

INJECTABLE MEDICATIONS FEE SCHEDULE NON-ONCOLOGY 05/01/2016				
CODE	DESCRIPTION	MAX QTY	RATE	COMMENTS/NOTES
C9254	LACOSAMIDE 1MG	400	0.30	
C9257	BEVACIZUMAB 0.25MG	5	1.77	REQUIRES RT/LT MODIFIER
J0129	ABATACEPT 10MG	100	34.49	MAY BE USED FOR MEDICARE WHEN ADMINISTERED UNDER DIRECT SUPERVISION OF PHYSICIAN. NOT FOR USE WHEN SELF-ADMINISTERED
J0153	ADENOSINE 1MG	100	5.01	NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS
J0171	ADRENALIN EPINEPHRINE 0.1MG	10	0.61	
J0178	AFLIBERCEPT 1MG	2	938.88	
J0180	AGALSIDASE BETA 1MG	80	157.91	
J0202	ALEMTUZUMAB 1MG	30	1,670.52	
J0205	ALGLUCERASE PER 10 UNITS	600	40.25	
J0220	ALGLUCOSIDASE ALFA 10MG NOS	275	197.93	
J0221	ALGLUCOSIDASE ALFA 10MG (LUMIZYME)	140	153.07	
J0256	ALPHA 1 PROTEINASE INHIBITOR (HUMAN) 10MG NOS	420	4.88	
J0257	ALPHA 1 PROTEINASE INHIBITOR HUMAN (GLASSIA) 10MG	800	5.28	
J0278	AMIKACIN SULFATE 100MG	5	1.98	
J0280	AMINOPHYLLINE UP TO 250MG	2	0.87	
J0285	AMPHOTERICIN B 50MG	10	38.57	
J0287	AMPHOTERICIN B LIPID COMPLEX 10MG	35	18.78	
J0289	AMPHOTERICIN B LIPOSOME 10MG	5	36.90	
J0290	AMPICILLIN SODIUM UP TO 500MG	14	2.30	
J0295	AMPICILLIN SODIUM/SULBACTAM SODIUM PER 1.5GM	2	2.77	
J0348	ANIDULAFUNGIN 1MG	200	1.83	
J0400	ARIPRAZOLE INTRAMUSCULAR 0.25MG	39	0.51	
J0456	AZITHROMYCIN 500MG	1	10.35	

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CODE	DESCRIPTION	MAX QTY	RATE	COMMENTS/NOTES
J0461	ATROPINE SULFATE 0.01MG	400	0.04	
J0475	BACLOFEN PER 10MG	8	218.23	
J0476	BACLOFEN 50MCG FOR INTRATHECAL TRIAL	1	77.65	
J0485	BELATACEPT 1MG	1,000	3.80	
J0490	BELIMUMAB 10MG	140	40.99	
J0500	DICYCLOMINE HCL UP TO 20MG	1	62.52	
J0515	BENZTROPINE MESYLATE PER 1MG	2	27.15	
J0558	PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE 100,000 UNITS	24	4.44	
J0561	PENICILLIN G BENZATHINE 100,000 UNITS	24	8.52	
J0585	ONABOTULINUMTOXINA A 1 UNIT	400	5.88	
J0586	ABOBOTULINUMTOXINA A 5 UNITS	200	7.75	
J0587	RIMABOTULINUM TOXIN B 100 UNITS	100	11.45	
J0588	INCOBOTULINUM TOXIN A 1 UNIT	120	4.73	
J0595	BUTORPHANOL TARTRATE 1MG	1	2.33	
J0597	C-1 ESTERASE INHIBITOR HUMAN (BERINET) 10 UNITS	300	54.51	
J0598	C-1 ESTERASE INHIBITOR HUMAN (CYNRYZE) 10 UNITS	100	54.38	
J0636	CALCITRIOL PER 0.1MCG	20	0.33	FOR FREE STANDING DIALYSIS CENTERS
J0637	CASPOFUNGIN ACETATE 5MG	14	29.86	
J0638	CANAKINUMAB 1MG	150	90.54	
J0670	MEPIVACAINE HCL PER 10ML	5	2.18	
J0690	CEFAZOLIN SODIUM 500MG	4	1.51	
J0692	CEFEPIME HCL 500MG	4	6.50	
J0694	CEFOXITIN SODIUM 1GM	2	7.15	
J0696	CEFTRIAXONE SODIUM PER 250MG	16	1.85	
J0697	STERILE CEFUROXIME SODIUM PER 750MG	2	3.78	
J0698	CEFOTAXIME SODIUM PER GRAM	2	2.64	

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CODE	DESCRIPTION	MAX QTY	RATE	COMMENTS/NOTES
J0702	BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	3	3.59	
J0712	CEFTAROLINE FOSAMIL 10MG	120	3.88	
J0713	CEFTAZIDIME PER 500MG	2	4.88	
J0717	CERTOLIZUMAB PEGOL 1MG	400	8.49	
J0725	CHORIONIC GONADOTROPIN PER 1,000 USP UNITS	5	24.65	
J0735	CLONIDINE HYDROCHLORIDE 1MG	5	20.10	
J0740	CIDOFOVIR 375MG	1	751.11	
J0743	CILASTATIN SODIUM IMIPENEM PER 250MG	4	12.69	
J0744	CIPROFLOXACIN IV 200MG	1	1.80	
J0770	COLISTIMETHATE SODIUM UP TO 150MG	1	28.42	
J0775	COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01MG	90	37.57	
J0780	PROCHLORPERAZINE UP TO 10MG	1	4.70	
J0795	CORTICORELIN OVINE TRIFLUTATE 1MCG	200	8.00	
J0833	COSYNTROPIN NOS 0.25MG	3	97.36	
J0834	COSYNTROPIN (CORTROSYN) 0.25MG	3	97.36	
J0878	DAPTOMYCIN 1MG	1,400	0.91	
J0895	DEFEROXAMINE MESYLATE 500MG	6	22.06	
J0897	DENOSUMAB 1MG	120	16.89	
J1000	DEPO-ESTRADIOL CYPIONATE UP TO 5MG	1	15.53	
J1020	METHYLPREDNISOLONE ACETATE 20MG	2	3.83	
J1030	METHYLPREDNISOLONE ACETATE 40MG	2	6.03	
J1040	METHYLPREDNISOLONE ACETATE 80MG	2	10.95	
J1050	MEDROXYPROGESTERONE ACETATE 1MG	1,000	0.59	
J1071	TESTOSTERONE CYPIONATE 1MG	200	0.12	
J1100	DEXAMETHASONE SODIUM PHOSPHATE 1MG	20	0.22	
J1170	HYDROMORPHONE UP TO 4MG	1	2.00	
J1200	DIPHENHYDRAMINE HCL UP TO 50MG	1	2.20	
J1245	DIPYRIDAMOLE PER 10MG	16	0.90	
J1250	DOBUTAMINE HCL 250MG	1	7.50	

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CODE	DESCRIPTION	MAX QTY	RATE	COMMENTS/NOTES
J1267	DORIPENEM 10MG	50	0.86	
J1270	DOXERCALCIFEROL 1 MCG	4	1.01	FOR FREE STANDING DIALYSIS CENTERS
J1290	ECALLANTIDE 1MG	60	402.96	
J1300	ECULIZUMAB 10MG	120	206.76	
J1322	ELOSULFASE ALFA 1MG	300	216.80	
J1335	ERTAPENEM SODIUM 500MG	2	47.30	
J1364	ERYTHROMYCIN LACTOBIONATE PER 500MG	2	64.20	
J1380	ESTRADIOL VALERATE UP TO 10MG	1	19.22	
J1439	FERRIC CARBOXYMALTOSE 1MG	750	1.18	
J1450	FLUCONAZOLE 200MG	1	9.30	
J1455	FOSCARNET SODIUM PER 1,000MG	12	12.60	
J1458	GALSULFASE 1MG	70	356.27	
J1570	GANCICLOVIR SODIUM 500MG	1	94.04	
J1580	GARAMYCIN GENTAMICIN UP TO 80MG	3	1.12	ALSO FOR FREE STANDING DIALYSIS CENTERS
J1602	GOLIMUMAB FOR IV USE 1MG	250	35.52	
J1610	GLUCAGON HYDROCHLORIDE PER 1MG	1	207.25	
J1630	HALOPERIDOL UP TO 5MG	1	2.35	
J1631	HALOPERIDOL DECANOATE PER 50MG	1	22.33	
J1645	DALTEPARIN SODIUM PER 2,500IU	4	39.08	
J1650	ENOXAPARIN SODIUM 10MG	12	13.88	
J1652	FONDAPARINUX SODIUM 0.5MG	20	8.76	
J1670	TETANUS IMMUNE GLOBULIN HUMAN UP TO 250 UNITS	1	421.60	
J1720	HYDROCORTISONE SODIUM SUCCINATE UP TO 100MG	5	8.70	
J1725	HYDROXYPROGESTERONE CAPROATE 1MG	250	2.96	
J1740	IBANDRONATE SODIUM 1MG	3	171.51	
J1743	IDURSULFASE 1MG	35	510.08	
J1745	INFLIXIMAB 10MG	140	103.68	

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CODE	DESCRIPTION	MAX QTY	RATE	COMMENTS/NOTES
J1750	IRON DEXTRAN 50MG	70	18.27	
J1756	IRON SUCROSE 1MG	500	0.49	
J1786	IMIGLUCERASE PER 10 UNITS	440	40.25	
J1815	INSULIN PER 5 UNITS	20	0.66	
J1840	KANAMYCIN SULFATE 500MG	1	7.35	
J1850	KANAMYCIN SULFATE 75MG	4	1.13	
J1885	KETOROLAC TROMETHAMINE PER 15MG	4	0.91	
J1930	LANREOTIDE 1MG	120	49.05	
J1931	LARONIDASE 0.1MG	145	29.33	
J1940	FUROSEMIDE UP TO 20MG	2	1.71	
J1950	LEUPROLIDE ACETATE PER 3.75MG (FOR DEPOT SUSPENSION)	3	994.11	WOMEN ONLY
J1953	LEVETIRACETAM 10MG	300	0.16	
J1955	LEVOCARNITINE 1GM	90	19.67	FOR FREE STANDING DIALYSIS CENTERS
J1956	LEVOFLOXACIN 250MG	1	11.00	
J2010	LINCOMYCIN HCL UP TO 300MG	2	12.25	
J2020	LINEZOLID 200MG	3	60.80	
J2060	LORAZEPAM 2MG	2	0.81	
J2150	MANNITOL 25% IN 50ML	4	1.83	
J2175	MEPERIDINE HCL PER 100MG	1	2.68	
J2185	MEROPENEM 100MG	5	1.23	
J2210	METHYLERGONOVINE MALEATE UP TO 0.2MG	1	6.96	
J2248	MICAFUNGIN SODIUM 1MG	150	1.90	
J2250	MIDAZOLAM HYDROCHLORIDE PER 1MG	2	0.48	
J2270	MORPHINE SULFATE UP TO 10MG	1	2.22	
J2274	MORPHINE SULFATE PRESERVATIVE FREE FOR EPIDURAL OR INTRATHECAL USE 10MG	100	6.86	
J2278	ZICONOTIDE 1MCG	500	7.16	
J2280	MOXIFLOXACIN 100MG	4	18.68	
J2300	NALBUPHINE HYDROCHLORIDE PER 10MG	2	2.86	

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CODE	DESCRIPTION	MAX QTY	RATE	COMMENTS/NOTES
J2310	NALOXONE HYDROCHLORIDE PER 1MG	2	16.75	
J2315	NALTREXONE DEPOT FORM 1MG	380	3.40	
J2323	NATALIZUMAB 1MG	300	15.87	
J2353	OCTREOTIDE DEPOT FORM INTRAMUSCULAR 1MG	60	185.95	
J2354	OCTREOTIDE NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION PER 25MCG	1	4.95	
J2357	OMALIZUMAB 5MG	90	30.76	
J2358	OLANZAPINE LONG ACTING 1MG	405	2.85	
J2426	PALIPERIDONE PALMITATE ER 1MG	234	9.15	
J2501	PARICALCITOL 1MCG	2	1.92	FOR FREE STANDING DIALYSIS CENTERS
J2503	PEGAPTANIB SODIUM 0.3MG	1	1,122.14	REQUIRES RT/LT MODIFIER
J2504	PEGADEMASE BOVINE 25IU	100	312.35	
J2507	PEGLOTICASE 1MG	8	1,522.50	
J2510	PENICILLIN G, PROCAINE, AQUEOUS UP TO 600,000 UNITS	2	19.55	
J2540	PENICILLIN G POTASSIUM UP TO 600,000 UNITS	1	0.67	
J2543	PIPERACILLIN/TAZOBACTAM SODIUM 1GM/0.135GM (1.125GMS)	3	7.11	
J2545	PENTAMIDINE ISETHIONATE INHALATION SOLUTION UNIT DOSE FORM PER 300MG	1	130.31	
J2550	PROMETHAZINE HCL UP TO 50MG	1	2.77	
J2590	OXYTOCIN UP TO 10 UNITS	2	1.86	
J2597	DESMOPRESSIN ACETATE PER 1MCG	4	8.70	
J2675	PROGESTERONE PER 50MG	1	3.18	
J2680	FLUPHENAZINE DECANOATE UP TO 25MG	1	31.45	
J2700	OXACILLIN SODIUM UP TO 250MG	4	3.35	
J2704	PROPOFOL 10MG	9999	0.29	
J2765	METOCLOPRAMIDE HCL UP TO 10MG	2	0.57	
J2778	RANIBIZUMAB 0.1MG	5	397.72	REQUIRES RT/LT MODIFIER

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CODE	DESCRIPTION	MAX QTY	RATE	COMMENTS/NOTES
J2780	RANITIDINE HCL 25MG	2	1.68	
J2785	REGADENOSON 0.1MG	4	45.57	
J2788	RHO D IMMUNE GLOBULIN HUMAN MINIDOSE 50MCG (250IU)	1	31.08	
J2790	RHO D IMMUNE GLOBULIN HUMAN FULL DOSE 300MCG (1,500IU)	1	81.39	
J2791	RHO D IMMUNE GLOBULIN HUMAN INTRAMUSCULAR OR INTRAVENOUS (RHOPHYLAC) PER 100IU	15	8.13	1,500IU = 300MCG
J2792	RHO D IMMUNE GLOBULIN IV HUMAN SD 100IU	250	28.83	
J2794	RISPERIDONE LA 0.5MG	100	7.79	
J2796	ROMIPLOSTIM 10MCG	150	61.50	
J2916	SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE 12.5MG	10	6.46	ALSO FOR FREE STANDING DIALYSIS CENTERS
J2920	METHYLPREDNISOLONE SODIUM SUCCINATE UP TO 40MG	25	6.17	
J2930	METHYLPREDNISOLONE SODIUM SUCCINATE UP TO 125MG	24	9.58	
J2997	ALTEPLASE RECOMBINANT 1MG	2	66.40	ALSO FOR FREE STANDING DIALYSIS CENTERS
J3000	STREPTOMYCIN UP TO 1GM	1	19.03	
J3010	FENTANYL CITRATE 0.1MG	1	0.53	
J3030	SUMATRIPTAN SUCCINATE 6MG	1	49.74	NOT FOR SELF-ADMINISTRATION
J3060	TALIGLUCERACE ALFA 10 UNITS	700	39.56	
J3095	TELEVANCIN 10MG	130	4.84	
J3105	TERBUTALINE SULFATE UP TO 1MG	1	4.06	
J3121	TESTOSTERONE ENANTHATE 1MG	200	0.07	
J3230	CHLORPROMAZINE HCL UP TO 50MG	2	22.34	
J3243	TIGECYCLINE 1MG	150	2.91	
J3250	TRIMETHOBENZAMIDE HCL UP TO 200MG	1	12.73	

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CODE	DESCRIPTION	MAX QTY	RATE	COMMENTS/NOTES
J3260	TOBRAMYCIN SULFATE UP TO 80MG	3	5.65	ALSO FOR FREE STANDING DIALYSIS CENTERS
J3262	TOCILIZUMAB 1MG	800	4.38	
J3265	TORSEMIDE 10MG/ML	2	2.09	
J3300	TRIAMCINOLONE ACETONIDE PRESERVATIVE FREE 1MG	120	3.70	
J3301	TRIAMCINOLONE ACETONIDE PRESERVATIVE FREE PER 10MG	8	2.21	
J3303	TRIAMCINOLONE HEXACETONIDE PER 5MG	4	1.74	
J3360	DIAZEPAM UP TO 5MG	2	3.09	
J3370	VANCOMYCIN HCL UP TO 500MG	3	3.41	ALSO FOR FREE STANDING DIALYSIS CENTERS
J3380	VEDOLIZUMAB 1MG	300	16.30	
J3385	VELAGLUCERASE ALFA 100 UNITS	44	349.42	
J3396	VERTEPORFIN 0.1MG	150	10.95	
J3410	HYDROXYZINE HCL UP TO 25MG	4	3.25	
J3430	VITAMIN K PHYTONADIONE PER 1MG	3	3.75	
J3465	VORICONAZOLE 10MG	20	7.58	
J3473	HYALURONIDASE RECOMBINANT 1USP UNIT	150	0.38	
J3475	MAGNESIUM SULFATE PER 500MG	80	0.36	
J3480	POTASSIUM CHLORIDE PER 2MEQ	20	0.14	
J3486	ZIPRASIDONE MESYLATE 10MG	4	17.58	
J3489	ZOLEDRONIC ACID 1MG	5	45.68	
J3490	UNCLASSIFIED INJECTION	9999		MEDICAL REVIEW
J7030	NORMAL SALINE SOLUTION INFUSION 1,000CC	1	3.21	
J7040	NORMAL SALINE SOLUTION INFUSION STERILE N(500ML = 1 UNIT)	1	2.72	500ML - 1 UNIT
J7042	5% DEXTROSE/NORMAL SALINE INFUSION (500ML = 1 UNIT)	1	3.50	500ML - 1 UNIT
J7050	NORMAL SALINE SOLUTION INFUSION 250CC	12	2.78	
J7060	5% DEXTROSE/WATER (500ML = 1 UNIT)	4	3.00	500ML - 1 UNIT

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CODE	DESCRIPTION	MAX QTY	RATE	COMMENTS/NOTES
J7070	D-5-W INFUSION 1,000CC	1	2.19	
J7120	RINGERS LACTATE INFUSION UP TO 1,000CC	1	3.91	
J7200	FACTOR IX ANTIHEMOPHILIC FACTOR RECOMBINANT RIXUBIS PER IU	9999	1.48	
J7297	LEVONORGESTREL INTRAUTERINE CONTRACEPTIVE SYSTEM 52MG 3 YEAR	1	634.38	
J7298	LEVONORGESTREL INTRAUTERINE CONTRACEPTIVE SYSTEM 52MG 5 YEAR	1	822.67	
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	1	750.09	
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM 13.5MG	1	660.07	
J7307	ETONOGESTREL CONTRACEPTIVE IMPLANT SYSTEM	1	783.09	INCLUDES IMPLANT AND SUPPLIES
J7310	GANCICLOVIR LA 4.5MG IMPLANT	1	16,240.00	REQUIRES RT/LT MODIFIER
J7311	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT	1	19,310.37	REQUIRES RT/LT MODIFIER
J7312	DEXAMETHASONE INTRAVITREAL IMPLANT 0.1MG	7	193.29	REQUIRES RT/LT MODIFIER
J7316	OCRIPLASMIN 0.125MG	4	1,002.31	REQUIRES RT/LT MODIFIER
J7321	HYALURONAN OR DERIVATIVE (HYALGAN OR SUPARTZ)FOR INTRA-ARTICULAR INJECTION PER DOSE	1	230.30	REQUIRES RT/LT MODIFIER
J7323	HYALURONAN OR DERIVATIVE (EUFLEXXA) FOR INTRA-ARTICULAR INJECTION PER DOSE	1	323.74	REQUIRES RT/LT MODIFIER
J7324	HYALURONAN OR DERIVATIVE (ORTHOVISC) FOR INTRA-ARTICULAR INJECTION PER DOSE	1	369.46	REQUIRES RT/LT MODIFIER
J7325	HYALURONAN OR DERIVATIVE (SYNISC OR SYNISC ONE) FOR INTRA-ARTICULAR INJECTION 1MG	48	41.80	REQUIRES RT/LT MODIFIER
J7665	MANNITOL ADMINISTERED THROUGH AN INHALER 5MG	127	0.67	
J9226	HISTRELIN (SUPPRELIN LA) IMPLANT 50MG	1	20,767.65	

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CODE	DESCRIPTION	MAX QTY	RATE	COMMENTS/NOTES
Q0138	FERUMOXYTOL NON-ESRD 1MG	510	0.73	
Q4081	EPOETIN ALFA 100 UNITS	5000	1.25	FOR FREE STANDING DIALYSIS CENTERS
Q9957	PERFLUTREN LIPID MICROSPHERES PER ML	2	63.44	
S0080	PENTAMIDINE ISETHIONATE 300MG	1	130.31	