

Self Pay Fees

Radiofrequency (RF) Includes Fluoro

64635	All Levels: Lumbar / Sacrum	\$1,200
64633	All Levels: Cervical / Thoracic	\$1,200
Mod 50	All Levels: Bilateral	\$1,800
64624	All Levels: Genicular	\$1,000
Mod 50	All Levels: Bilateral	\$1,500

Selective Nerve Root (SNR)

64483	All Levels: Lumbar / Sacrum	\$800
64479	All Levels: Cervical / Thoracic	\$800
Mod 50	Bilateral	\$800

Facets (FJ and MBB) includes fluoro

64493	All Levels: Lumbar / Sacrum	\$800
64490	All Levels: Cervical / Thoracic	\$800
Mod 50	All Levels: Bilateral	\$800

Sacroiliac Joint (SIJI)

G0260	One Side	\$800
Mod 50	Bilateral	\$800

Epidural/ Caudal (CESI, TESI, LESI, Caudal)

62321	Cervical/ Thoracic	\$800
62323	Lumbar/Sacral	\$800

OTHER

62273	Blood Patch	\$800
64530	Celiac Plexus Block	\$800

Kyphoplasty (VCC)

22514	BL/UL 1 vert body Lumbar	\$7,500
22513	BL/UL 1 vert body Thoracic	\$7,500
22515	Additional Level	\$4,500

Vertebroplasty

22511	BL/UL 1 vert body Lumbar	\$4,500
22510	BL/UL 1 vert body Thoracic	\$4,500
22512	Add'l Level	\$2,000

Sacroplasty

0200T	Facility Fee(PCP) <u>Unilateral</u>	\$3,500
	Physician Fee (APMS)	\$1,000
	TOTAL AMOUNT	\$4,500
0201T	Facility Fee(PCP) <u>Bilateral</u>	\$5,000
	Physician Fee (APMS)	\$1,500
	TOTAL AMOUNT	\$6,500

Intrasept

64628	Facility Fee(PCP) <u>First 3 Levels</u>	\$10,500
	Physician Fee (APMS)	\$1,500
	TOTAL AMOUNT	\$12,000
64629	Facility Fee(PCP) <u>Each Addl Level</u>	\$1,000
	Physician Fee (APMS)	\$500
	TOTAL AMOUNT	\$1,500

MILD

0275T	Facility Fee (PCP)	\$5,500
	Physician Fee (APMS)	\$1,200
	TOTAL AMOUNT	\$6,700

Regenerative Medicine

BMC	Facility Fee(PCP)	\$4,500
	Physician Fee (APMS)	\$1,500
	TOTAL AMOUNT	\$6,000
PRP	Facility Fee(PCP)	\$2,500
	Physician Fee (APMS)	\$500
	TOTAL AMOUNT	\$3,000
**PRP can be done in APMS or PCP-see APMS self pay amount		

Discogram

62290	Lumbar - All levels, Inc Fluoro	
	Facility Fee(PCP)	\$2,250
	Physician Fee (APMS)	\$750
	TOTAL AMOUNT	\$3,000
62291	Cervical/Thoracic- All levels, Inc Fluoro	
	Facility Fee(PCP)	\$2,250
	Physician Fee (APMS)	\$750
	TOTAL AMOUNT	\$3,000
CT at RR after procedure \$220 at time of service or \$330 w/ 1/2 down then payment plan		

Perc D - Lumbar

62287	Facility Fee(PCP) <u>Single Level</u>	\$2,250
	Physician Fee (APMS)	\$750
	TOTAL AMOUNT	\$3,000
62287	Facility Fee(PCP) <u>Two Levels</u>	\$3,000
	Physician Fee (APMS)	\$1,000
	TOTAL AMOUNT	\$4,000

SCS Trial

63650	Facility Fee(PCP)	\$4,000
	Physician Fee (APMS)	\$1,000

SCS Perm

63650 / 63685	Facility Fee(PCP)	\$27,000
	Physician Fee (APMS)	\$4,000
	TOTAL AMOUNT	\$31,000

PNS Trial

64555	Facility Fee(PCP)	\$4,000
	Physician Fee (APMS)	\$1,000
	TOTAL AMOUNT	\$5,000

PNS Perm

64555 / 64590	Facility Fee(PCP)	\$25,000
	Physician Fee (APMS)	\$3,000
	TOTAL AMOUNT	\$28,000

Vertiflex

22869	Facility Fee (PCP) 1 Level	\$12,000
	Physician Fee (APMS)	\$2,000
	TOTAL AMOUNT	\$14,000
22870	Facility Fee (PCP) 2 Levels	\$13,500
	Physician Fee (APMS)	\$2,500
	TOTAL AMOUNT	\$16,000

ViaDisc

0627T	Facility Fee(PCP)	\$10,500
	Physician Fee (APMS)	\$1,200
	TOTAL AMOUNT	\$11,700

Endoscopic Discectomy (Endo)

62380	Neuromonitoring	\$500
	Physician Fee (APMS)	\$6,000
	Facility Fee (PCP)	\$12,000
	TOTAL AMOUNT	\$18,500

DiscFX

63056 or 62380	Facility Fee (PCP) 1 Level	\$7,000
	Physician Fee (APMS)	\$2,000
	TOTAL AMOUNT	\$9,000
63057	Facility Fee (PCP) 2 Levels	\$9,000
	Physician Fee (APMS)	\$3,000
	TOTAL AMOUNT	\$12,000

SI Fusion

27279	Physician Fee (APMS)	\$1,700
	Facility Fee (PCP)	\$16,300
	TOTAL AMOUNT	\$18,000

Minuteman

22612 & 22840	Physician Fee (APMS)	\$6,000
	Facility Fee (PCP)	\$12,000
	TOTAL AMOUNT	\$18,000