

Fee Schedule

<b>CPT Code</b>	<b>Description</b>	<b>Original Price: Insurance</b>	<b>Self-Pay</b>
<b>20552</b>	Injection Single/MLT Trigger Point 1/2 Muscles	\$232.00	\$60.00
<b>20553</b>	Injection Single/MLT Trigger Point 3/> Muscles	\$234.00	\$60.00
<b>20550</b>	Injection Single Tendon Sheth, Or Ligament, Aponeurosis (Plantar "Fascia")	\$270.00	\$70.00
<b>20600</b>	Arthrocentesis Aspir And/Or Inj Small Jt/Bursa	\$210.00	\$55.00
<b>20604</b>	Arthrocentesis, Aspiration and/Or Inj Small Joint or Bursa(Fingers,Toes) with Ultrasound Guidance with Permanent Recording and Reporting	\$333.00	\$85.00
<b>20605</b>	Arthrocentesis Aspir And/Or Inj Interm Joint/Burs	\$228.00	\$60.00
<b>20606</b>	Arthrocentesis Aspir And/Or Inj Interm Joint/Burs with Ultrasound	\$335.00	\$85.00
<b>20610</b>	Arthrocentesis Aspir and / Injection Major Joint? Bursa	\$302.00	\$75.00
<b>20611</b>	Arthocentesis, Aspiration Or Injec of Major Joint or Busrsa with Ultra Guidance	\$464.00	\$120.00
<b>22513</b>	Percutaneous Vertebral Augmentation Thoracic	\$30,739.00	\$7,700.00
<b>22514</b>	Percutaneous Vertebral Augmentation Lumbar	\$30,500.00	\$7,625.00
<b>22515</b>	Add Level Percutaneous Vertebral Augmentation Thoracic	\$3,956.00	\$3,500.00
<b>27096</b>	Inject SI Joint Arthrgrphy & anes /Steroid w/IMA	\$732.00	\$185.00

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<b>62264</b>	PRQ Lysis Epidural Adhesion Mult Sessions 1 Day	\$1,636.00	\$450.00
<b>62273</b>	Inject, Epidural, of Blood or Cloth Path	\$716.00	\$200.00
<b>62281</b>	Injx/Infus Neurolyt Subst Epidural Cerv/Thoracic	\$770.00	\$350.00
<b>62282</b>	Injx/Infus Neurolyt Subst Epidural Lumbar/Sacral	\$1,026.00	\$300.00
<b>62287</b>	DCMPRN Perq Nucleus Pulposus 1/>levels Lumbar	\$2,040.00	\$650.00
<b>62290</b>	Injection PX Discography Each Level Lumbar	\$1,316.00	\$340.00
<b>62291</b>	Injection PX Discography Each Level Cervical/Thoracic	\$1,242.00	\$350.00
<b>62321</b>	Njx Intralaminar Epidural Steroid with Guidance Cervical/Thoracic	\$1,013.00	\$300.00
<b>62323</b>	Njx Intralaminar Epidural Steroid with Guidance Lumbar	\$995.00	\$275.00
<b>63005</b>	Laminectomy W/O FFD 1/2 Vert Seg Limbar	\$2,814.00	\$1,250.00
<b>63650</b>	PRQ Impltj NSTIM Electrode Array Epidural	\$2,094.00	\$1,375.00
<b>63655</b>	LAM Impltj NSTIM Eltrds Plate/Paddle EDRL	\$4,140.00	\$2,000.00
<b>63661</b>	RMVL Spinal NSTIM Eltred PRQ array Incl Fluor	\$2,362.00	\$700.00
<b>63662</b>	RMVL Spinal NSTIM Eltrd Plate/Paddle Incl Flour	\$3,374.00	\$1,000.00
<b>63663</b>	REVJ Incl Rplcmt NSTIM eltrd Prq Ra incl Fluor	\$3,372.00	\$1,000.00
<b>63664</b>	Revj Incl Rplcmt Instim Eltrd	\$3,508.00	\$1,250.00

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	Plt/Pdle Incl Fluor		
<b>63685</b>	Insertion of a Pinal Cord Stimulator	\$2,094.00	\$1,000.00
<b>63688</b>	Revision or Removal of Implanted Spinal Neurostimulator Pulse Generator/Received	\$1,592.00	\$750.00
<b>64400</b>	NJX Anes Trigeminal NRV any Div/Branch	\$444.00	\$150.00
<b>64402</b>	Injection Anesthetic Agent Facial Nerve	\$444.00	\$150.00
<b>64405</b>	Injection Anesthetic Agent Greater Occipital NRV	\$440.00	\$150.00
<b>64413</b>	Injection Anesthetic Agent Cervical Plexus	\$466.00	\$150.00
<b>64415</b>	Single Nerve Block Injection Arm Nerve	\$484.00	\$150.00
<b>64417</b>	Injection Anesthetic Agent Axillary Nerve	\$382.00	\$150.00
<b>64418</b>	Injection Anesthetic Agent Suprascapular Nerve	\$542.00	\$150.00
<b>64420</b>	Injection Anesthetic Aent 1 intercostal Nerve	\$538.00	\$175.00
<b>64421</b>	Multiple Neerve Block Injections Rib Nerves	\$774.00	\$200.00
<b>64425</b>	Injection Anes Ilioinguinal Iliohypogastric Nrvs	\$514.00	\$150.00
<b>64430</b>	Injection Anesthetic Agent Pudental Nerve	\$566.00	\$150.00
<b>64445</b>	Injection Anesthetic Agent Sciatic Nrv Single	\$582.00	\$150.00
<b>64447</b>	Injection Anesthetic Agent	\$558.00	\$150.00

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	Femoral Nerve Single		
<b>64450</b>	Injection Anes Other Peripheral Nerve/Branch	\$404.00	\$150.00
<b>64479</b>	NJX Anes & Strd W/Img TFNML Edrl Cervical/Thrc 1 lvl	\$1,050.00	\$300.00
<b>64480</b>	NJX Anes & Strd W/Img TFNML Edrl Cervical/Thrc Additional level	\$498.00	\$150.00
<b>64483</b>	NJX Anes &/ strd Wimg TFRML Edrl Lumbar/Sac 1 Level	\$954.00	\$250.00
<b>64484</b>	NJX anes & strd w/img TFRML edr Lumbar/Sac Additional level	\$422.00	\$150.00
<b>64490</b>	NJX DX/Ther Agt Pvrt Facet JT Cervi/Thrc 1 level	\$778.00	\$250.00
<b>64491</b>	NJX DX/Ther Agt Pvrt Facet JT Cervi/Thrc 2 level	\$384.00	\$100.00
<b>64492</b>	Njx Dx/Ther Agt pvrt facet jt Cervi/Thrc 3 level	\$388.00	\$100.00
<b>64493</b>	NJX Dx/Ther AGT Pvrt Facet JT Lumbar/Sac 1 level	\$694.00	\$200.00
<b>64494</b>	NJX Dx/Ther AGT Pvrt Facet JT Lumbar/Sac 2 level	\$348.00	\$100.00
<b>64495</b>	njx dx/ther agt pvrt facet jt lumbar/sac 3 level	\$352.00	\$100.00
<b>64505</b>	Injection Anes Agent Sphenoplatine Ganglion	\$388.00	\$150.00
<b>64510</b>	NJX Anes Stellate Ganglion Crv Sympathetic	\$336.00	\$150.00
<b>64517</b>	Injeciton Anesthetic Agent; Superior Hypogastric Plexus	\$748.00	\$200.00
<b>64520</b>	Injection Anes Lmbr/Thrc Paravertbrl Sympathetic	\$758.00	\$200.00

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<b>64530</b>	Inxj Anes Celiac Plexus W/WO radiologic Monitrng	\$805.00	\$250.00
<b>64550</b>	Application Surface Neurostimulator	\$40.00	\$100.00
<b>64553</b>	PRQ Impltj Neurostimulator Eltrd Cranial Nerve	\$4,704.00	\$2000.00
<b>64555</b>	PRQ Impltj Neurostimulator Eltrd Peripheral Nrv	\$2,517.00	\$1,250.00
<b>64561</b>	PRQ Impltj Neurostim Eltrd Sacral Nrve W/Imaging	\$4,005.00	\$1,500.00
<b>64575</b>	Inc Impltj Periph Nerve Neurostimulator Eltrd	\$1,448.00	\$400.00
<b>64580</b>	Inc Impltj Nstim Eltrd Neuromuscular	\$1,359.00	\$500.00
<b>64600</b>	Dstrj Trigeminal Nrv Supraorb Infraorb Branch	\$1,620.00	\$450.00
<b>64612</b>	Chemodenervation face Muscle	\$662.00	\$175.00
<b>64616</b>	Chemodenervation Neck Muscle	\$636.00	\$160.00
<b>64620</b>	Dstrj Neurolytic Agent Intercostal Nerve	\$944.00	\$250.00
<b>64630</b>	DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	\$740.00	\$250.00
<b>64633</b>	Dstr Nrolytc Agnt parverteb Sngl Crvcl/Thor	\$2,034.00	\$600.00
<b>64634</b>	Dstr Nrolytc Agnt parverteb Sngl Crvcl/Thor Additional level	\$933.00	\$250.00
<b>64635</b>	Dstr Nrolytc Agnt Parverteb Fct Sng Lumbar/Sacral	\$1,999.00	\$500.00
<b>64636</b>	Dstr Nrolytc Agnt Parverteb Fct	\$840.00	\$250.00

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	Sng Lumbar/Sacral additional level		
<b>64640</b>	Dstrj Neurolytic Agent Other Peripheral Nerve	\$862.00	\$200.00
<b>64680</b>	Dstrj Neurolytic W/WO Rad Monitor Celiac Plexus	\$1,242.00	\$350.00
<b>64681</b>	Dstrj Nylyt W/Worad Mntr Suprior Hypogstr Plexus	\$3,051.00	\$550.00
<b>64714</b>	Neurp Major PRPH nrv opn arm/leg Lmbr Plexus	\$2,506.00	\$750.00
<b>64727</b>	Internal Neurolysis Req Operating Microscope	\$670.00	\$200.00
<b>64802</b>	Sympathectomy Cervical	\$2,400.00	\$900.00
<b>72275</b>	Epidurography	\$279.00	\$120.00
<b>76942</b>	US Guidance Needle Placemnt Rs and I	\$591.00	\$150.00
<b>77002</b>	Flouoroscopic Guidance Needle Placement	\$356.00	\$100.00
<b>77003</b>	Fluoro Needle/Cath Spine/Paraspinal Dx/Ther	\$300.00	\$100.00
<b>90785</b>	Psychotherapy Complex Interactive	\$19.00	\$15.00
<b>90791</b>	Psychiatric Diagnostic Evaluation	\$602.00	\$150.00
<b>90834</b>	Individual Psychotherapy, 45 min	\$385.00	\$100.00
<b>90837</b>	Individual Psychotherapy, 60 min	\$471.00	\$150.00
<b>90845</b>	Psychoanalysis	\$368.00	\$100.00
<b>95860</b>	Needle Electromyography: 1	\$500.00	\$150.00

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	Extremity with or without related paraspinal area		
<b>96372</b>	Therapeutic Prophylactic/Dx Injection Subq/Im	\$90.00	\$25.00
<b>99024</b>	Postop Follow up Visit Realted to Original Px	\$0.00	\$0.00
<b>99075</b>	Medical testimony	\$5,000.00	-
<b>99080</b>	Special Report	\$500.00	-
<b>99152</b>	Moderate Sedation first 15 min	\$248.00	\$60.00
<b>99201</b>	OFFICE OUTPATIENT NEW 10 MINUTES	\$185.00	\$50.00
<b>99202</b>	OFFICE OUTPATIENT NEW 20 MINUTES	\$309.92	\$80.00
<b>99203</b>	OFFICE OUTPATIENT NEW 30 MINUTES	\$448.08	-
<b>99204</b>	OFFICE OUTPATIENT NEW 45 MINUTES	\$679.52	-
<b>99205</b>	OFFICE OUTPATIENT NEW 60 MINUTES	\$793.00	\$325.00
<b>99211</b>	OFFICE OUTPATIENT VISIT 5 MINUTES	\$90.00	-
<b>99212</b>	OFFICE OUTPATIENT VISIT 10 MINUTES	\$180.76	-
<b>99213</b>	OFFICE OUTPATIENT VISIT 15 MINUTES	\$302.36	-
<b>99214</b>	OFFICE OUTPATIENT VISIT 25 MINUTES	\$445.56	-
<b>99215</b>	OFFICE OUTPATIENT VISIT 40 MINUTES	\$546.00	\$155.00
<b>99241</b>	OFFICE CONSULTATION NEW/ESTAB PATIENT 15 MIN	\$210.00	-

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<b>99242</b>	OFFICE CONSULTATION NEW/ESTAB PATIENT 30 MIN	\$350.00	-
<b>J3490</b>	KIT SUPPLIES	\$699.00	\$175.00
<b>No Show OV</b>	NO SHOW OFFICE VISIT	\$100.00	\$100.00
<b>No Show PCD</b>	No show Procedure	\$500.00	\$500.00