	Self Pay Rates 2023
D	adiofrequency (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

Kyphoplasty

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

Blood Patch

Blood Patch		
62273	Blood Patch	\$800
Sacroplasty		
	Facility Fee(PCP) Unilateral	\$3,500
0200T	Physician Fee (APMS)	\$1,000
	TOTAL AMOUNT	\$4,500
	Facility Fee(PCP) <u>Bilateral</u>	\$5,000
0201T	Physician Fee (APMS)	\$1,500
	TOTAL AMOUNT	\$6,500
	Intracept	
	Facility Fee(PCP) First 3 Levels	\$10,500
64628	Physician Fee (APMS)	\$1,500
	TOTAL AMOUNT	\$12,000
	Facility Fee(PCP) <u>Each Addl Level</u>	\$1,000
64629	Physician Fee (APMS)	\$500
	TOTAL AMOUNT	\$1,500
	Regenerative Medicine	
	Facility Fee(PCP)	\$4,500
BMC	Physician Fee (APMS)	\$1,500
	TOTAL AMOUNT	\$6,000
	Facility Fee(PCP)	\$2,500
PRP	Physician Fee (APMS)	\$500
	TOTAL AMOUNT	\$3,000
Discogram		
	Lumbar - All levels, Inc Fluc	oro
62290	Facility Fee(PCP)	\$2,250
02230	Physician Fee (APMS)	\$750
	TOTAL AMOUNT	\$3,000

Facility Fee(PCP)

Physician Fee (APMS)

62291

Cervical/Thoracic- All levels, Inc Fluoro

TOTAL AMOUNT

CT at RR after procedure \$220 at time of service or \$330 w/ 1/2 down then payment plan

\$2,250

\$750

\$3,000

Percutaneous	Lumbar	Discectomy
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Percutaneous Lumbar Discectomy			
	Facility Fee(PCP) Single Level	\$2,250	
62287	Physician Fee (APMS)	\$750	
	TOTAL AMOUNT	\$3,000	
	Facility Fee(PCP) <u>Two Levels</u>	\$3,000	
62287	Physician Fee (APMS)	\$1,000	
	TOTAL AMOUNT	\$4,000	
	Spinal Cord Stimulator Trial		
62650	Facility Fee(PCP)	\$4,000	
63650	Physician Fee (APMS)	\$1,000	
	Spinal Cord Stimulator Implant		
	Facility Fee(PCP)	\$27,000	
63650 / 63685	Physician Fee (APMS)	\$4,000	
	TOTAL AMOUNT	\$31,000	
	Peripheral Nerve Stimulator Trial		
	Facility Fee(PCP)	\$4,000	
64555	Physician Fee (APMS)	\$1,000	
	TOTAL AMOUNT	\$5,000	
	Peripheral Nerve Stimulator Implant		
	Facility Fee(PCP)	\$25,000	
64555 / 64590	Physician Fee (APMS)	\$3,000	
	TOTAL AMOUNT	\$28,000	
MILD			
	Facility Fee (PCP)	\$5,500	
0275T	Physician Fee (APMS)	\$1,200	
	TOTAL AMOUNT	\$6,700	
	ViaDisc		
	Facility Fee(PCP)	\$10,500	

Physician Fee (APMS)

TOTAL AMOUNT

0627T

\$1,200

\$11,700

Vertiflex

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

Endoscopic Discectomy (Endo)

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

DiscFX

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