

Physicians Injectable Medications Fee Schedule (Update effective 04/01/2013)

Non-Oncology Medications

Procedure Code	Drug name	Current 2013 Rate	Max Quantity	Comments/Notes
C9254	INJECTION, LACOSAMIDE, 1MG (VIMPAT)	\$0.21	400	
C9257	INJECTION, BEVACIZUMAB, 0.25 MG (AVASTIN)	\$5.00	5	Requires RT/LT mod
C9298	INJECTION, OCRIPLASMIN 0.125 MG (JETREA)	\$1,002.31	4	New code effective 4/1/2013. Requires RT / LT mod
Q9957	INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML	\$69.02	2	
J0129	INJECTION, ABATACEPT, 10 MG ORENCIA (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	\$24.91	100	
J0150	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS) (ADENOCARD)	\$13.20	14	
J0152	INJECTION, ADENOSINE FOR DIAGNOSTIC USE, 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSHATE COMPUNDS) (ADENOSCAN)	\$110.50	3	
J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	\$0.28	10	
J0178	INJECTION AFLIBERCEPT 1MG (EYLEA)	\$938.88	2	Code effective 1/1/2013
J0180	INJECTION, AGALSIDASE BETA, 1 MG (FABRAZYME)	\$140.07	80	
J0205	ALGLUCERASE, PER 10 UNITS (CEREDASE)	\$40.24	600	
J0215	INJECTION, ALEFACEPT, 0.5 MG (AMEVIVE)	\$39.88	15	
J0220	INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE SPECIFIED	\$197.93	15	
J0221	INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	\$147.18	140	
J0256	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG (ARALAST, PROLASTIN, ZEMAIRA)	\$4.16	420	
J0257	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	\$4.87	800	
J0278	INJECTION, AMIKACIN SULFATE, 100 MG (AMIKIN)	\$1.00	5	
J0280	INJECTION, AMINOPHYLLINE, UP TO 250 MG	\$0.92	2	
J0285	AMPHOTERICIN B, 50 MG	\$38.57	10	
J0287	AMPHOTERICIN B LIPID COMPLEX, 10 MG (ALBECET)	\$18.78	35	
J0289	AMPHOTERICIN B LIPOSOME, 10 MG (AMBISOME)	\$31.87	5	
J0290	AMPICILLIN, UP TO 500 MG (TOTACILLIN-N)	\$4.13	14	

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J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM (UNASYN)	\$3.46	2	
J0348	INJECTION, ANIDULAFUNGIN, 1 MG (ERAXIS)	\$1.83	200	
J0400	ARIPRAZOLE, IM, 0.25 MG (ABILIFY)	\$0.51	39	
J0456	AZITHROMYCIN 500 MG, INJECTION (ZITHROMAX)	\$8.36	1	
J0461	INJECTION, ATROPINE SULFATE, 0.01 MG (ATROPINE)	\$0.03	400	
J0475	INJECTION, BACLOFEN, PER 10MG (LIORESAL IT, GABLOFEN)	\$218.23	8	
J0476	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL (LIORESAL IT, GABLOFEN)	\$75.91	1	
J0485	INJECTION, BELACEPT, 1MG (NULOJIX)	\$3.81	1000	Code effective 1/1/2013
J0490	INJECTION, BELIMUMAB, 10 MG (BENLYSTA)	\$38.29	140	
J0500	DICYCLOMINE, UP TO 20 MG (BENTYL)	\$36.97	1	
J0515	BENZTROPINE, INJECTION PER 1MG (COGENTIN)	\$27.91	2	
J0558	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 100,000 UNITS (BICILLIN CR)	\$4.11	24	
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS (BICILLIN LA)	\$5.16	24	
J0585	BOTULINUM TOXIN A, PER 1 UNIT (BOTOX)	\$5.46	400	If billing Botox for chronic migraine, use J3490 so the claim can go to medical review.
J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS (DYSPORE)	\$7.21	200	
J0587	BOTULINUM TOXIN TYPE B, PER 100 UNITS (100 UNITS = 1 MEDICAID UNIT) (MYOBLOC)	\$10.82	100	
J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT (XEOMIN)	\$4.45	120	
J0595	INJECTION, BUTORPHANOL TARTRATE, 1 MG	\$1.97	1	
J0597	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), (BERINERT), 10 UNITS	\$39.67	20	
J0598	INJECTION, C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS (CINRYZE)	\$47.26	100	
J0637	INJECTION, CASPOFUNGIN ACETATE, 5 MG (CANCIDAS)	\$25.44	14	
J0638	INJECTION, CANAKINUMAB, 1 MG (ILARIS)	\$90.53	150	
J0670	MEPIVACAINE, PER 10ML (CARBOCAINE, POLOCAINE)	\$2.18	5	

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J0690	CEFAZOLIN SODIUM, UP TO 500 MG	\$1.25	4	
J0692	CEFEPIME HCl, 500 MG, INJECTION	\$3.06	4	
J0694	CEFOXITIN SODIUM, 1 GM, INJECTION	\$6.27	2	
J0696	CEFTRIAXONE SODIUM, PER 250 MG (ROCEPHIN)	\$2.00	16	
J0697	STERILE CEFUROXIME SODIUM, PER 750 MG (ZINACEF)	\$3.28	2	
J0698	CEFOTAXIME SODIUM, PER GM (CLAFORAN)	\$3.70	2	
J0702	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG (TOTAL 6 MG) (CELESTONE SOLUSPAN)	\$5.70	3	
J0712	INJECTION, CEFTAROLINE FOSAMIL, (TEFLARO) 10 MG	\$0.82	120	
J0713	INJECTION, CEFTAZIDIME PER 500 MG (FORTAZ, TAZICEF)	\$2.98	2	
J0718	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CIMZIA)	\$5.34	400	
J0725	CHORIONIC GONADOTROPIN, PER 1000 USP UNITS	\$18.68	5	
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG (CLONIDINE, DURACLON)	\$32.28	5	
J0740	INJECTION CIDOFOVIR, 375 MG (VISTIDE)	\$757.16	1	
J0743	INJECTION, CILASTATIN SODIUM; IMPENEM, PER 250 MG (PRIMAXIN I.M., PRIMAXIN I.V.)	\$8.05	4	
J0744	CIPROFLOXACIN, FOR INTRAVENOUS INFUSION, 200 MG (CIPRO)	\$1.80	1	
J0770	COLISTIMETHATE SODIUM, UP TO 150 MG (COLY-MYCIN M)	\$12.35	1	
J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG (XIAFLEX)	\$37.57	90	
J0780	PROCHLORPERAZINE, UP TO 10 MG (COMPAZINE)	\$4.55	1	
J0795	INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM (ACTHREL)	\$5.82	200	
J0833	INJECTION, COSYNTROPIN, NOT OTHERWISE SPECIFIED, 0.25 MG (CORTROSYN)	\$81.40	3	
J0834	INJECTION, COSYNTROPIN, 0.25 MG (CORTROSYN)	\$81.40	3	
J0878	INJECTION, DAPTOMYCIN, 1 MG (CUBICIN)	\$0.61	1000	
J0895	DEFEROXAMINE MESLYATE, 500 MG PER 5 CC (DESFERAL)	\$11.69	6	
J0897	INJECTION, DENOSUMAB, 1MG (PROLIA, XGEVA)	\$14.22	120	

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J1000	DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	\$7.44	1	
J1020	METHYLPREDNISOLONE ACETATE, 20 MG (DEPO-MEDROL)	\$2.75	2	
J1030	METHYLPREDNISOLONE ACETATE, 40 MG	\$5.56	2	
J1040	METHYLPREDNISOLONE ACETATE, 80 MG	\$8.79	2	
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE 1MG (DEPO PROVERA)	\$0.39	150	Code effective 1/1/2013
J1070	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG (DEPO TESTOSTERONE CYPIONATE)	\$6.49	1	
J1080	TESTOSTERONE CYPIONATE, 1 CC 200 MG (DEPO-TESTOSTERONE)	\$6.49	2	
J1100	DEXAMETHASONE SODIUM PHOSPHATE, UP TO 1MG/ML	\$0.15	20	
J1120	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG (DIAMOX)	\$29.90	2	
J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG (DILAUDID, DILAUDID-HP)	\$1.96	1	
J1200	DIDHENHYDRAMINE HCL, UP TO 50 MG (BENADRYL, BENA HIST 10, NORDRYL, DIHYDREX)	\$2.79	1	
J1245	INJECTION, DIPYRIDAMOLE, 10MG (PERSANTINE IV)	\$0.91	16	
J1250	INJECTION, DOBUTAMINE HCL, 250MG	\$4.74	1	
J1267	INJECTION, DORIPENEM, 10 MG (DORIBAX)	\$0.78	50	
J1290	INJECTION, ECALLANTIDE, 1 MG (KALBITOR)	\$317.14	60	
J1300	INJECTION, ECULIZUMAB, 10 MG (SOLIRIS)	\$201.12	90	
J1335	INJECTION, ERTAPENEM, 500 MG (INVANZ)	\$34.92	2	
J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG (ERYTHROCIN)	\$14.85	2	
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG (DELESTROGEN, ESTRADIOL LA)	\$9.10	1	
J1450	INJECTION FLUCONAZOLE, 200 MG (DIFLUCAN)	\$6.00	1	
J1455	INJECTION, FOSCARNET SODIUM, PER 1000 MG (FOSCAVIR)	\$12.75	12	
J1458	INJECTION, GALSULFASE, 1 MG (NAGLAZYME)	\$355.39	70	
J1570	INJECTION, GANCICLOVIR SODIUM, 500 MG (CYTOVENE)	\$82.28	1	

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J1580	GARAMYCIN, GENTAMICIN, UP TO 80 MG (GENTAMICIN SULFATE, JENAMICIN)	\$3.74	3	
J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG (GLUCAGEN)	\$115.04	1	
J1630	INJECTION, HALOPERIDOL LACTATE , UP TO 5 MG (HALDOL)	\$3.97	1	
J1631	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG (HALDOL DECANOATE-50)	\$19.39	1	
J1645	INJECTION, DALTEPARIN SODIUM, PER 2500 I.U (FRAGMIN)	\$17.99	4	
J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG (LOVENOX)	\$7.63	12	
J1652	INJECTION, FONDAPARINUX SODIUM, 0.5 MG (ARIXTRA)	\$8.90	20	
J1670	TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 U (HYPERTET SD)	\$348.43	1	
J1720	HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG (SOLU-CORTEF, A-HYDROCORT)	\$4.81	5	
J1725	INJECTION, HYDROXYPROGESTERONE CAPROATE, 1 MG (MAKENA)	\$2.80	250	
J1740	INJECTION, IBANDRONATE SODIUM, 1 MG (BONIVA)	\$152.30	3	
J1743	INJECTION, IDURSULFASE, 1 MG (ELAPRASE)	\$457.93	35	
J1745	INJECTION, INFLIXIMAB, 10 MG (REMICADE)	\$78.56	100	
J1750	INJECTION, IRON DEXTRAN, 50MG (INFED)	\$12.21	70	
J1756	INJECTION, IRON SUCROSE, 1 MG (VENOFER)	\$0.49	500	
J1786	INJECTION, IMIGLUCERASE, PER 10 UNITS (CEREZYME)	\$40.24	440	
J1815	INJECTION, INSULIN, PER 5 UNITS	\$0.45	20	
J1840	KANAMYCIN SULFATE, UP TO 500 MG (KANTREX)	\$7.69	1	
J1850	KANAMYCIN SULFATE, UP TO 75 MG (KANTREX)	\$1.15	4	
J1885	KETOROLAC TROMETHAMINE, PER 15 MG (TORADOL)	\$0.65	4	
J1930	INJECTION, LANREOTIDE, 1 MG (SOMATULINE)	\$35.65	120	
J1931	INJECTION, LARONIDASE, 0.1 MG (ALDURAZYME)	\$28.21	145	
J1940	FUROSEMIDE, UP TO 20 MG (LASIX)	\$2.32	2	
J1950	INJECTION, LEUPROLIDE ACETATE (LUPRON FOR DEPOT SUSPENSION), PER 3.75 MG	\$813.77	3	Women only.
J1953	INJECTION, LEVETIRACETAM, 10 MG (KEPPRA)	\$0.69	300	
J1956	INJECTION, LEVOFLOXACIN, 250 MG (LEVAQUIN)	\$16.40	1	

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J2010	LINCOMYCIN HCl, UP TO 300 MG (LINCOCIN)	\$7.50	2	
J2020	INJECTION, LINEZOLID, 200 MG (ZYVOX)	\$40.71	3	
J2060	INJECTION, LORAZEPAM, 2 MG (ATIVAN)	\$0.76	2	
J2150	INJECTION, MANNITOL, 25% IN 50 ML	\$1.66	4	
J2175	INJECTION, MEPERIDINE HCl, PER 100 MG (DEMEROL)	\$2.06	1	
J2185	INJECTION, MEROPENEM, 100 MG (MERREM)	\$1.23	5	
J2210	METHYLERGONOVINE MALEATE, UP TO 0.2 MG (METHERGINE)	\$7.99	1	
J2248	INJECTION, MICAfungin Sodium, 1 MG (MYCAMINE)	\$1.90	150	
J2250	INJECTION, MIDAZOLAM HCl, PER 1MG (VERSED)	\$0.30	2	
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	\$1.85	1	
J2275	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE), 10 MG	\$10.85	100	
J2278	INJECTION, ZICONOTIDE, 1 MICROGRAM (PRIALT)	\$6.61	500	
J2280	INJECTION, MOXIFLOXACIN, 100 MG (AVELOX)	\$8.88	4	
J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG (NUBAIN)	\$1.57	2	
J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG (NARCAN)	\$15.30	2	
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG INJECTION (VIVITROL)	\$2.94	380	
J2323	INJECTION, NATALIZUMAB, 1 MG (TYSABRI)	\$13.65	300	
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG (SANDOSTATIN LAR)	\$131.54	60	
J2354	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SQ OR IV, PER 25MCG (SANDOSTATIN)	\$3.62	1	
J2357	INJECTION, OMALIZUMAB, 5 MG (XOLAIR)	\$24.47	90	
J2358	INJECTION, OLANZAPINE, LONG-ACTING, 1 MG (ZYPREXA RELPREVV)	\$2.75	405	
J2426	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE, 1 MG (INVEGA SUSTENNA)	\$7.45	234	
J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG (MACUGEN)	\$1,030.43	2	Requires RT/LT mod
J2504	INJECTION, PEGADEMASE BOVINE, 25 IU (ADAGEN)	\$396.26	100	
J2507	INJECTION, PEGLOTICASE, 1 MG (KRYSTEXXA)	\$488.47	8	

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J2510	PENICILLIN G, PROCAINE, AQUEOUS, UP TO 600,000 UNITS	\$13.72	2	
J2540	PENICILLIN G, POTASSIUM, UP TO 600,000 UNITS (PFIZERPEN)	\$0.67	1	
J2543	PIPERACILLIN SODIUM/TAZOBACTAM SODIUM 1.125 GRAMS (ZOSYN)	\$5.51	3	
J2545	PENTAMIDINE INHALATION, PER 300MG (NEBUPENT)	\$100.23	1	
S0080	PENTAMIDINE INJECTION, PER 300MG (PENTAM)	\$100.23	1	
J2550	PROMETHAZINE HCl, UP TO 50 MG (PHENERGAN)	\$2.05	1	
J2590	OXYTOCIN, UP TO 10 UNITS (PITOCIN)	\$1.86	2	
J2597	DESMOPRESSIN ACETATE PER 1MCG (DDAVP)	\$5.60	4	
J2675	INJECTION, PROGESTERONE , PER 50 MG (GESTERONE, GESTRIN)	\$3.04	1	
J2680	FLUPHENAZINE DECANOATE, UP TO 25 MG (PROLIXIN DECANOATE)	\$21.89	1	
J2700	OXACILLIN SODIUM, UP TO 250 MG (BACTOCILL)	\$3.35	4	
J2765	METOCLOPRAMIDE HCL, UP TO 10 MG (REGLAN)	\$0.69	2	
J2778	INJECTION, RANIBIZUMAB, 0.1 MG (LUCENTIS)	\$397.72	5	Requires RT/LT mod
J2780	INJECTION, RANTIDINE HCL, 25MG (ZANTAC)	\$1.64	2	
J2785	INJECTION, REGADENOSON, 0.1 MG (LEXISCAN)	\$55.58	4	
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG (250 IU) ***Only HyperRho is covered****	\$25.13	1	Only HyperRho is covered
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG (1500 IU) ***Only HyperRho is covered***	\$83.88	1	Only HyperRho is covered
J2791	RHOPHYLAC INJECTION, per 100 IU (1500 IU = 300mcg)	\$9.87	15	
J2792	INJECTION, RHO D IMMUNE GLOBULIN, IV, HUMAN, SD, 100 IU (WinRho)	\$22.87	250	
J2794	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG (RISPERDAL CONSTA)	\$5.81	100	
J2796	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS (NPLATE)	\$49.84	150	
J2916	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG (FERRLECIT)	\$6.46	10	

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J2920	METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG (SOLU-MEDROL, A-METHAPRED)	\$2.78	25	
J2930	METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG (SOLU-MEDROL, A-METHAPRED)	\$3.53	24	
J2997	ALTEPLASE RECOMBINANT, 1 MG (ACTIVASE, CATHFLO)	\$54.58	2	
J3000	INJECTION, STREPTOMYCIN 1 GM (STREPTOMYCIN SULFATE)	\$19.03	1	
J3010	INJECTION, FENTANYL CITRATE, 0.1 MG INJECTION (SUBLIMAZE)	\$0.59	1	
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG, ADMINISTERED UNDER DIRECT PHYSICIAN, NOT FOR SELF-ADMIN (IMITREX)	\$38.00	1	
J3095	INJECTION, TELEVANCIN, 10 MG (VIBATIV)	\$2.53	130	
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG (BRETHINE, BRICANYL SUBCUTANEOUS)	\$3.74	1	
J3130	TESTOSTERONE ENANTHATE, UP TO 200 MG (DELATESTRYL)	\$13.80	2	
J3230	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG (THORAZINE)	\$12.28	2	
J3243	INJECTION, TIGECYCLINE, 1 MG (TYGACIL)	\$1.77	150	
J3250	TRIMETHOBENZAMIDE HCL, UP TO 200 MG (TIGAN)	\$11.66	1	
J3260	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG (NEBCIN)	\$6.70	3	
J3262	INJECTION, TOCILIZUMAB, 1 MG (ACTEMRA)	\$3.64	800	
J3265	INJECTION, TORSEMIDE 10MG/ML (TORSEMIDE)	\$2.09	2	
J3300	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG (TRIESENCE)	\$3.93	120	Requires RT/LT mod
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOS, PER 10 MG (KENALOG-10, KENALOG-40)	\$2.06	8	
J3303	TRIAMCINOLONE HEXACETONIDE, PER 5 MG (ARISTOSPAN INTRALESIONAL/INTRA-ARTICULAR)	\$1.96	4	
J3360	INJECTION, DIAZEPAM, UP TO 5 MG	\$3.08	2	
J3370	VANCOMYCIN HCL, UP TO 500 MG (VANCOCIN)	\$4.04	3	
J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS (VPRIV)	\$342.56	44	
J3396	INJECTION, VERTEPORFIN, 0.1 MG (VISUDYNE)	\$10.48	150	

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J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	\$1.54	4	
J3430	VITAMIN K, PHYTONADIONE, MENADIONE, MENADIOL SODIUM DIPHOSPHATE , PER 1MG (PHYTONADIONE)	\$3.92	3	
J3465	INJECTION, VORICONAZOLE, 10 MG (VFEND)	\$6.88	20	
J3473	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT (HYLENEX)	\$0.35	150	
J3475	INJECTION, MAGNESIUM SULFATE, PER 500 MG	\$0.36	80	
J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	\$0.14	20	
J3486	INJECTION, ZIPRASIDONE MESYLATE, 10 MG (GEODON)	\$9.33	4	
J3488	INJECTION, ZOLEDRONIC ACID (RECLAST), 1 MG	\$220.02	5	
J3490	UNCLASSIFIED INJECTION		999	Medical Review
J7030	INFUSION, NORMAL SALINE SOLUTION, 1000 CC	\$3.21	1	
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	\$2.72	1	
J7042	INFUSION, 5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	\$3.50	1	
J7050	INFUSION, NORMAL SALINE SOLUTION, 250 CC	\$2.78	12	
J7060	INFUSION, 5% DEXTROSE/WATER (500 ML = 1 UNIT) (D-5-W)	\$3.00	4	
J7070	INFUSION, D-5-W, 1,000 CC	\$2.19	1	
J7120	INFUSION, RINGER'S LACTATE INFUSION, UP TO 1000 CC	\$3.91	1	
J7300	INTRAUT COPPER CONTRACEPTIVE (PARAGUARD)	\$606.97	1	
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE SYSTEM (MIRENA)	\$713.60	1	
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES (IMPLANON, NEXPLANON)	\$669.31	1	
J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT (VITRASERT)	\$16,240.00	1	Requires RT/LT mod
J7311	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (RETISERT)	\$18,523.75	1	Requires RT/LT mod
J7312	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG (OZURDEX)	\$187.78	7	Requires RT/LT mod

Physicians Injectable Medications Fee Schedule (Update effective 04/01/2013)

Non-Oncology Medications

Procedure Code	Drug name	Current 2013 Rate	Max Quantity	Comments/Notes
J7321	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$178.64	1	Requires RT/LT mod
J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$278.69	1	Requires RT/LT mod
J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$303.18	1	Requires RT/LT mod
J7325	HYALURONAN OR DERIVATIVE, SYNVISIC OR SYNVISIC ONE, FOR INTRA-ARTICULAR, INJECTION, 1MG	\$20.05	48	Requires RT/LT mod
J7335	CAPSAICIN 8% PATCH, PER 10 SQUARE CENTIMETERS (QUTENZA)	\$25.55	112	
J7665	MANNITOL, ADMINISTERED THROUGH AN INHALER, 5MG (ARIDOL)	\$0.67	127	
J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	\$16,081.66	1	