

**Dental Injectables Fee Schedule**  
**Effective January 1, 2010**

Note: Fees are rounded to the nearest hundredth.

Code	Description	Fee	Units
J0120	INJECTION, TETRACYCLINE, UP TO 250 MG	3.17	4
J0170	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	0.22	1
J0280	INJECTION, AMINOPHYLLIN, UP TO 250 MG	0.63	2
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	3.69	14
J0560	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	24.56	1
J0570	INJECTION, PENICILLIN G BENZATHINE, UP TO 1,200,000 UNITS	42.54	1
J0580	INJECTION, PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS	87.14	1
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	1.82	4
J0720	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	6.61	1
J0745	INJECTION, CODEINE PHOSPHATE, PER 30 MG	0.72	2
J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	4.96	1
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	3.14	2
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	5.32	2
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	9.68	2
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	0.33	20
J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG	2.57	1
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	1.06	3
J1700	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	2.76	2
J1710	INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG	4.90	5
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	2.04	5
J1890	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM	9.03	2
J2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	1.36	2
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	0.68	1
J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG	3.82	1

Code	Description	Fee	Units
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	0.76	1
J2410	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	2.33	1
J2460	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	0.92	2
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	2.76	2
J2515	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	8.76	1
J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	1.55	1
J2560	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	3.68	1
J2650	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	0.29	2
J2700	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	0.57	4
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	1.95	10
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	2.85	24
J3010	INJECTION, FENTANYL CITRATE, 0.1 MG	0.38	1
J3070	INJECTION, PENTAZOCINE, 30 MG	2.09	2
J3230	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	3.88	2
J3301	INJECTION TRIAMCINOLONE ACETONIDE, PER 10MG	32.40	8
J3360	INJECTION, DIAZEPAM, UP TO 5 MG	1.08	2
J3370	INJECTION, VANCOMYCIN HCL, 500 MG	3.74	2
J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	0.54	4
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	6.07	1
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	7.62	1
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	7.50	1
J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	5.76	12
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	8.18	1
J7070	INFUSION, D5W, 1000 CC	9.04	1
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC	6.50	1