

**DENTAL INJECTABLE MEDICATIONS SERVICES FEE SCHEDULE  
EFFECTIVE JANUARY 1, 2007**

**CO = Children Only  
ALL = Children and Adults**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>MAX FEE</b>	<b>AGE*</b>	<b>MAX UNITS</b>
J0120	INJECTION, TETRACYCLINE, UP TO 250 MG	5.08	ALL	4
J0170	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	2.21	ALL	1
J0280	INJECTION, AMINOPHYLLIN, UP TO 250 MG	1.00	ALL	2
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	3.73	ALL	14
J0560	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	24.85	ALL	1
J0570	INJECTION, PENICILLIN G BENZATHINE, UP TO 1,200,000 UNITS	43.04	ALL	1
J0580	INJECTION, PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS	88.19	ALL	1
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	1.84	ALL	4
J0720	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	6.43	ALL	1
J0745	INJECTION, CODEINE PHOSPHATE, PER 30 MG	1.00	ALL	2
J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	8.13	ALL	1
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	1.02	ALL	2
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	2.03	ALL	2
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	3.25	ALL	2
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	1.00	ALL	20
J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG	1.83	ALL	1
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	5.60	ALL	3
J1700	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	1.00	ALL	2
J1710	INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG	4.95	ALL	5
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	3.17	ALL	5
J1890	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM	9.14	ALL	2
J2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	1.00	ALL	2
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	1.00	ALL	1
J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG	3.87	ALL	1
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	1.00	ALL	1
J2410	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	2.35	ALL	1
J2460	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	1.00	ALL	2

<b>CODE</b>	<b>DESCRIPTION</b>	<b>MAX FEE</b>	<b>MAX AGE*</b>	<b>MAX UNITS</b>
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	2.79	ALL	2
J2515	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	6.21	ALL	1
J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	1.57	ALL	1
J2560	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	3.72	ALL	1
J2650	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	1.00	ALL	2
J2700	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	1.00	ALL	4
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	1.73	ALL	10
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	2.89	ALL	24
J3010	INJECTION, FENTANYL CITRATE, 0.1 MG	0.38	ALL	1
J3070	INJECTION, PENTAZOCINE, 30 MG	2.12	ALL	2
J3230	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	3.92	ALL	2
J3301	INJECTION TRIAMCINOLONE ACETONIDE, PER 10MG	1.00	ALL	8
J3360	INJECTION, DIAZEPAM, UP TO 5 MG	1.27	ALL	2
J3370	INJECTION, VANCOMYCIN HCL, 500 MG	3.97	ALL	2
J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	1.00	ALL	4
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	6.14	ALL	1
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	7.71	ALL	1
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	8.41	ALL	1
J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	5.83	ALL	12
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	8.28	ALL	1
J7070	INFUSION, D5W, 1000 CC	9.15	ALL	1
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC	6.58	ALL	1