

INJECTABLE MEDICATIONS FEE SCHEDULE NON-ONCOLOGY MEDICATIONS

CODE	DESCRIPTION	LABEL NAME	MAX QTY	RATE	COMMENTS/NOTES
C9254	LACOSAMIDE 1MG	VIMPAT	400	0.28	
C9257	BEVACIZUMAB 0.25MG	AVASTIN	5	1.72	REQUIRES RT/LT MODIFIER
J0129	ABATACEPT 10MG	ORENCIA	100	37.00	MAY BE USED FOR MEDICARE WHEN ADMINISTERED UNDER DIRECT SUPERVISION OF PHYSICIAN. NOT FOR USE WHEN SELF-ADMINISTERED
J0153	ADENOSINE 1MG	ADENOCARD, ADENOSINE	100	2.21	NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS
J0171	ADRENALIN EPINEPHRINE 0.1MG	ADRENALIN	10	0.61	
J0178	AFLIBERCEPT 1MG	EYLEA	2	938.88	
J0180	AGALSIDASE BETA 1MG	FABRAZYME	80	151.85	
J0205	ALGLUCERASE PER 10 UNITS	CEREDASE	600	40.25	
J0220	ALGLUCOSIDASE ALFA 10MG NOS	LUMIZYME	275	197.93	
J0221	ALGLUCOSIDASE ALFA 10MG	LUMIZYME	140	147.18	
J0256	ALPHA 1 PROTEINASE INHIBITOR 10MG NOS	ARALAST, PROLASTIN, ZEMAIRA	420	4.50	
J0257	ALPHA 1 PROTEINASE INHIBITOR HUMAN 10MG	GLASSIA	800	5.00	
J0278	AMIKACIN SULFATE 100MG	AMIKIN	5	1.49	
J0280	AMINOPHYLLIN UP TO 250MG	AMINOPHYLLINE	2	0.96	
J0285	AMPHOTERICIN B 50MG	AMPHOTERICIN B	10	38.57	
J0287	AMPHOTERICIN B LIPID COMPLEX 10MG	ALBECET	35	18.78	
J0289	AMPHOTERICIN B LIPOSOME 10MG	AMBISOME	5	35.14	
J0290	AMPICILLIN UP TO 500MG	TOTACILLIN-N	14	3.58	
J0295	AMPICILLIN SODIUM PER 1.5GM	UNASYN	2	3.95	
J0348	ANIDULAFUNGIN 1MG	ERAXIS	200	1.83	
J0400	ARIPIPROZOLE 0.25MG	ABILIFY	39	0.51	
J0456	AZITHROMYCIN 500MG	ZITHROMAX	1	10.35	
J0461	ATROPINE SULFATE 0.01MG	ATROPINE	400	0.04	
J0475	BACLOFEN PER 10MG	LIORESAL IT, GABLOFEN	8	218.23	
J0476	BACLOFEN 50MCG FOR INTRATHECAL TRIAL	LIORESAL IT, GABLOFEN	1	77.65	
J0485	BELATACEPT 1MG	NULOJIX	1,000	3.75	
J0490	BELIMUMAB 10MG	BENLYSTA	140	39.79	
J0500	DICYCLOMINE HCL UP TO 20MG	BENTYL	1	57.88	
J0515	BENZTROPINE PER 1MG	COGENTIN	2	27.15	
J0558	PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE 100,000 UNITS	BICILLIN CR	24	5.88	
J0561	PENICILLIN G BENZATHINE 100,000 UNITS	BICILLIN LA	24	8.52	

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J0585	ONABOTULINUMTOXINA 1 UNIT	BOTOX	400	5.96	REQUIRES PRIOR AUTHORIZATION FOR CHRONIC MIGRAINE
J0586	ABOBOTULINUMTOXINA 5 UNITS	DYSPOET	200	7.75	
J0587	RIMABOTULINUM TOXIN B 100 UNITS	MYOBLOC	100	11.45	100 UNITS = 1 MEDICAID UNIT
J0588	INCOLOTULINUM TOXIN A 1 UNIT	XEOMIN	120	4.47	
J0595	BUTORPHANOL TARTRATE 1MG	BUTORPHANOL	1	2.33	
J0597	C-1 ESTERASE INGIBITOR (HUMAN) 10 UNITS	BERINERT	300	51.46	
J0598	C-1 ESTERASE INGIBITOR (HUMAN) 10 UNITS	CINRYZE	100	52.29	
J0637	CASPOFUNGIN ACETATE 5MG	CANCIDAS	14	29.86	
J0638	CANAKINUMAB 1MG	ILARIS	150	90.54	
J0670	MEPIVACAINE HCL PER 10ML	CARBOCAINE, POLOCAINE	5	2.18	
J0690	CEFAZOLIN SODIUM UP TO 500MG	CEFAZOLIN	4	1.19	
J0692	CEFEPIME HCL 500MG	CEFEPIME, MAXIPIME	4	7.18	
J0694	CEFOXITIN SODIUM 1GM	CEFOXITIN, MEFOXIN	2	7.15	
J0696	CEFTRIAZONE SODIUM PER 250MG	ROCEPHINE	16	1.72	
J0697	STERILE CEFUROXIME SODIUM PER 750MG	ZINACEF	2	4.06	
J0698	CEFOTAXIME SODIUM PER GRAM	CLAFORAN	2	2.64	
J0702	BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	CELESTONE SOLUSPAN	3	3.59	
J0712	CEFTAROLINE FOSAMIL 10MG	TEFLARO	120	3.21	
J0713	CEFTAZIDIME PER 500MG	FORTAZ, TAZICEF	2	6.70	
J0717	CERTOLIZUMAB PEGOL 1MG	CIMZIA	400	7.73	
J0725	CHORIONIC GONADOTROPIN PER 1,000 USP UNITS	NOVAREL, PREGNYL	5	22.42	
J0735	CLONIDINE HYDROCHLORIDE 1MG	CLONIDINE, DURACLON	5	25.40	
J0740	CIDOFOVIR 375MG	VISTIDE	1	751.11	
J0743	CILASTATIN SODIUM IMIPENEM PER 250MG	PRIMAXIN IM, PRIMAXIN IV	4	5.33	
J0744	CIPROFLOXACIN IV 200MG	CIPRO	1	1.80	FOR INTRAVENOUS INFUSION
J0770	COLISTIMETHATE SODIUM UP TO 150MG	COLY-MYCIN M	1	28.42	
J0775	COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01MG	XIAFLEX	90	37.57	
J0780	PROCHLORPERAZINE UP TO 10MG	COMPAZINE	1	4.70	
J0795	CORTICORELIN OVINE TRIFLUTATE 1MCG	ACTHREL	200	7.62	
J0833	COSYNTROPIN NOS 0.25MG	CORTROSYN	3	89.49	
J0834	COSYNTROPIN 0.25MG	CORTROSYN	3	89.49	
J0878	DAPTOMYCIN 1MG	CUBICIN	1,400	0.77	
J0895	DEFEROXAMINE MESYLATE 500MG	DESFERAL	6	15.89	
J0897	DENOSUMAB 1MG	PROLIA, XGEVA	120	15.65	
J1000	DEPO-ESTRADIOL CYPIONATE UP TO 5MG	DEPO-ESTRADIOL	1	12.34	

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J1020	METHYLPREDNISOLONE ACETATE 20MG	DEPO-MEDROL	2	2.75	
J1030	METHYLPREDNISOLONE ACETATE 40MG	METHYLPREDNISOLONE	2	5.88	
J1040	METHYLPREDNISOLONE ACETATE 80MG	METHYLPREDNISOLONE	2	10.86	
J1050	MEDROXYPROGESTERONE ACETATE 1MG	DEPO-PROVERA	1,000	0.46	
J1071	TESTOSTERONE CYPIONATE 1MG	DEPO-TESTOSTERONE	200	0.05	
J1100	DEXAMETHASONE SODIUM PHOSPHATE UP TO 1MG/ML	DEXAMETHASONE	20	0.22	
J1170	HYDROMORPHONE UP TO 4MG	DILAUDID, DILAUDID-HP	1	2.11	
J1200	DIPHENHYDRAMINE HCL UP TO 50MG	DENADRYL, BENAHOST10, NORDRYL, DIHYDREX	1	2.20	
J1245	DIPYRIDAMOLE PER 10MG	PERSANTINE IV	16	0.90	
J1250	DOBUTAMINE HCL 250MG	DOBUTAMINE	1	7.50	
J1267	DORIPENEM 10MG	DORIBAX	50	0.86	
J1290	ECALLANTIDE 1MG	KALBITOR	60	376.57	
J1300	ECULIZUMAB 10MG	SOLIRIS	120	206.76	
J1322	ELOSULFASE ALFA 1MG	VIMIZIM	300	216.80	
J1335	ERTAPENEM SODIUM 500MG	INVANZ	2	41.55	
J1364	ERYTHROMYCIN LACTOBIONATE PER 500MG	ERYTHROCIN	2	52.76	
J1380	ESTRADIOL VALERATE UP TO 10MG	DELESTROGEN, ESTRADIOL	1	12.37	
J1439	FERRIC CARBOXYMALTOSE 1MG	INJECTAFER	750	3.39	
J1450	FLUCONAZOLE 200MG	DIFLUCAN	1	9.30	
J1455	FOSCARNET SODIUM PER 1,000MG	FOSCAVIR	12	12.89	
J1458	GALSULFASE 1MG	NAGLAZYME	70	356.27	
J1570	GANCICLOVIR SODIUM 500MG	CYTOVENE	1	105.50	
J1580	GARAMYCIN GENTAMICIN UP TO 80MG	GENTAMICIN, JENAMICIN	3	1.06	
J1602	GOLIMUMAB FOR IV USE 1MG	SIMPONI	250	38.21	
J1610	GLUCAGON MYDROCHLORIDE PER 1MG	GLUCAGEN	1	174.17	
J1630	HALOPERIDOL UP TO 5MG	HALDOL	1	2.35	
J1631	HALOPERIDOL DECANOATE PER 50MG	HALDOL DECANOATE-50	1	19.06	
J1645	DALTEPARIN SODIUM PER 2,500IU	FRAGMIN	4	22.18	
J1650	ENOXAPARIN SODIUM 10MG	LOVENOX	12	13.88	
J1652	FONDAPARINUX SODIUM 0.5MG	ARIXTRA	20	8.76	
J1670	TETANUS IMMUNE GLOBULIN HUMAN UP TO 250 UNITS	HYPERTET	1	383.27	
J1720	HYDROCORTISONE SODIUM SUCCINATE UP TO 100MG	SOLU-CORTEF, A-HYDROCORT	5	7.57	
J1725	HYDROXYPROGESTERONE CAPROATE 1MG	MAKENA	250	2.81	
J1740	IBANDRONATE SODIUM 1MG	BONIVA	3	164.85	
J1743	IDURSULFASE 1MG	ELAPRASE	35	485.79	
J1745	INFLIXIMAB 10MG	REMICADE	140	98.84	

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J1750	IRON DEXTRAN 50MG	INFED	70	18.27	
J1756	IRON SUCROSE 1MG	VENOFER	500	0.49	
J1786	IMIGLUCERASE PER 10 UNITS	CEREZYME	440	40.25	
J1815	INSULIN PER 5 UNITS	INSULIN	20	0.36	
J1840	KANAMYCIN SULFATE 500MG	KANTREX	1	7.35	
J1850	KANAMYCIN SULFATE 75MG	KANTREX	4	1.13	
J1885	KETOROLAC TROMETHAMINE PER 15MG	TORADOL	4	0.88	
J1930	LANREOTIDE 1MG	SOMATULINE	120	45.73	
J1931	LARONIDASE 0.1MG	ALDRUAZYME	145	28.21	
J1940	FUROSEMIDE UP TO 20MG	LASIX	2	1.66	
J1950	LEUPROLIDE ACETATE PER 3.75MG (LUPRON FOR DEPOT SUSPENSION)	LUPRON DEPOT	3	929.94	WOMEN ONLY
J1953	LEVETIRACETAM 10MG	KEPPRA	300	0.69	
J1956	LEVOFLOXACIN 250MG	LEVAQUIN	1	11.00	
J2010	LINCOMYCIN HCL UP TO 300MG	LINCOCIN	2	12.50	
J2020	LINEZOLID 200MG	ZYVOX	3	42.00	
J2060	LARZEPAM 2MG	ATIVAN	2	0.81	
J2150	MANNITOL 25% IN 50ML	MANNITOL	4	2.50	
J2175	MEPERIDINE HCL PER 100MG	DEMEROL	1	2.04	
J2185	MEROPENEM 100MG	MERREM	5	1.23	
J2210	METHYLERGONOVIN MALEATE UP TO 0.2MG	METHERGINE	1	6.96	
J2248	MICAFUNGIN SODIUM 1MG	MYCAMINE	150	1.90	
J2250	MIDAZOLAM HYDROCHLORIDE PER 1MG	VERSED	2	0.30	
J2270	MORPHINE SULFATE UP TO 10MG	MORPHINE	1	2.22	
J2274	MORPHINE SULFATE PRESERVATIVE FREE FOR EPIDURAL OR INTRATHECAL USE 10MG	MORPHINE	100	10.85	
J2278	ZICONOTIDE 1MCG	PRIALT	500	6.95	
J2280	MOXIFLOXACIN 100MG	AVELOX	4	11.88	
J2300	NALBUPHINE HYDROCHLORIDE PER 10MG	NUBAIN	2	2.64	
J2310	NALOXONE HYDROCHLORIDE PER 1MG	NARCAN	2	16.75	
J2315	NALTREXONE DEPOT FORM 1MG	VIVITROL	380	3.40	
J2323	NATALIZUMAB 1MG	TYSABRI	300	15.87	
J2353	OCTREOTIDE DEPOT FORM IM 1MG	SANDOSTATIN LAR	60	154.88	
J2354	OCTREOTIDE NON-DEPOT FORM FOR SQ OR IV PER 25MCG	SANDOSTATIN LAR	1	4.95	
J2357	OMALIZUMAB 5MG	XOLAIR	90	28.44	
J2358	OLANZAPINE LA 1MG	ZYPREXA RELPREVV	405	2.85	
J2426	PALIPERIDONE ALMITATE ER 1MG	INVEGA SUSTENNA	234	8.39	

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CODE	DESCRIPTION	LABEL NAME	MAX QTY	RATE	COMMENTS/NOTES
J2503	PEGAPTANIB SODIUM 0.3MG	MACUGEN	1	1,122.14	REQUIRES RT/LT MODIFIER
J2504	PEGADEMASE BOVINE 25IU	ADAGEN	100	269.46	
J2507	PEGLOTICASE 1MG	KRYSTEXXA	8	1,522.50	
J2510	PENICILLIN G, PROCAINE, AQUEOUS UP TO 600,000 UNITS	PENICILLIN	2	19.55	
J2540	PENICILLIN G POTASSIUM UP TO 600,000 UNITS	PENICILLIN	1	0.67	
J2543	PIPERACILLIN/TAZOBACTAM SODIUM 1GM/0.135GM (1.125GMS)	ZOSYN	3	6.61	
J2545	PENTAMIDINE ISETHIONATE INHALATION SOLUTION UNIT DOSE FORM PER 300MG	NEBUPENT	1	130.30	
J2550	PROMETHAZINE HCL UP TO 50MG	PHENERGAN	1	2.77	
J2590	OXYTOCIN UP TO 10 UNITS	PITOCIN	2	1.86	
J2597	DESMOPRESSIN ACETATE PER 1MCG	DDAVP	4	8.70	
J2675	PROGESTERONE PER 50MG	GESTERONE, GESTRIN	1	3.18	
J2680	FLUPHENAZINE DECANOATE UP TO 25MG	PROLIXIN DECANOATE	1	27.36	
J2700	OXACILLIN SODIUM UP TO 250MG	BACTOCILL	4	3.35	
J2704	PROPOFOL 10MG	PROPOFOL	999	0.29	
J2765	METOCLOPREMIAD HCL UP TO 10MG	REGLAN	2	0.57	
J2778	RANIBIZUMAB 0.1MG	LUCENTIS	5	397.72	REQUIRES RT/LT MODIFIER
J2780	RANITIDINE HCL 25MG	ZANTAC	2	1.64	
J2785	REGADENOSON 0.1MG	LEXISCAN	4	44.46	
J2788	RHO D IMMUNE GLOBULIN HUMAN MINIDOSE 50MCG (250IU)	MICRHOGAM, HYPERRHO	1	25.52	
J2790	RHO D IMMUNE GLOBULIN HUMAN FULL DOSE 300MCG (1,500IU)	MICRHOGAM, RHOGAM	1	92.05	
J2791	RHOPHYLAC PER 100IU	RHOPHYLAC	15	8.13	1,500 IU = 300MCG
J2792	RHO D IMMUNE GLOBULIN IV HUMAN SD 100 IU	WINRHO	250	25.99	
J2794	RISPERIDONE LA 0.5MG	RISPERDAL CONSTA	100	6.93	
J2796	ROMIPLOSTIM 10MCG	NPLATE	150	56.86	
J2916	SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE 12.5MG	FERRLECIT	10	6.46	
J2920	METHYLPREDNISOLONE SODIUM SUCCINATE UP TO 40MG	SOLU-MEDROL, A-METHAPRED	25	4.24	
J2930	METHYLPREDNISOLONE SODIUM SUCCINATE UP TO 125MG	SULU-MEDROL, A-METHAPRED	24	5.70	
J2997	ALTEPLASE RECOMBINANT 1MG	ACTIVASE, CATHFLO	2	69.32	
J3000	STREPTOMYCIN UP TO 1GM	STREPTOMYCIN SULFATE	1	19.03	
J3010	FENTANYL CITRATE 0.1MG	SUBLIMAZE	1	0.61	
J3030	SUMATRIPTAN SUCCINATE 6MG	IMITREX	1	49.74	NOT FOR SELF-ADMINISTRATION
J3060	TALIGLUCERACE ALFA 10 UNITS	ELELYSO	700	34.43	
J3095	TELEVANCIN 10MG	VIBATIV	130	4.40	

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J3105	TERBUTALINE SULFATE UP TO 1MG	BRETHINE, BRICANYL SUBCUTANEOUS	1	4.06	
J3121	TESTOSTERONE ENANTHATE 1MG	TESTOSTERONE	200	0.07	
J3230	CHLORPROMAZINE HCL UP TO 50MG	THORAZINE	2	22.34	
J3243	TIGECYCLINE 1MG	TYGACIL	150	1.25	
J3250	TRIMETHOBENZAMIDE HCL UP TO 200MG	TIGAN	1	12.73	
J3260	TOBRAMYCIN SULFATE UP TO 80MG	NEBCIN	3	5.65	
J3262	TOCILIZUMAB 1MG	ACTEMRA	800	3.98	
J3265	TORSEMIDE 10MG/ML	TORSEMIDE	2	2.09	
J3300	TRIAMCINOLONE ACETONIDE PRESERVATIVE FREE 1MG	TRIESENCE	120	3.70	
J3301	TRIAMCINOLONE ACETONIDE NOS PER 10MG	KENALOG-10, KENALOG-40	8	2.21	
J3303	TRIAMCINOLONE HEXACETONIDE PER 5MG (INTRALESIONAL/INTRA-ARTICULAR)	ARISTOSPAN	4	1.74	
J3360	DIAZEPAM UP TO 5MG	DIAZEPAM	2	2.13	
J3370	VANCOMYCIN HCL UP TO 500MG	VANCOCIN	3	3.84	
J3385	VELAGLUCERASE ALFA 100 UNITS	VPRIV	44	349.42	
J3396	VERTEPORFIN 0.1MG	VISUDYNE	150	10.82	
J3410	HYDROXYZINE HCL UP TO 25MG	HYDROXYZINE	4	1.68	
J3430	VITAMIN K PHYTONADIONE PER 1MG	PHYTONADIONE	3	3.92	
J3465	VORICONAZOLE 10MG	VFEND	20	7.58	
J3473	HYALURONIDASE RECOMBINANT 1 USP UNIT	HYLENEX	150	0.38	
J3475	MAGNESIUM SULFATE PER 500MG	MAGNESIUM SULFATE	80	0.36	
J3480	ROTASSIUM CHLORIDE PER 2MG	POTASSIUM CHLORIDE	20	0.14	
J3486	ZIPRASIDONE MESYLATE 10MG	GEODON	4	13.29	
J3489	ZOLEDRONIC ACID 1MG	RECLAST	5	227.27	
J3490	UNCLASSIFIED INJECTION		999		MEDICAL REVIEW
J7030	NORMAL SALINE SOLUTION INFUSION 1,000CC	SALINE	1	3.21	
J7040	NORMAL SALINE SOLUTION INFUSION STERILE	SALINE	1	2.72	500ML = 1 UNIT
J7042	5% DEXTROSE/NORMAL SALINE INFUSION	DEXTROSE/SALINE	1	3.50	500ML = 1 UNIT
J7050	NORMAL SALINE SOLUTION INFUSION 250CC	SALINE	12	2.78	
J7060	5%DEXTROSE/WATER	D-5-W	4	3.00	500ML = 1 UNIT
J7070	D-5-W INFUSION 1,000CC	D-5-W	1	2.19	
J7120	RINGERS LACTATE INFUSION UP TO 1,000CC	LACTATED RINGERS	1	3.91	
J7200	FACTOR IX ANTIHEMOPHILIC FACTOR RECOMBINATE PER IU	RIXUBIS	999	1.45	
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	PARAGARD	1	750.09	
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM 13.5MG	SKYLA	1	660.07	

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CODE	DESCRIPTION	LABEL NAME	MAX QTY	RATE	COMMENTS/NOTES
J7302	LEVONORGESTREL INTRAUTERINE CONTRACEPTIVE SYSTEM 52MG	MIRENA	1	822.67	
J7307	ETONOGESTREL CONTRACEPTIVE IMPLANT SYSTEM	IMPLANON, NEXPLANON	1	783.09	INCLUDES IMPLANT AND SUPPLIES
J7310	GANCICLOVIR LA 4.5MG IMPLANT	VITRASERT	1	16,240.00	REQUIRES RT/LT MODIFIER
J7311	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT	RETISERT	1	19,310.37	REQUIRES RT/LT MODIFIER
J7312	DEXAMETHASONE INTRAVITREAL IMPLANT 0.1MG	OZURDEX	7	193.29	REQUIRES RT/LT MODIFIER
J7316	OCRIPLASMIN 0.125MG	JETREA	4	1,002.31	REQUIRES RT/LT MODIFIER
J7321	HYALURONAN OR DERIVATIVE FOR INTRA-ARTICULAR INJECTION PER DOSE	HYALGAN, SUPARTZ	1	182.70	REQUIRES RT/LT MODIFIER
J7323	HYALURONAN OR DERIVATIVE FOR INTRA-ARTICULAR INJECTION PER DOSE	EUFLEXXA	1	312.94	REQUIRES RT/LT MODIFIER
J7324	HYALURONAN OR DERIVATIVE FOR INTRA-ARTICULAR INJECTION PER DOSE	ORTHOVISC	1	303.18	REQUIRES RT/LT MODIFIER
J7325	HYALURONAN OR DERIVATIVE FOR INTRA-ARTICULAR INJECTION 1MG	SYNVISC, SYNVISC-ONE	48	31.37	REQUIRES RT/LT MODIFIER
J7665	MANNITOL ADMINISTERED THROUGH AN INHALER 5MG	ARIDOL	127	0.67	
J9226	HISTRELIN IMPLANT 50MG	SUPPRELIN LA	1	20,767.65	
Q9957	PERFLUTREN LIPID MICROSPHERES PER ML	DEFINITY	2	63.44	
S0080	PENTAMIDINE ISETHIONATE INHALATION SOLUTION UNIT DOSE FORM -PER 300MG	NEBUPENT	1	130.31	