

**Dental Injectables Fee Schedule
Effective January 1, 2012**

***See Physician Injectable Fee Schedule for J Code pricing

Code	Description	Max Fee	Units	Age
J0170	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE		1	All
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG		14	All
J0560	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS		1	All
J0570	INJECTION, PENICILLIN G BENZATHINE, UP TO 1,200,000 UNITS		1	All
J0580	INJECTION, PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS		1	All
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG		4	All
J0745	INJECTION, CODEINE PHOSPHATE, PER 30 MG		2	All
J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG		1	All
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG		2	All
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG		2	All
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG		2	All
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG		20	All
J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG		1	All
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG		3	All
J1700	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG		2	All
J1710	INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG		5	All
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG		5	All
J1890	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM		2	All
J2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MG		2	All
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG		1	All
J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG		1	All
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG		1	All
J2410	INJECTION, OXYMORPHONE HCL, UP TO 1 MG		1	All
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS		2	All
J2515	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG		1	All
J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS		1	All
J2560	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG		1	All
J2650	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML		2	All
J2700	INJECTION, OXACILLIN SODIUM, UP TO 250 MG		4	All

Code	Description	Max Fee	Units	Age
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG		25	All
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG		24	All
J3010	INJECTION, FENTANYL CITRATE, 0.1 MG		1	All
J3070	INJECTION, PENTAZOCINE, 30 MG		2	All
J3301	INJECTION TRIAMCINOLONE ACETONIDE, PER 10MG		8	All
J3360	INJECTION, DIAZEPAM, UP TO 5 MG		2	All
J3370	INJECTION, VANCOMYCIN HCL, 500 MG		2	All
J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG		4	All
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC		1	All
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)		1	All
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)		1	All
J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC		12	All
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)		4	All
J7070	INFUSION, D5W, 1000 CC		1	All
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC		1	All