIC ITEM (EFFECTIVE 01/01/2011)
RB	REPLACEMENT OF A PART OF A DME, ORTHOTIC OR PROSTHETIC ITEM FURNISHED AS PART OF A REPAIR (EFFECTIVE 01/01/2011)
RD	DRUG PROVIDED TO BENEFICIARY, BUT NOT ADMINISTERED “INCIDENT-TO” (EFFECTIVE 01/01/2004)
RE	FURNISHED IN FULL COMPLIANCE WITH FDA-MANDATED RISK EVALUATION AND MITIGATION STRATEGY (REMS) (EFFECTIVE 01/01/2009)
RR	RENTAL (USE THE 'RR' MODIFIER WHEN DME IS TO BE RENTED)
RT	RIGHT SIDE (USED TO IDENTIFY PROCEDURES PERFORMED ON THE RIGHT SIDE OF THE BODY)
SC	MEDICALLY NECESSARY SERVICE OR SUPPLY (EFFECTIVE DATE 01/01/2001)
ST	RELATED TO TRAUMA OR INJURY (EFFECTIVE DATE 01/01/2003) *NOTE:* Modifier ST is used for Prior Authorization exceptions due to acute or emergent conditions.

T1	LEFT FOOT, SECOND DIGIT (EFFECTIVE DATE 01/01/1995)
T2	LEFT FOOT, THIRD DIGIT (EFFECTIVE DATE 01/01/1995)
T3	LEFT FOOT, FOURTH DIGIT (EFFECTIVE DATE 01/01/1995)
T4	LEFT FOOT, FIFTH DIGIT (EFFECTIVE DATE 01/01/1995)
T5	RIGHT FOOT, GREAT TOE (EFFECTIVE DATE 01/01/1995)
T6	RIGHT FOOT, SECOND DIGIT (EFFECTIVE DATE 01/01/1995)
T7	RIGHT FOOT, THIRD DIGIT (EFFECTIVE DATE 01/01/1995)
T8	RIGHT FOOT, FOURTH DIGIT (EFFECTIVE DATE 01/01/1995)
T9	RIGHT FOOT, FIFTH DIGIT (EFFECTIVE DATE 01/01/1995)
TA	LEFT FOOT, GREAT TOE (EFFECTIVE DATE 01/01/1995)
UE	USED DURABLE MEDICAL EQUIPMENT PURCHASE
V1	DEMONSTRATION MODIFIER 1 (EFFECTIVE DATE 01/01/2017)
V2	DEMONSTRATION MODIFIER 2 (EFFECTIVE DATE 01/01/2017)
V3	DEMONSTRATION MODIFIER 3 (EFFECTIVE DATE 01/01/2017)
V4	DEMONSTRATION MODIFIER 4 (EFFECTIVE DATE 10/01/2020)
VP	APHAKIC PATIENT (EFFECTIVE DATE 01/01/1984)
ZA	NOVARTIS/SANDOZ (DELETED EFF. 03/31/2018)
ZB	PFIZER/HOSPIRA (EFFECTIVE DATE 04/05/2016) (DELETED EFF. 03/31/2018)
ZC	MERCK/SAMSUNG BIOEPIS (EFFECTIVE DATE 07/24/2017) (DELETED EFF. 03/31/2018)