

CPT 2010	ASC PAYMENT INDICATOR	DESCRIPTION	NATIONAL AVERAGE 2010 ASC PAYMENT	SOS-DIFF	NATIONAL AVERAGE 2010 HOPD PAYMENT	MEDICARE 2010 PRO. PMT FACILITY -	MEDICARE 2010 PRO. PMT NON-FACILITY	2010NON-MEDICARE CHARGES.
INJECTIONS/ BLOCKS								
62311	A2	Epidural lumbar/sacral/caudal	\$ 295.98	\$ 99.23	\$ 485.34	\$ 81.91	\$ 181.14	683-855
62310	A2	Epidural cervical/thoracic.	\$ 295.98	\$ 108.98	\$ 485.34	\$ 98.87	\$ 207.85	665-830
62318	A2	Injct. Incl.cath placement, continuous	\$ 295.98	\$ 119.80	\$ 485.34	\$ 97.07	\$ 216.87	854-1068
62319	A2	Injct. Incl.cath placement, continuous	\$ 295.98	\$ 106.45	\$ 485.34	\$ 91.65	\$ 198.10	749-938
11900	P3	Scar Infiltration (up to 7)	\$ 31.39	\$ 21.65	\$ 59.24	\$ 30.31	\$ 51.96	82-102
11901	P3	Scar Infiltration (over 7)	\$ 34.64	\$ 19.13	\$ 59.24	\$ 47.27	\$ 66.40	109-134
20526	P3	Injection, therapeutic (eg, local anesthetic;	\$ 32.12	\$ 15.15	\$ 172.28	\$ 54.85	\$ 70.00	156-194
20550	P3	Injection Tendon	\$ 24.54	\$ 14.08	\$ 172.28	\$ 39.69	\$ 53.77	133-166
20552	P3	Trigger Point 1 or 2 muscle(s)	\$ 23.45	\$ 13.72	\$ 172.28	\$ 35.36	\$ 49.08	153-192
20553	P3	Trigger Points 3 or more muscle(s)	\$ 26.70	\$ 16.24	\$ 172.28	\$ 39.69	\$ 55.93	187-232
20600	P3	Small Joint Injection	\$ 24.90	\$ 12.99	\$ 172.28	\$ 37.53	\$ 50.52	120-150
20605	P3	Medium Joint Injection	\$ 27.79	\$ 15.16	\$ 172.28	\$ 39.33	\$ 54.49	131-164
20610	P3	Large Joint Injection	\$ 39.69	\$ 23.82	\$ 172.28	\$ 47.63	\$ 71.45	170-214
27096	N/A	SI Joint Injection (Use only for pro fee) (Use	N/A	\$ 99.23	N/A	\$ 68.56	\$ 167.79	515-641
G0260	A2	Inj for sacroiliac jt anesth (ASC or hosp facility fee	\$ 295.98	N/A	\$ 485.34	N/A	N/A	N/A
64400	P3	Trigeminal Nerve, any	\$ 59.18	\$ 40.77	\$ 172.28	\$ 62.79	\$ 103.56	298-391
64402	P3	Facial Nerve	\$ 55.93	\$ 35.00	\$ 172.28	\$ 70.73	\$ 105.73	311-413
64405	P3	Greater/lesser Occipital nerve	\$ 48.71	\$ 28.14	\$ 250.89	\$ 74.70	\$ 102.84	314-414
64408	P3	Vagus Nerve	\$ 58.46	\$ 27.79	\$ 485.34	\$ 85.88	\$ 113.67	401-530
64410	A2	Phrenic Nerve	\$ 295.98	\$ 57.01	\$ 485.34	\$ 80.47	\$ 137.48	451-597
64412	P3	Spinal Accessory Nerve	\$ 87.69	\$ 65.32	\$ 485.34	\$ 69.64	\$ 134.96	441-581
64413	P3	Cervical Plexus	\$ 54.49	\$ 34.64	\$ 250.89	\$ 75.42	\$ 110.06	382-505
64415	A2	Brachial Plexus	\$ 145.08	\$ 50.52	\$ 250.89	\$ 70.00	\$ 120.52	575-757
64417	A2	Axillary Nerve Block	\$ 145.08	\$ 51.96	\$ 250.89	\$ 68.92	\$ 120.88	586-772
64418	P3	Suprascapular Nerve	\$ 76.14	\$ 56.29	\$ 250.89	\$ 71.09	\$ 127.38	382-499
64420	A2	Intercostal, single	\$ 145.08	\$ 86.60	\$ 250.89	\$ 63.87	\$ 150.47	409-536
64421	A2	Intercostal, multiple	\$ 295.98	\$ 134.59	\$ 485.34	\$ 88.05	\$ 222.64	650-854
64425	P3	Iliounginal, Iliohypogastric Nerve	\$ 54.13	\$ 31.76	\$ 250.89	\$ 90.57	\$ 122.33	388-508
64430	A2	Pudendal Nerve	\$ 249.58	\$ 58.10	\$ 485.34	\$ 82.99	\$ 141.09	348-455
64479	A2	Transforaminal, epidural cerv/thor. 1st level	\$ 295.98	\$ 140.37	\$ 485.34	\$ 120.88	\$ 261.25	849-1139
64480	A2	Transforaminal, epidural cerv/thor. Ea. Addtl	\$ 191.48	\$ 54.12	\$ 250.89	\$ 79.75	\$ 133.87	529-704
64483	A2	Transforaminal epidural lumbar/sacral, 1st level	\$ 295.98	\$ 147.22	\$ 485.34	\$ 104.65	\$ 251.87	844-1129
64484	A2	Transforaminal epidural lumbar/sacral ea. addtl	\$ 191.48	\$ 62.43	\$ 250.89	\$ 66.03	\$ 128.46	530-702
64490	G2	Facet, cervical/horacic single	\$ 288.44	\$ 74.34	\$ 485.34	\$ 107.53	\$ 181.87	580-775

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64491	G2	Facet, cervical/thoracic 2nd level	\$ 102.38	\$ 29.95	\$ 172.28	\$ 61.70	\$ 91.65	285-385
64492	G2	Facet, cerv./thoracic third and any additional	\$ 102.38	\$ 29.95	\$ 172.28	\$ 62.79	\$ 92.74	290-395
64493	G2	Facet, lumbar/sacral; single level	\$ 288.44	\$ 71.45	\$ 485.34	\$ 91.29	\$ 162.74	535-725
64494	G2	Facet, lumbar; second lev	\$ 102.38	\$ 30.68	\$ 172.28	\$ 52.68	\$ 83.36	260-355
64495	G2	Facet, lumbar third & addit	\$ 102.38	\$ 30.67	\$ 172.28	\$ 53.77	\$ 84.44	265-360
64445	P3	Sciatic Nerve	\$ 68.92	\$ 49.08	\$ 485.34	\$ 77.58	\$ 126.66	402-528
64447	R2	Femoral Nerve, single	\$ 149.11	\$ -	\$ 250.89	\$ 66.40	\$ 66.40	450-592
64450	P3	Other peripheral	\$ 47.63	\$ 29.23	\$ 250.89	\$ 67.12	\$ 96.35	292-387
64505	P3	Sphenopalatine	\$ 41.86	\$ 14.80	\$ 172.28	\$ 78.66	\$ 93.46	256-343
64510	A2	Stellate Ganglion	\$ 295.98	\$ 62.43	\$ 485.34	\$ 65.67	\$ 128.10	542-725
64517	A2	Hypogastric Plexus	\$ 249.58	\$ 47.27	\$ 485.34	\$ 115.47	\$ 162.74	504-673
64520	A2	Lumbar sympathetic	\$ 295.98	\$ 99.96	\$ 485.34	\$ 73.97	\$ 173.93	641-861
64530	A2	Celiac Plexus	\$ 295.98	\$ 92.38	\$ 485.34	\$ 87.32	\$ 179.70	759-1017
DESTRUCTION RF,CYRO,CHEMICAL								
62280	A2	Subarachnoid	\$ 295.98	\$ 140.36	\$ 485.34	\$ 151.56	\$ 291.92	548-684
62281	A2	Epidural, cervical/Thoracic	\$ 295.98	\$ 127.02	\$ 485.34	\$ 143.98	\$ 271.00	812-1019
62282	A2	Epidural, lumbar/caudal	\$ 295.98	\$ 141.09	\$ 485.34	\$ 133.87	\$ 274.96	748-939
64600	A2	Trigeminal Nerve, any	\$ 477.56	\$ 171.04	\$ 892.72	\$ 207.85	\$ 378.89	859-1076
64612	P3	Botox Injection, facial nerve	\$ 69.64	\$ 15.51	\$ 172.28	\$ 143.62	\$ 159.13	463-607
64613	P3	Botox Injection, Cervical spinal muscle	\$ 66.03	\$ 19.49	\$ 250.89	\$ 133.87	\$ 153.36	457-601
64614	P3	Botox Injection, Extremity/Trunk muscles	\$ 75.06	\$ 23.10	\$ 250.89	\$ 142.53	\$ 165.63	535-700
62267	G2	Interdiscal perq aspir, dx	\$ 184.24	\$ 85.88	\$ 310.01	\$ 159.13	\$ 245.01	825-1070
62270	A2	Spinal fluid tap, diagnostic	\$ 145.08	\$ 70.00	\$ 250.89	\$ 76.86	\$ 146.86	303-379
62272	A2	Spinal puncture, therapeutic	\$ 145.08	\$ 95.26	\$ 250.89	\$ 81.55	\$ 176.81	403-503
64620	A2	Intercostal: destruct	\$ 295.98	\$ 98.15	\$ 485.34	\$ 161.30	\$ 259.45	723-948
64622	A2	Destruct Paravetebral Facet, lumbar single	\$ 477.56	\$ 135.68	\$ 892.72	\$ 172.12	\$ 307.80	997-1288
64623	A2	Destruct Paravetebral Facet, lumbar ea. add'l	\$ 295.98	\$ 66.04	\$ 485.34	\$ 47.99	\$ 114.03	360-465
64626	A2	Facet joint or facet joint nerve cerv/thor. 1st level	\$ 295.98	\$ 133.52	\$ 485.34	\$ 231.30	\$ 364.82	1035-1337
64627	A2	Facet joint or facet joint nerve cerv/thor, ea. add'l	\$ 156.44	\$ 98.87	\$ 172.28	\$ 56.29	\$ 155.16	487-630
64640	P3	Other peripheral	\$ 102.48	\$ 46.19	\$ 485.34	\$ 163.46	\$ 209.65	455-579
64680	A2	Celiac Plexus: destruction by neuro	\$ 309.84	\$ 133.52	\$ 485.34	\$ 155.52	\$ 289.04	541-689
64681	A2	S. Hypogastric Plexis: destruction by neuro	\$ 504.58	\$ 156.61	\$ 892.72	\$ 197.38	\$ 353.99	733-932
62263	A2	Percutaneous lysis of adhesions 3 Day	\$ 295.98	\$ 260.89	\$ 485.34	\$ 370.95	\$ 631.84	1695-2107
62264	A2	Percutaneous lysis of adhesions 1 day	\$ 477.56	\$ 156.97	\$ 892.72	\$ 223.00	\$ 379.97	1335-1661
62268	A2	Percutaneous aspiration, spinal cord	\$ 260.30	\$ 171.05	\$ 485.34	\$ 253.67	\$ 424.72	1251-1553

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62269	A2	Biopsy of spinal cord, percutaneous needle	\$ 370.08	\$ 195.58	\$ 651.59	\$ 260.89	\$ 456.47	1280-1595
62287	A2	Percutaneous Discectomy	\$ 1,440.35	\$ -	\$ 2,512.94	\$ 524.67	\$ 524.67	3501-4387
OTHER								
99144	N/A	Conscious Sedation by physician performing	N/A	N/A	N/A	N/A	N/A	197-272
22520	A2	Vertebroplasty (Thoracic)	\$ 1,274.83	#####	\$ 2,141.60	\$ 518.54	\$2,061.51	2259-2810
22521	A2	Vertebroplasty (Lumbar)	\$ 1,274.83	#####	\$ 2,141.60	\$ 489.67	\$2,015.69	2133-2654
22522	A2	Vertebroplasty -Additional	\$ 1,274.83	\$ -	\$ 2,141.60	\$ 229.14	\$ 229.14	774-971
22523	G2	Percut kyphoplasty, (Thoracic)	\$ 3,551.40	\$ -	\$ 5,975.68	\$ 568.69	\$ 568.69	1681-2112
22524	G2	Percut kyphoplasty, (Lumbar)	\$ 3,551.40	\$ -	\$ 5,975.68	\$ 546.68	\$ 546.68	1616-2033
22525	G2	Percut kyphoplasty, Add on	\$ 3,551.40	\$ -	\$ 5,975.68	\$ 256.56	\$ 256.56	724-011
22526	N/A	Idet, single level	0.00	#####	N/A	\$ 313.58	\$1,838.51	932-1180
22527	N/A	Idet, 1 or more levels	0.00	#####	N/A	\$ 141.45	\$1,451.68	426-545
62273	A2	Blood Patch	\$ 191.48	\$ 49.44	\$ 250.89	\$ 107.53	\$ 156.97	642-799
62290	N1	Discography, lumbar	0.00	\$ 143.61	N/A	\$ 164.55	\$ 308.16	826-1031
62291	NI	Discography, cervical	0.00	\$ 130.99	N/A	\$ 158.05	\$ 289.04	784-982
62292	R2	Chemonucleolysis	\$ 288.44	\$ -	\$ 485.34	\$ 470.90	\$ 470.90	2379-2963

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RADIOLOGY								
72275	N/A	Epidurogram (with dictation) w/o use 76005	N/A	\$ -	N/A	\$ 101.04	\$ 101.04	516-646
72275-26	N/A	Epidurogram (with dictation) professional	N/A	\$ -	N/A	\$ 37.17	\$ 37.17	292-364
77002	N/A	Fluoroscopic guidance for needle placement	N/A	\$ -	N/A	\$ 69.64	\$ 69.64	304-389
77002-26	N/A	Fluoroscopic guidance for needle placement	N/A	\$ -	N/A	\$ 27.06	\$ 27.06	133-169
77003	N/A	Fluoroscopic guidance for needle placement	N/A	\$ -	N/A	\$ 57.74	\$ 57.74	299-379
77003-26	N/A	Fluoroscopic guidance for needle placement	N/A	\$ -	N/A	\$ 28.51	\$ 28.51	136-172
72285	N/A	Radiological interpretation, cervical.	N/A	\$ -	\$ 1,743.15	\$ 151.92	\$ 151.92	1224-1522
72285-26	N/A	Radiological interpretation, cervical.	N/A	\$ -	N/A	\$ 57.37	\$ 57.37	263-326
72295	N/A	Radiological interpretation, lumbar.	N/A	\$ -	\$ 1,743.15	\$ 133.51	\$ 133.51	985-1229
72295-26	N/A	Radiological interpretation, lumbar.	N/A	\$ -	N/A	\$ 41.14	\$ 41.14	204-254
IMPLANTS: CATHETERS, PUMPS								
62350	A2	Implant catheter	\$ 1,339.38	\$ -	\$ 2,765.59	\$ 367.70	\$ 367.70	2491-3134
62355	A2	Remove implanted catheter	\$ 504.58	\$ -	\$ 892.72	\$ 277.13	\$ 277.13	1447-1816
62361	H8	Implant non-programmable pump	\$ 12,211.86	\$ -	\$ 13,390.69	\$ 369.87	\$ 369.87	1506-1872
62362	H8	Implant programmable pump	\$ 12,211.86	\$ -	\$ 13,390.69	\$ 385.38	\$ 385.38	2041-2565
62365	A2	Remove implanted pump	\$ 1,226.77	\$ -	\$ 2,512.94	\$ 305.28	\$ 305.28	1626-2042
62367	P3	Analysis pump w/o reprogram	\$ 18.76	\$ 13.71	\$ 171.25	\$ 23.82	\$ 37.53	160-203
62368	P3	Analysis pump with reprogram	\$ 24.54	\$ 16.60	\$ 171.25	\$ 37.17	\$ 53.77	226-288
95990	N/A	Refill implantable pump	N/A	\$ -	\$ 126.78	\$ 63.15	\$ 63.15	165-209
95991	N/A	Refill implantable pump	N/A	\$ 55.93	\$ 126.78	\$ 37.17	\$ 93.10	266-336
IMPLANTS: NEUROSTIMULATOR								
63650	H8	Percutaneous implant neuroelectrode	\$ 3,495.96	\$ -	\$ 4,429.21	\$ 393.68	\$ 393.68	3249-4056
63663	G2	Revision including rep	\$ 786.70	\$ 330.54	\$ 1,323.73	\$ 461.52	\$ 792.06	2455-3245
63661	G2	Removal electrode	\$ 786.70	\$ 235.99	\$ 1,323.73	\$ 298.78	\$ 534.77	1595-2100
63685	H8	Implant spinal transmitter	\$ 12,877.21	\$ -	\$ 13,892.45	\$ 372.75	\$ 372.75	2326-2910
63688	A2	Revision/remove spinal transmitter	\$ 940.84	\$ -	\$ 1,932.10	\$ 337.03	\$ 337.03	1817-2266
95970	N/A	Electronic Analysis w/o reprogramming	N/A	\$ 29.95	\$ 80.65	\$ 22.37	\$ 52.32	152-194
95971	N/A	Electronic Analysis w/reprogramming	N/A	\$ 16.24	\$ 107.85	\$ 39.69	\$ 55.93	188-241
NEW PATIENT OFFICE VISITS								
99201	N/A	New patient 1	N/A	\$ 14.07	\$ 57.92	\$ 24.90	\$ 38.97	71-94
99202	N/A	New patient-2	N/A	\$ 19.13	\$ 69.68	\$ 48.35	\$ 67.48	102-135
99203	N/A	New patient-3	N/A	\$ 24.90	\$ 89.12	\$ 72.89	\$ 97.79	141-188
99204	N/A	New patient-4	N/A	\$ 28.51	\$ 113.44	\$ 123.05	\$ 151.56	208-277
99205	N/A	New patient-5	N/A	\$ 31.04	\$ 167.52	\$ 159.49	\$ 190.53	262-352

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ESTABLISHED PATIENT OFFICE VISITS								
99211	N/A	Established pt-1	N/A	\$ 10.10	\$ 57.92	\$ 9.02	\$ 19.12	40-53
99212	N/A	Established pt-2	N/A	\$ 14.43	\$ 69.68	\$ 24.54	\$ 38.97	64-86
99213	N/A	Established pt-3	N/A	\$ 17.32	\$ 69.68	\$ 48.35	\$ 65.67	88-119
99214	N/A	Established pt-4	N/A	\$ 23.81	\$ 89.12	\$ 74.70	\$ 98.51	135-182
99215	N/A	Established pt-5	N/A	\$ 27.42	\$ 113.44	\$ 105.37	\$ 132.79	190-257
OFFICE CONSULTATIONS								
99241	N/A	Consultation-1	NA MCR	\$ 15.15	NA	\$ 33.56	\$ 48.71	113-149
99242	N/A	Consultation-2	NA MCR	\$ 21.29	NA	\$ 70.36	\$ 91.65	164-217
99243	N/A	Consultation-3	NA MCR	\$ 27.06	NA	\$ 98.15	\$ 125.21	214-282
99244	N/A	Consultation-4	NA MCR	\$ 29.58	NA	\$ 155.89	\$ 185.47	290-382
99245	N/A	Consultation-5	NA MCR	\$ 33.20	NA	\$ 193.41	\$ 226.61	365-478
INITIAL INPATIENT CONSULTATIONS								
99251	N/A	In-pt. Consult-1	N/A	\$ -	NA	\$ 49.44	\$ 49.44	126-166
99252	N/A	In-pt. Consult-2	N/A	\$ -	NA	\$ 76.14	\$ 76.14	180-238
99253	N/A	In-pt. Consult-3	N/A	\$ -	NA	\$ 116.19	\$ 116.19	227-299
99254	N/A	In-pt. Consult-4	N/A	\$ -	NA	\$ 167.79	\$ 167.79	286-378

Explanation of Column Titles:

CPT 2010 - AMA published code for the description as listed - Yellow highlight represents new code

ASC PAYMENT INDICATOR- Medicare

A2 - Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight.	G2 - Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight.	H8 - Device-intensive procedure on ASC list in CY 2007; paid at adjusted rate. Not subject to multiple procedure discount	N1 - Packaged service/item; no separate payment made.	P3 -Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS nonfacility PE RVUs; payment	R2 -Office-based surgical procedure added to ASC list in CY 2008 or later without MPFS nonfacility PE RVUs; payment based on OPPS relative payment
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Description - Short description of CPT code

SOS-DIFF - Calculated difference between the physician's professional payment in a non-practice facility vs. a non-facility (office)

2010 Transitional ASC Payment - National Average Facility Fee. 80% represents Medicare payment to ASC's for the facility use. Does not

Add on codes/multiple procedures in ASC subject to 50% reduction

National Average HOPD - payment by Medicare to the hospital for procedures performed in a outpatient department. Does not include phy;

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Medicare Pro. Pmt. facility -Transitional payment from Medicare to the physician performing the procedure in a non-practice facility sett (e.g. ASC or Hospital) ncludes Budget Neutrality Factor

Medicare Pro. Pmt. Non facility - Transitional payment from Medicare to the physician performing the procedure in a private office only when all expenses are incurred by the physician

Non-Medicare AVERAGE PHYSICIAN PROFESSIONAL FEE CHARGES (Fee range) - current year average of physician professional fe

ASA Relative Value - indicates the total relative value unit recommended by the ASA for the procedure