

PAIN MANAGEMENT FEE SCHEDULE
 As of April 1, 2004

CPT 2004	DESCRIPTION	NATIONAL AVERAGE (ASC) FACILITY FEE	NATIONAL AVERAGE APC RATE	TOTAL FACILITY RVU	MEDICARE PRO. PMT FACILITY	TOTAL OFFICE RVU	MEDICARE PRO. PMT OFFICE	2004 NON-MEDICARE PRO. FEE RANGE	2004 ASA RELATIVE VALUE
INJECTIONS/ BLOCKS									
62311	Epidural lumbar/sacral/caudal	333	288.49	2.10	78.41	6.56	244.93	480-579	8
62310	Epidural cervical/thoracic.	333	288.49	2.54	94.84	6.87	256.51	477-572	9
62318	Inject. Incl.cath placement, continuous cervical/thoracic	333	288.49	2.69	100.44	7.69	287.12	496-602	10
62319	Inject. Incl.cath placement, continuous Lumbar/sacral	333	288.49	2.47	92.22	6.82	254.64	486-589	9
11900	Scar Infiltration (up to 7)		41.53	0.76	28.38	1.19	44.43	65-79	3
11901	Scar Infiltration (over 7)		41.53	1.20	44.80	1.50	56.01	93-113	3
20550	Injection Tendon		118.46	1.06	39.58	1.53	57.13	93-113	3
20552	Trigger Point 1 or 2		118.46	0.94	35.10	1.46	54.51	108-133	3
20553	Trigger Points 3 or more		118.46	1.05	39.20	1.66	61.98	110-136	3
20600	Small Joint Injection		118.46	1.09	40.70	1.37	51.15	88-110	3
20605	Medium Joint Injection		118.46	1.12	41.82	1.50	56.01	92-115	3
20610	Large Joint Injection		118.46	1.30	48.54	1.83	68.33	95-121	3
27096	SI Joint Injection		0.00	1.83	68.33	10.85	405.11	213-259	7
G0260	Inj for sacroiliac jt anesth	333	118.46	0.00	0.00	0.00	0.00	0	7
64400	Trigeminal Nerve, any		118.46	1.55	57.87	3.19	119.11	139-168	10
64402	Facial Nerve		118.46	1.86	69.45	3.07	114.63	177-217	7
64405	Greater/lesser Occipital nerve		118.46	1.81	67.58	2.94	109.77	185-228	5
64408	Vagus Nerve		118.46	2.18	81.40	3.10	115.75	201-242	7
64410	Phrenic Nerve	333	118.46	1.92	71.69	4.09	152.71	178-217	8
64412	Spinal Accessory Nerve		118.46	1.65	61.61	3.99	148.98	166-200	7
64413	Cervical Plexus		118.46	1.94	72.43	3.39	126.57	168-203	8
64415	Brachial Plexus	333	118.46	1.97	73.55	4.42	165.03	167-205	8
64416	Brachial Plexus Continuous infusion		118.46	4.31	160.92	4.31	160.92	370-465	13
64417	Axillary Nerve Block	333	118.46	1.97	73.55	4.64	173.25	174-211	8
64418	Suprascapular Nerve		118.46	1.77	66.09	4.05	151.22	210-260	5
64420	Intercostal, single	333	352.21	1.62	60.49	4.79	178.85	150-183	5
64421	Intercostal, multiple	333	352.21	2.25	84.01	7.19	268.46	291-353	8
64425	Iliounginal, Iliohypogastric Nerve		118.46	2.35	87.74	3.58	133.67	178-218	5

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64430	Pudental Nerve	333	118.46	2.08	77.66	4.18	156.07	202-246	5
64479	Transforaminal, epidural cerv/thor. 1st level	333	352.21	3.09	115.37	9.42	351.72	463-591	10
64480	Transforaminal, epidural cerv/thor. Ea. Addt'l	333	352.21	2.11	78.78	4.06	151.59	400-510	6
64483	Transforaminal epidural lumbar/sacral, 1st level	333	352.21	2.70	100.81	9.57	357.32	408-515	8
64484	Transforaminal epidural lumbar/sacral ea. addt'l	333	352.21	1.80	67.21	4.23	157.94	376-477	5
64475	Facet, lumbar/sacral single	333	352.21	1.99	74.30	6.08	227.01	333-423	8
64476	Facet, lumbar/sacral additional	333	352.21	1.30	48.54	2.87	107.16	307-385	4
64470	Facet, cerv./thoracic single	333	352.21	2.55	95.21	6.85	255.76	411-517	10
64472	Facet, cervical/thoracic additional	333	352.21	1.71	63.85	3.34	124.71	298-376	5
64445	Sciatic Nerve		118.46	1.95	72.81	4.27	159.43	180-220	7
64446	Sciatic Nerve, Continuous Infusion		118.46	4.53	169.14	4.53	169.14	386-481	12
64447	Femoral Nerve, single		118.46	2.11	78.78	2.11	78.78	192-240	7
64448	Femoral Nerve, Continuous Infusion		118.46	4.13	154.20	4.13	154.20	355-443	12
64449	Lumbar Plexus		118.46	4.07	151.96	4.07	151.96	349-446	N/A
64450	Other peripheral		118.46	1.78	66.46	2.63	98.20	166-205	5
64505	Sphenopalatine		118.46	1.93	72.06	2.68	100.06	162-198	8
64510	Stellate Ganglion	333	352.21	1.67	62.35	4.50	168.02	267-322	7
64517	Hypogastric Plexus		118.46	3.20	119.48	5.03	187.81	310-395	N/A
64520	Lumbar sympathetic	333	352.21	1.86	69.45	6.01	224.40	273-329	8
64530	Celiac Plexus	333	352.21	2.16	80.65	5.63	210.21	295-361	12
DESTRUCTION RF,CYRO,CHEMICAL									
62280	Subarachnoid	333	352.21	3.72	138.90	9.43	352.09	333-405	15
62281	Epidural, cervical/Thoracic		352.21	3.62	135.16	8.61	321.48	391-470	17
62282	Epidural, lumbar/caudal	333	352.21	3.29	122.84	10.70	399.51	457-553	16
64600	Trigeminal Nerve, any	333	632.74	5.35	199.76	12.23	456.64	397-472	10
64612	Botox Injection, facial nerve		118.46	3.15	117.61	4.69	175.11	347-414	3
64613	Botox Injection, Cervical spinal muscle		118.46	3.07	114.63	5.05	188.55	325-392	5
64614	Botox Injection, Extremity/Trunk muscles		118.46	3.43	128.07	5.55	207.22	422-521	N/A
62270	Spinal puncture lumbar	333	288.49	1.69	63.10	4.28	159.80	190-231	5

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64620	Intercostal: destruct	333	632.74	4.23	157.94	7.65	285.63	346-412	10
64622	Destruct Paravertebral Facet, lumbar single	333	632.74	4.44	165.78	10.83	404.36	385-458	12
64623	Destruct Paravertebral Facet, lumbar ea. add'l	333	632.74	1.29	48.17	3.48	129.93	185-223	6
64626	Facet joint or facet joint nerve cerv/thor. 1st level	333	632.74	5.40	201.62	10.22	381.59	606-744	12
64627	Facet joint or facet joint nerve cerv/thor, ea. add'l	333	632.74	1.53	57.13	3.87	144.50	372-466	6
64640	Other peripheral		352.21	4.56	170.26	7.13	266.22	316-381	9
64680	Celiac Plexus: destruction by neuro agent	446	632.74	4.08	152.34	8.77	327.45	385-459	20
64681	S. Hypogastric Plexis: destruction by neuro agent		632.74	5.82	217.30	12.43	464.10	515-635	N/A
62263	Percutaneous lysis of adhesions	333	632.74	9.03	337.16	18.57	691.12	1214-1475	20
62264	Percutaneous lysis of adhesions 1 day		632.74	6.18	230.75	12.44	464.48	795-1005	14
0027T	Endoscopic lysis of adhesions		850.00	0.00	0.00	0.00	0.00	New	N/A
62287	Percutaneous Laser Discectomy	1339*	903.28	14.39	537.29	14.39	537.29	2133-2574	8
OTHER									
99141	Conscious Sedation by physician performing procedure		0.00	1.23	45.93	2.77	103.42	209-268	3
64550	Tens application		0.00	0.24	8.96	0.49	18.30	84-105	N/A
62273	Blood Patch	333	288.49	2.89	107.91	5.05	188.55	365-434	8
62290	Discography, lumbar		0.00	4.52	168.77	10.05	375.24	483-575	5
62291	Discography, cervical		0.00	4.25	158.68	8.81	328.94	465-557	5
RADIOLOGY									
72275	Epidurogram (with dictation) w/o use 76005		196.04	3.32	123.96	3.32	123.96	258-311	3
72275-26	Epidurogram (with dictation) professional		0.00	1.82	67.95	1.82	67.95	65-81	N/A
73542	Radiological exam, SI arthrography, global		178.82	3.01	112.39	3.01	112.39	256-309	3
73542-26	Radiological exam, SI arthrography, professional		0.00	0.79	29.50	0.79	29.50	79-96	N/A
76005	Fluoroscopic guidance		0.00	2.18	81.40	2.18	81.40	181-224	2
76005-26	Fluoroscopic guidance professional		0.00	0.80	29.87	0.80	29.87	80-99	N/A
76003	Fluoroscopic guidance		0.00	2.13	79.53	2.13	79.53	193-231	7
76003-26	Fluoroscopic guidance professional		0.00	0.75	28.00	0.75	28.00	86-102	N/A
72285	Radiological interpretation, cervical, global		634.80	10.43	389.43	10.43	389.43	815-971	5
72285-26	Radiological interpretation, cervical, professional only		0.00	1.59	59.37	1.59	59.37	119-144	N/A

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72295	Radiological interpretation, lumbar, global		634.80	9.43	352.09	9.43	352.09	782-932	5
72295-26	Radiological interpretation, lumbar, professional only		0.00	1.15	42.94	1.15	42.94	119-144	N/A
IMPLANTS: CATHETERS, PUMPS									
62350	Implant Catheter	446	1460.11	11.62	433.86	11.62	433.86	1126-1364	26
62355	Remove implanted catheter	446	632.74	9.21	343.88	9.21	343.88	929-1124	18
62361	Implant non-programmable pump	446	8775.39	9.92	370.39	9.92	370.39	882-1065	19
62362	Implant programmable pump	446	8775.39	12.45	464.85	12.45	464.85	1154-1405	25
62365	Remove implanted pump	446	632.74	9.71	362.55	9.71	362.55	881-1078	16
62367	Analysis pump w/o reprogram	*	153.13	0.00	0.00	0.00	0.00	95-126	2
62367-26	Analysis pump w/o Program	*	0.00	0.65	24.27	0.65	24.27	75-107	N/A
62368	Analysis pump with reprogram	*	153.13	0.00	0.00	0.00	0.00	140-170	3
62368-26	Analysis pump with Reprogram	*	0.00	1.00	37.34	1.00	37.34	121-168	N/A
95990	Refill implantable pump		117.88	1.56	58.25	1.56	58.25	95-120	4
95991	Refill implantable pump		117.88	1.02	38.08	2.26	84.38	160-205	N/A
IMPLANTS: NEUROSTIMULATOR									
63650	Percutaneous implant neuroelectrode	446	2842.64	10.53	393.16	10.53	393.16	1994-2405	29
63660	Revision/remove electrode	333	1115.31	10.56	394.28	10.56	394.28	1515-1790	26
63685	Implant spinal transmitter	446	12669.20	12.35	461.12	12.35	461.12	1670-1972	23
63688	Revision/remove spinal transmitter	333	2549.89	9.79	365.53	9.79	365.53	1310-1587	19
95970	Electronic Analysis w/o reprogramming		60.33	0.64	23.90	0.66	24.64	43-54	2
95971	Electronic Analysis w/reprogramming		60.33	1.08	40.32	1.13	42.19	69-83	3
NEW PATIENT OFFICE VISITS									
99201	New patient 1		50.62	0.63	23.52	0.97	36.22	57-70	N/A
99202	New patient-2		50.62	1.26	47.05	1.73	64.59	76-95	N/A
99203	New patient-3		53.56	1.92	71.69	2.57	95.96	99-122	N/A
99204	New patient-4		82.07	2.83	105.66	3.63	135.53	144-177	N/A
99205	New patient-5		82.07	3.76	140.39	4.61	172.13	183-231	N/A
ESTABLISHED PATIENT OFFICE VISITS									
99211	Established pt-1		50.62	0.24	8.96	0.57	21.28	30-38	N/A



Pain Management Fee Schedule
Courtesy, Mowles Medical Practice Management, LLC.
 October, 2004

Conversion Factor: 37.3374

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99212	Established pt-2		50.62	0.63	23.52	1.01	37.71	45-58	N/A
99213	Established pt-3		53.56	0.95	35.47	1.41	52.65	63-79	N/A
99214	Established pt-4		82.07	1.55	57.87	2.20	82.14	94-116	N/A
99215	Established pt.-5		82.07	2.50	93.34	3.19	119.11	138-173	N/A
CONSULTATIONS									
99241	Consultation-1		50.62	0.91	33.98	1.34	50.03	101-129	N/A
99242	Consultation-2		50.62	1.86	69.46	2.45	91.48	136-170	N/A
99243	Consultation-3		53.56	2.47	92.22	3.23	120.60	164-207	N/A
99244	Consultation-4		82.07	3.66	136.65	4.57	170.63	210-270	N/A
99245	Consultation-5		82.07	4.85	181.09	5.90	220.29	275-350	N/A
INITIAL INPATIENT CONSULTATIONS									
99251	In-pt. Consult-1		0.00	0.96	35.84	0.96	35.84	109-139	N/A
99252	In-pt. Consult-2		0.00	1.92	71.69	1.92	71.69	148-186	N/A
99253	In-pt. Consult-3		0.00	2.61	97.45	2.61	97.45	181-226	N/A
99254	In-pt. Consult-4		0.00	3.76	140.39	3.76	140.39	231-288	N/A
FOLLOW UP INPATIENT CONSULTATIONS									
99261	F/U 1		0.00	0.60	22.40	0.60	22.40	64-80	N/A
99262	F/U 2		0.00	1.20	44.80	1.20	44.80	94-116	N/A
99263	F/U 3		0.00	1.77	66.09	1.77	66.09	140-176	N/A



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Explanation of Column Titles:

CPT 2004 - AMA approved code for the description as listed

Description - Short description of CPT code

National Average (ASC) Facility Fee - National Average Allowance without Geogrphical Adjustment factors for facility fee payment to ASC

1- \$333

2-\$446

3-\$510

4-\$630

5-\$717

6-\$826 (\$676 + \$150 for intraocular lenses (IOLs))

7-\$995

8-\$973 (\$823 + \$150 for IOLs)

*9-\$1339

National Average APC rate - indicates payment by Medicare to the hospital for procedures performed in the outpatient department

Total Facility RVU - indicates the total relative value unit for the procedure performed in a facility setting

Medicare Pro. Pmt facility - indicates payment from Medicare to the physician performing the procedure in either an ASC or Hospital -

Total Office RVU - indicates the total relative value unit for the procedure performed in an office setting

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

2004 Non-Medicare Pro. Fee range - indicates current year average of physician charges (not reimbursement)

2004 ASA Relative Value - indicates the total relative value unit recommended by the ASA for the procedure