

Dental Injectables Fee Schedule

Effective January 1, 2014

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

| Code | Units | Description | Max Fee | Age |
|-------|-------|--|---------|-----|
| J0290 | 14 | Injection, Ampicillin Sodium, 500 Mg | | All |
| J0690 | 4 | Injection, Cefazolin Sodium, 500 Mg | | All |
| J0780 | 1 | Injection, Prochlorperazine, Up To 10 Mg | | All |
| J1020 | 2 | Injection, Methylprednisolone Acetate, 20 Mg | | All |
| J1030 | 2 | Injection, Methylprednisolone Acetate, 40 Mg | | All |
| J1040 | 2 | Injection, Methylprednisolone Acetate, 80 Mg | | All |
| J1100 | 20 | Injection, Dexamethasone Sodium Phosphate, 1Mg | | All |
| J1170 | 1 | Injection, Hydromorphone, Up To 4 Mg | | All |
| J1580 | 3 | Injection, Garamycin, Gentamicin, Up To 80 Mg | | All |
| J1720 | 5 | Injection, Hydrocortisone Sodium Succinate, Up To 100 Mg | | All |
| J2010 | 2 | Injection, Lincomycin Hcl, Up To 300 Mg | | All |
| J2175 | 1 | Injection, Meperidine Hydrochloride, Per 100 Mg | | All |
| J2270 | 1 | Injection, Morphine Sulfate, Up To 10 Mg | | All |
| J2410 | 1 | Injection, Oxymorphone Hcl, Up To 1 Mg | | All |
| J2510 | 2 | Injection, Penicillin G Procaine, Aqueous, Up To 600,000 Units | | All |
| J2515 | 1 | Injection, Pentobarbital Sodium, Per 50 Mg | | All |
| J2540 | 1 | Injection, Penicillin G Potassium, Up To 600,000 Units | | All |
| J2700 | 4 | Injection, Oxacillin Sodium, Up To 250 Mg | | All |
| J2920 | 25 | Injection, Methylprednisolone Sodium Succinate, Up To 40 Mg | | All |
| J2930 | 24 | Injection, Methylprednisolone Sodium Succinate, Up To 125 Mg | | All |
| J3010 | 1 | Injection, Fentanyl Citrate, 0.1 Mg | | All |
| J3070 | 2 | Injection, Pentazocine, 30 Mg | | All |
| J3301 | 8 | Injection Triamcinolone Acetonide, Per 10Mg | | All |
| J3360 | 2 | Injection, Diazepam, Up To 5 Mg | | All |
| J3370 | 2 | Injection, Vancomycin Hcl, 500 Mg | | All |
| J3410 | 4 | Injection, Hydroxyzine Hcl, Up To 25 Mg | | All |
| J7030 | 1 | Infusion, Normal Saline Solution , 1000 CC | | All |
| J7040 | 1 | Infusion, Normal Saline Solution, Sterile (500 Ml=1 Unit) | | All |

| Code | Units | Description | Max Fee | Age |
|-------|-------|---|---------|-----|
| J7042 | 1 | 5% Dextrose/Normal Saline (500 MI = 1 Unit) | | All |
| J7050 | 12 | Infusion, Normal Saline Solution , 250 CC | | All |
| J7060 | 4 | 5% Dextrose/Water (500 MI = 1 Unit) | | All |
| J7070 | 1 | Infusion, D5W, 1,000 CC | | All |
| J7120 | 1 | Ringers Lactate Infusion, Up To 1,000 CC | | All |