

**CPT Codes associated with pain management and other applicable procedures**

		<b>Office</b>	<b>Fac. Setting</b>	<b>OPPS</b>	<b>ASC</b>
<b>10030</b>	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous	\$792.71	\$174.37	\$531.31	\$286.19
<b>10060</b>	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess cyst, furuncle, or paronychia); simple or single	\$118.87	\$98.82	\$154.11	\$70.53
<b>10061</b>	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	\$209.46	\$183.32	\$269.56	\$110.64
<b>10140</b>	Incision and drainage of hematoma, seroma or fluid collection	\$165.42	\$121.02	\$1,236.27	\$101.33
<b>10160</b>	Puncture aspiration of abscess, hematoma, bulla, or cyst	\$132.12	\$98.10	\$289.56	\$80.56
<b>10180</b>	Incision and drainage, complex, postoperative wound infection	\$250.99	\$183.68	\$1,236.27	\$582.50
<b>11042</b>	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	\$118.15	\$63.37	\$289.56	\$155.97
<b>11045</b>	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	\$41.53	\$26.85	N	N
<b>11043</b>	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	\$232.37	\$160.05	\$453.92	\$244.50
<b>11046</b>	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm or part thereof (List separately in addition to code for primary procedure)	\$74.83	\$57.64	N	N1
<b>11044</b>	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	\$320.81	\$238.46	\$1,236.27	\$582.50
<b>11047</b>	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	\$126.75	\$62.76	N	N1
<b>12020</b>	Treatment of superficial wound dehiscence; simple closure	\$294.67	\$200.15	\$453.92	\$244.50
<b>12021</b>	Treatment of superficial wound dehiscence; with packing	\$170.07	\$145.01	\$289.56	\$155.97
<b>13160</b>	Secondary closure of surgical wound or dehiscence, extensive or complicated	\$829.94	\$829.94	\$1,411.92	\$760.53
<b>22010</b>	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical thoracic, or cervicothoracic	\$986.77	\$986.77	C	
<b>22015</b>	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral	\$955.26	\$955.26	C	
<b>20220</b>	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	\$171.88	\$75.19	\$1,236.27	\$582.50
<b>20225</b>	Biopsy, bone, trocar, or needle; depp (eg, vertebral body, femur)	\$535.99	\$112.43	\$1,236.27	\$582.50
<b>20250</b>	Biopsy, vertebral body, open; thoracic	\$403.51	\$403.51	\$2,256.07	\$1,213.15
<b>20251</b>	Biopsy, vertebral body, open; lumbar or cervical	\$438.24	\$438.24	\$5,199.03	\$2,681.86
<b>20526</b>	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	\$78.41	\$59.08	\$231.04	\$39.38
<b>20527</b>	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)	\$86.57	\$68.39	\$231.04	\$43.68
<b>20550</b>	Injection(s): single tendon sheath, or ligament, aponeurosis ((eg, plantar "fascia")	\$59.79	\$42.97	\$231.04	\$23.63
<b>20551</b>	Injection(s); single tendon origin/insertion	\$61.23	\$43.68	\$231.04	\$31.87
<b>20552</b>	Injection(s); single or multiple trigger point(s); 1 or 2 muscle(s)	\$56.21	\$39.03	\$231.04	\$30.08
<b>20553</b>	Injection(s); single or multiple trigger point(s); 2 or 3 muscle(s)	\$64.81	\$44.40	\$231.04	\$35.09
<b>20600</b>	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance	\$48.34	\$36.52	\$231.04	\$22.56
<b>20604</b>	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting	\$73.40	\$47.26	\$231.04	\$38.31
<b>20605</b>	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting	\$50.84	\$31.31	\$231.04	\$23.63
<b>20606</b>	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular,	\$81.28	\$54.06	\$231.04	

	wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting				\$41.17
<b>20610</b>	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	\$61.23	\$47.26	\$231.04	\$28.64
<b>20611</b>	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance; with permanent recording and reporting	\$93.09	\$63.37	\$231.04	\$47.62
<b>22510</b>	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance, cervicothoracic	\$1,804.18	\$468.68	\$2,424.86	\$1,213.15
<b>22511</b>	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance, lumbosacral	\$1,785.56	\$440.03	\$2,424.86	\$1,213.15
<b>22512</b>	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)	\$1,000.73	\$218.05	N	N1
<b>22513</b>	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	\$7,470.93	\$558.91	\$5,199.03	\$2,681.86
<b>22514</b>	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	\$7,461.62	\$520.95	\$5,199.03	\$2,681.86
<b>22515</b>	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	\$4,518.14	\$235.95	N	N1
<b>22526</b>	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	\$2,428.61	\$361.98	E1	
<b>22527</b>	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	\$2,015.07	\$164.70	E1	
<b>S2348</b>	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar				
<b>23350</b>	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography	\$132.83	\$52.63	N	N1
<b>27093</b>	Injection procedure for hip arthrography; without anesthesia	\$191.19	\$72.32	N	N1
<b>27095</b>	Injection procedure for hip arthrography; with anesthesia	\$245.98	\$85.21	N	N1
<b>27096</b>	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	\$164.34	\$87.00	B	
<b>G0260</b>	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography			\$572.60	\$308.43
<b>27370</b>	Injection of contrast for knee arthrography	\$157.90	\$52.27	N	N1
<b>36556</b>	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	\$238.46	\$124.96	\$867.68	\$467.37
<b>36620</b>	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	\$52.63	\$52.63	N	N1
<b>61055</b>	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment	\$124.96	\$124.96	\$231.04	\$124.45
<b>61070</b>	Puncture of shunt tubing reservoir for aspiration or injection procedure	\$59.79	\$59.79	\$672.16	\$362.06
<b>62263</b>	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiological localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	\$666.32	\$350.17	\$711.01	\$382.99
<b>62264</b>	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical				

	means (eg, catheter) including radiological localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	\$431.80	\$246.33	\$711.01	\$382.99
62267	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	\$254.57	\$165.06	\$531.31	\$286.19
62268	Percutaneous aspiration, spinal cord cyst or syrinx	\$267.82	\$267.82	\$572.60	\$308.43
62269	Biopsy of spinal cord, percutaneous needle	\$279.99	\$279.99	\$1,236.27	\$582.50
62270	Spinal puncture, lumbar; diagnostic	\$162.55	\$80.56	\$572.60	\$308.43
62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)	\$206.23	\$86.65	\$572.60	\$308.43
62273	Injection, epidural, of blood or clot patch	\$177.23	\$117.44	\$572.60	\$308.43
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	\$312.57	\$166.47	\$711.01	\$382.99
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	\$246.33	\$162.19	\$711.01	\$382.99
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	\$299.32	\$150.32	\$711.01	\$382.99
62284	Injection procedure for myelography and /or computed tomography, lumbar	\$299.32	\$150.32	N	
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method, utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and /or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	\$431.80	\$246.33	\$4,104.85	\$1,882.09
62290	Injection procedure for discography, each level; lumbar	\$341.21	\$178.31	N	
62291	Injection procedure for discography, each level, cervical or thoracic	\$337.99	\$176.52	N	
62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar	\$600.44	\$600.44	\$1,556.99	\$783.40
62302	Myelography via lumbar injection, including radiological supervision and interpretation; cervical	\$246.33	\$126.75	\$440.92	N1
62303	Myelography via lumbar injection, including radiological supervision and interpretation; thoracic	\$256.00	\$128.90	\$440.92	N1
62304	Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral	\$243.83	\$124.96	\$440.92	N1
62305	Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)	\$265.67	\$130.33	\$440.92	N1
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	\$416.05	\$386.86	\$4,104.85	\$1,882.09
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	\$905.85	\$905.85	\$5,199.03	
62355	Removal of previously implanted intrathecal or epidural catheter	\$279.27	\$279.27	\$1,556.99	\$783.40
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	\$401.72	\$371.59	\$15,507.38	\$12,829.26
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	\$308.28	\$308.28	\$4,104.85	\$1,882.09
62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill	\$42.25	\$26.14	\$255.38	\$22.56
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming	\$58.00	\$36.52	\$255.38	\$30.79
62369	Electronic analysis of programmable, implanted pump for intrathecal or epidural infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill	\$122.81	\$36.88	\$255.38	\$93.45
62370	Electronic analysis of programmable, implanted pump for intrathecal or epidural infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician)	\$129.25	\$48.34	\$255.38	\$91.30

	or other qualified health care professional)				
<b>62310</b>	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for when performed, epidural or subarachnoid; cervical or thoracic	\$245.26	\$112.07		
<b>62311</b>	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for when performed, epidural or subarachnoid; lumbar or sacral (caudal)	\$226.28	\$92.38		
<b>62318</b>	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic	\$234.88	\$102.40		
<b>62319</b>	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	\$171.50	\$98.52		
<b>623X5</b>	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement; interlaminar epidural or subarachnoid; cervical or thoracic; without imaging guidance	\$155.98	\$104.82	\$572.60	\$308.43
<b>623X6</b>	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement; interlaminar epidural or subarachnoid; cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	\$238.26	\$113.41	\$572.60	\$308.43
<b>623X7</b>	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement; interlaminar epidural or subarachnoid; lumbar or sacral (caudal); without imaging guidance	\$145.25	\$90.87	\$572.60	\$308.43
<b>623X8</b>	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement; interlaminar epidural or subarachnoid; lumbar or sacral (lumbar); with imaging guidance (ie, fluoroscopy or CT)	\$233.61	\$103.75	\$572.60	\$308.43
<b>623X9</b>	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	\$137.02	\$95.52	\$711.01	\$382.99
<b>62X10</b>	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	\$211.43	\$110.19	\$711.01	\$382.99
<b>62X11</b>	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	\$143.82	\$94.09	\$711.01	\$382.99
<b>62X12</b>	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	\$214.65	\$99.81	\$711.01	\$382.99
<b>630X1</b>	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, and/or excision of herniated intervertebral disc; 1 interspace, lumbar			\$5,199.03	\$3,623.63
<b>63650</b>	Percutaneous implantation of neurostimulator electrode array, epidural	\$1,356.27	\$427.15	\$5,839.83	\$4,534.35

63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	\$862.17	\$862.17	\$17,533.66	\$14,069.64
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	\$593.64	\$332.62	\$1,556.99	\$783.40
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	\$869.69	\$869.69	\$2,665.24	\$1,435.63
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	\$810.61	\$468.68	\$5,839.83	\$4,643.16
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	\$896.18	\$896.18	\$17,533.66	\$12,923.68
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	\$380.96	\$380.96	\$26,701.46	\$21,540.41
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	\$383.82	\$383.82	\$2,665.24	\$1,435.63
64400	Injection, anesthetic agent; trigeminal nerve, any division or branch	\$129.97	\$73.04	\$231.04	\$81.28
64402	Injection, anesthetic agent; facial nerve	\$132.83	\$80.92	\$265.56	
64405	Injection, anesthetic agent; greater occipital nerve	\$103.12	\$65.16		\$61.58
64408	Injection, anesthetic agent; vagus nerve	\$104.19	\$76.62	\$231.04	\$63.73
64410	Injection, anesthetic agent; phrenic nerve	\$124.60	\$71.61	\$572.60	\$308.43
64413	Injection, anesthetic agent; cervical plexus	\$129.25	\$83.42	\$572.60	\$71.97
64415	Injection, anesthetic agent; brachial plexus; single	\$120.30	\$66.95	\$711.01	\$382.99
64416	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)	\$80.92	\$80.92	\$711.01	\$382.99
64417	Injection, anesthetic agent, axillary nerve	\$131.76	\$73.04	\$572.60	\$308.43
64418	Injection, anesthetic agent; suprascapular nerve	\$148.23	\$78.41	\$572.60	\$94.52
64420	Injection, anesthetic agent; intercostal nerve, single	\$114.57	\$70.18	\$572.60	\$308.43
64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block	\$153.60	\$94.52	\$572.60	\$308.43
64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves	\$134.62	\$95.96	\$572.60	\$64.81
64430	Injection, anesthetic agent; pudendal nerve	\$141.07	\$84.50	\$572.60	\$308.43
64435	Injection, anesthetic agent; paracervical (uterine) nerve	\$138.56	\$85.57	\$572.60	\$78.77
64445	Injection, anesthetic agent; sciatic nerve, single	\$138.56	\$74.47	\$572.60	\$78.77
64446	Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)	\$81.28	\$81.28	\$711.01	\$382.30
64447	Injection, anesthetic agent; femoral nerve, single	\$122.09	\$68.03	\$572.60	\$62.30
64448	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)	\$73.04	\$73.04	\$711.01	\$382.99
64449	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)	\$86.29	\$86.29	\$711.01	\$382.99
64450	Injection, anesthetic agent; other peripheral nerve or branch	\$81.28	\$46.90	\$572.60	\$51.56
64455	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	\$48.69	\$35.80	\$572.60	\$19.69
64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)	\$151.09	\$89.15	\$572.60	\$81.28
64462	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)	\$85.57	\$56.21	N	N1
64463	Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)	\$85.57	\$56.21	\$572.60	\$92.38
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	\$240.60	\$136.41	\$572.60	\$308.43
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	\$115.29	\$65.16	N	
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT);	\$224.13	\$116.36	\$711.01	\$382.99

	lumbar or sacral, single level				
<b>64484</b>	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	\$89.51	\$53.71	N	N1
<b>64486</b>	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)	\$126.75	\$65.16	N	N1
<b>64487</b>	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed)	\$156.11	\$76.26	N	N1
<b>64488</b>	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)	\$156.46	\$82.35	N	N1
<b>64489</b>	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)	\$217.69	\$92.73	N	N1
<b>64490</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	\$194.42	\$109.92	\$711.01	\$382.99
<b>64491</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	\$95.96	\$62.30	N	N1
<b>64492</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	\$96.31	\$63.02	N	N1
<b>64493</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	\$176.52	\$94.17	\$711.01	\$382.99
<b>64494</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	\$88.44	\$53.71	N	N1
<b>64495</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional levels (List separately in addition to code for primary procedure)	\$88.79	\$54.42	N	N1
<b>64505</b>	Injection, anesthetic agent; sphenopalatine ganglion	\$106.70	\$89.51	\$231.04	\$52.63
<b>64508</b>	Injection, anesthetic agent; carotid sinus (separate procedure)	\$63.73	\$75.55	\$231.04	\$15.75
<b>64510</b>	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	\$129.61	\$75.91	\$572.60	\$308.43
<b>64517</b>	Injection, anesthetic agent; superior hypogastric plexus	\$185.82	\$126.03	\$711.01	\$382.99
<b>64520</b>	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	\$189.76	\$83.42	\$711.01	\$382.99
<b>64530</b>	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring	\$194.42	\$94.88	\$711.01	\$382.99
<b>64555</b>	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	\$215.18	\$157.54	\$1,167.97	\$4,729.89
<b>64575</b>	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	\$329.04	\$329.04	\$3,506.74	\$14,236.19
<b>64590</b>	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	\$269.61	\$165.06	\$3,506.74	\$15,516.60
<b>64595</b>	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	\$249.91	\$129.97	\$533.05	\$1,435.63
<b>64600</b>	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	\$398.86	\$226.28	\$711.01	\$382.99
<b>64605</b>	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale	\$767.64	\$427.50	\$1,556.99	\$783.40
<b>64610</b>	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring	\$764.42	\$509.50	\$1,556.99	\$783.40
<b>64611</b>	Chemodeneration of parotid and submandibular salivary glands, bilateral	\$119.94	\$105.26	\$231.04	\$69.10
<b>64612</b>	Chemodeneration of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)	\$134.98	\$120.66		\$72.32

<b>64615</b>	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	\$148.23	\$128.90	\$231.04	\$59.79
<b>64616</b>	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	\$129.61	\$112.78	\$572.60	\$56.93
<b>64617</b>	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed	\$200.86	\$128.54	\$231.04	\$98.46
<b>64620</b>	Destruction by neurolytic agent, intercostal nerve	\$208.38	\$176.52	\$711.01	\$382.99
<b>64630</b>	Destruction by neurolytic agent; pudendal nerve	\$194.42	\$94.88	\$711.01	\$382.99
<b>64632</b>	Destruction by neurolytic agent; plantar common digital nerve	\$87.00	\$70.53	\$231.04	\$40.10
<b>64633</b>	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	\$431.80	\$234.16	\$1,556.99	\$783.40
<b>64634</b>	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	\$194.06	\$70.89	N	N1
<b>64635</b>	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	\$426.79	\$230.94	\$1,556.99	\$783.40
<b>64636</b>	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	\$176.52	\$61.94	N	N1
<b>64640</b>	Destruction by neurolytic agent; other peripheral nerve or branch	\$135.70	\$95.60	\$711.01	\$86.29
<b>64642</b>	Chemodenervation of one extremity; 1-4 muscle(s)			\$572.60	\$71.97
<b>64643</b>	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	\$95.24	\$75.19	N	N1
<b>64644</b>	Chemodenervation of one extremity; 5 or more muscles	\$166.49	\$122.81	\$572.60	\$86.29
<b>64645</b>	Chemodenervation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)	\$117.08	\$86.29	N	N1
<b>64646</b>	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	\$153.96	\$121.02	\$572.60	\$71.97
<b>64647</b>	Chemodenervation of trunk muscle(s); 6 or more muscles	\$181.89	\$141.43	\$572.60	\$85.21
<b>64680</b>	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus	\$315.79	\$171.14	\$711.01	\$382.99
<b>64681</b>	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus	\$349.45	\$195.85	\$711.01	\$382.99
<b>64999</b>	Unlisted procedure, nervous system			\$231.04	
<b>0200T</b>	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed			\$5,199.03	\$2,681.86
<b>0201T</b>	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed			\$5,199.03	\$2,681.86
<b>0213T</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level			\$711.01	\$382.99
<b>0214T</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)			N	N1
<b>0215T</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)			N	N1
<b>0216T</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance; lumbar or sacral; single level			\$711.01	\$382.99
<b>0217T</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint)			N	N1

	with ultrasound guidance;lumbar or sacral; second level (List separately in addition to code for primary procedure)				
<b>0218T</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint)			N	N1
	with ultrasound guidance; lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)				
<b>0228T</b>	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level			\$572.60	\$308.43
<b>0229T</b>	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; each additional level (List separately in addition to code for primary procedure)			N	N1
<b>0230T</b>	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level			\$711.01	\$382.99
<b>0231T</b>	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level (List separately in addition to code for primary procedure)			N	N1
<b>0232T</b>	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed			\$265.56	
<b>0274T</b>	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy, any method, under indirect imaging guidance (eg, fluoroscopy or CT), with or without the use of an endoscope, single or multiple levels; unilateral or bilateral, cervical or thoracic			\$5,199.03	\$2,681.86
<b>0275T</b>	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy, any method, under indirect imaging guidance (eg, fluoroscopy or CT), with or without the use of an endoscope, single or multiple levels; unilateral or bilateral, lumbar			\$5,199.03	\$2,681.86
<b>0282T</b>	Percutaneous or open implantation of neurostimulator electrode array(s), subcutaneous (peripheral subcutaneous field stimulation), including imaging guidance, when performed, cervical, thoracic or lumbar; for trial, including removal at the conclusion of trial period			D	D5
<b>0283T</b>	Percutaneous or open implantation of neurostimulator electrode array(s), subcutaneous (peripheral subcutaneous field stimulation), including imaging guidance, when performed, cervical, thoracic or lumbar; permanent, with implantation of a pulse generator			D	D5
<b>0284T</b>	Revision or removal of pulse generator or electrodes, including imaging guidance, when performed, including addition of new electrodes, when performed			D	D5
<b>0285T</b>	Electronic analysis of implanted peripheral subcutaneous field stimulation pulse generator, with reprogramming when performed			D	D5
<b>72240</b>	Myelography, cervical, radiological supervision or interpretation	\$98.46	\$44.76	\$440.92	
<b>72255</b>	Myelography, thoracic, radiological supervision or interpretation	\$98.10	\$45.32	\$440.92	
<b>72265</b>	Myelography, lumbosacral, radiological supervision or interpretation	\$92.73	\$40.93	\$440.92	
<b>72270</b>	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision or interpretation	\$128.18	\$65.68	\$440.92	
<b>72275</b>	Epidurography, radiological supervision and interpretation	\$116.36	\$38.51	N	
<b>72285</b>	Discography, cervical or thoracic, radiological supervision and interpretation	\$114.93	\$59.36	\$1,556.99	
<b>72295</b>	Discography, lumbar, radiological supervision and interpretation	\$99.54	\$42.46	\$1,556.99	
<b>75809</b>	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVein shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation	\$100.25	\$23.36		
<b>76000</b>	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other	\$47.62	\$8.50	\$218.74	

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	than 71023 or 71034 (eg, cardiac fluoroscopy)				
<b>76881</b>	Ultrasound, extremity, nonvascular, real-time with image documentation; complete	\$116.01	\$30.70	\$117.40	
<b>76882</b>	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific	\$36.52	\$24.07	\$117.40	
<b>76937</b>	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	\$31.87	\$14.13	\$231.67	
<b>76942</b>	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	\$61.58	\$32.70	N	
<b>77002</b>	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	\$93.81	\$27.40	N	
<b>77003</b>	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid)	\$86.29	\$29.63	N	
<b>77012</b>	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	\$126.03	\$56.45	N	
<b>77021</b>	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	\$406.38	\$73.62	N	
<b>803X1X</b>	Drug test(s), presumptive, any number of drug classes, qualitative, any number of devices or procedures (eg, immunoassay) capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service			N	
<b>803X2X</b>	Drug test(s), presumptive, any number of drug classes, qualitative, any number of devices or procedures (eg, immunoassay) read by instrument assisted direct optical observation (eg, dipsticks, cups cards, cartridges), includes sample validation when performed, per date of service			N	
<b>803X3X</b>	Drug test(s), presumptive, any number of drug classes, qualitative, any number of devices or procedures by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]) chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography (eg, DART, DESI, GC-MS, GC-MS/MS LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service			N	
<b>G0480</b>	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem) and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 1-7 drug class(es), including metabolite(s) if performed	\$79.94		N	
<b>G0481</b>	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem) and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 8-14 drug class(es), including metabolite(s) if performed	\$122.99		N	
<b>G0482</b>	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem) and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 15-21 drug class(es), including metabolite(s) if performed	\$166.03			
<b>G0483</b>	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem) and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic	\$215.23		N	

	methods (e.g., alcohol dehydrogenase); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 22 or more drug class(es), including metabolite(s) if performed				
<b>96365</b>	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	\$69.82		\$180.19	
<b>96366</b>	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	\$18.98		\$34.89	N
<b>96367</b>	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)	\$30.79		\$52.69	
<b>96368</b>	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)	\$20.77		N	
<b>96369</b>	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)	\$194.06		\$180.19	
<b>96370</b>	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	\$15.04		\$34.89	
<b>96371</b>	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)	\$73.40		N	
<b>95970</b>	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming	\$68.74	\$24.35	\$95.66	
<b>95971</b>	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming	\$50.84	\$41.53	\$108.04	
<b>95972</b>	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming	\$59.08	\$42.61	\$108.04	
<b>95990</b>	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;	\$92.73	\$92.73	\$281.41	
<b>95991</b>	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional	\$122.81	\$40.46	\$231.04	
<b>991X1</b>	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time, patient younger than 5 years of age	\$76.92	\$23.61	N	
<b>991X2</b>	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time, patient age 5 years or older	\$51.52	\$12.52	N	
<b>991X3</b>	Moderate sedation services provided by a physician or other qualified health care professional other than the the physicaian or other qualified health care professional performing the diagnostic or therapeutic service that	N/A	\$94.45	N	

	the sedation supports; initial 15 minutes of intra-service time, patient younger than 5 years of age				
<b>991X4</b>	Moderate sedation services provided by a physician or other qualified health care professional other than the	N/A	\$77.27	N	
	the physiciain or other qualified health care professionla performing the diagnostic or therapeutic service that				
	the sedation supports; initial 15 minutes of intra-service time, patient age 5 years or older				
<b>991X5</b>	Moderate sedation services provided by the same physician or other qualified health care professional performing	\$9.66	N/A	N	
	the diagnostic or therapeutic service that the sedation supports, requiring the presenece of an independent trained				
	observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15				
	minutes of intra-service time, (List separately in addition to code for primary service)				
<b>991X6</b>	Moderate sedation services provided by a physician or other qualified health care professional other than the	N/A	\$58.31	N	
	the physiciain or other qualified health care professional performing the diagnostic or therapeutic service that				
	the sedation supports; initial 15 minutes of intra-service time, each additional 15 minutes of intra-service time,				
	(List separately in addition to code for primary service)				