American Society of Interventional Pain Physicians

" The Voice of Interventional Pain Management "
81 Lakeview Drive, Paducah, KY 42001
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2025 FINAL - Physician Payment Rates rates compared to 2024

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CPT	Description	2024 FINAL (CF=$33.29)		2025 with 2.83% Cut (CF=$32.35)			
		Non-Facility (Office)	Facility ASC/Hospital)	Non-Facility (Office)	Facility (ASC/Hospital)	% of change Non-Facility	Facility
20526	Injection, therapeutic (eg, local anesthetic; corticosteroid), carpal tunnel	**$81.19**	$55.65	$80.9	$55.3	**-0.4%**	-0.6%
20550	tendon sheath, ligament injection	**$56.96**	$37.98	$56.6	$37.8	**-0.6%**	-0.3%
20551	Tendon origin/insertion	**$56.64**	$37.65	$56.0	$37.2	**-1.2%**	-1.2%
20552	Single or multiple trigger point(s), one or two muscle group(s)	**$51.73**	$36.01	$50.8	$35.3	**-1.8%**	-2.1%
20553	Single or multiple trigger point(s), three or more muscle groups	**$59.58**	$40.92	$58.6	$40.1	**-1.7%**	-2.0%
20600	Small joint injection	**$53.03**	$35.03	$52.4	$34.6	**-1.2%**	-1.2%
20605	Intermediate joint injection	**$54.34**	$36.01	$53.4	$35.6	**-1.8%**	-1.2%
20610	Major joint injection	**$64.17**	$44.52	$63.4	$44.0	**-1.2%**	-1.2%
22510	Vertbroplasty (Thoracic)	**$1,748.51**	$420.02	$1,678.3	$418.0	**-4.0%**	-0.5%
22511	Vertbroplasty (Lumbar)	**$1,746.55**	$395.47	$1,676.7	$393.7	**-4.0%**	-0.4%
22512	Vertbroplasty - Additional	**$709.09**	$200.68	$681.9	$199.3	**-3.8%**	-0.7%
22513	Percut kyphoplasty, thor	**$5,510.05**	$497.94	$5,207.1	$493.3	**-5.5%**	-0.9%
22514	Percut kyphoplasty, thor	**$5,485.82**	$464.22	$5,182.8	$461.0	**-5.5%**	-0.7%
22515	Percut kyphoplasty, Additional	**$2,821.97**	$211.16	$2,656.9	$209.6	**-5.8%**	-0.7%
22526	IDET, single level	**$1,918.42**	$320.17	$1,806.4	$318.0	**-5.8%**	-0.7%
22527	IDET, 1 or more levels	**$1,574.67**	$147.97	$1,480.7	$145.9	**-6.0%**	-1.4%
22534	Percut kyphoplasty, lumbar		$352.58		$350.7		-0.5%
22612	Fusion, Posterior, Posterolateral or Lateral		$1,564.53		$1,553.8		-0.7%
22840	Posterior non-segmental instrumentation		$739.87		$732.4		-1.0%
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, lumbar, single level with Fluoro		$425.91		$420.9		-1.2%

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22870	Insertion of interlaminar/interspinous process stabilization w/o decompression or fusion add-on		$114.25		$112.9		-1.2%
27093	Injection procedure for HIP arthrography – without anesthesia	**$225.89**	$65.80	$216.7	$65.7	**-4.0%**	-0.2%
27095	Injection procedure for HIP arthrography – with anesthesia	**$299.88**	$79.55	$290.8	$78.9	**-3.0%**	-0.8%
27096	(G0260) Injection procedure for Sacroiliac joint, arthrography	**$161.40**	$80.86	$159.2	$80.9	**-1.4%**	0.0%
27279	Sacroiliac Joint Arthrodesis, Percutaneous		$790.94		$790.3		-0.1%
27280	Sacroiliac joint Fusion		$1,346.82		$1,343.2		-0.3%
61070	PUMP study		$55.00		$54.7		-0.6%
61885	Insertion or replacement of cranial neurostimulator generator or receiver - A Single Electrode Array		$530.35		$527.6		-0.5%
62263	Percutaneous epidural adhesiolysis - 2 or 3 days	**$635.76**	$318.21	$613.4	$316.4	**-3.5%**	-0.6%
62264	Percutaneous epidural adhesiolysis – 1 day	**$431.15**	$238.66	$418.6	$237.8	**-2.9%**	-0.4%
62268	Percutaneous aspiration, spinal cord cyst or syrinx		$326.07		$324.5		-0.5%
62269	Biopsy of spinal cord, percutaneous needle		$250.44		$250.7		0.1%
62270	Spinal puncture, diagnostic	**$143.72**	$62.20	$141.7	$62.4	**-1.4%**	0.4%
62272	Spinal puncture, therapeutic	**$182.02**	$90.03	$181.8	$90.9	**-0.1%**	1.0%
62273	Epidural, blood patch	**$165.00**	$110.33	$162.4	$109.7	**-1.6%**	-0.6%
62280	Subarachnoid neurolytic injection	**$322.79**	$156.49	$312.8	$155.9	**-3.1%**	-0.4%
62281	Neurolytic epidural, C/T	**$236.04**	$151.90	$231.0	$152.0	**-2.1%**	0.1%
62282	Neurolytic epidural, L/S	**$305.44**	$138.81	$297.3	$137.8	**-2.7%**	-0.7%
62284	Injection procedure myelography	**$183.33**	$80.53	$177.9	$79.9	**-2.9%**	-0.8%
62287	Disc decompression		$592.22		$586.8		-0.9%

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62290	Diskogrsphy each level: lumbar	**$336.54**	$151.57	$327.4	$151.4	**-2.7%**	-0.1%
62291	Diskogrsphy each level: C/T	**$302.82**	$138.15	$294.1	$137.5	**-2.9%**	-0.5%
62292	Chemonucleolysis		$571.60		$567.1		-0.8%
62320	Cervical or Thoracic interlaminar epidural; without fluoro	**$161.07**	$97.56	$154.0	$95.8	**-4.4%**	-1.8%
62321	C/T interlaminar epidural; with fluoro	**$258.30**	$104.76	$251.0	$103.8	**-2.8%**	-0.9%
62322	Lumbar or sacral (caudal) interlaminar epidural injection(s); without fluoro	**$132.91**	$77.26	$127.8	$75.7	**-3.9%**	-2.0%
62323	Lumbar or sacral (caudal) interlaminar epidural injection(s); with fluoro	**$254.04**	$96.90	$246.8	$96.1	**-2.8%**	-0.8%
62324	Cervical or thoracic continuous interlaminar epidural Injection(s),; without fluoro	**$134.55**	$86.43	$132.3	$86.4	**-1.7%**	-0.1%
62325	Cervical or thoracic continuous interlaminar epidural Injection(s),; with fluoro	**$245.53**	$107.38	$234.9	$105.1	**-4.3%**	-2.1%
62326	Lumbar or sacral (caudal) continuous interlaminar epidural Injection(s),; Without fluoro	**$134.88**	$82.83	$132.3	$82.5	**-1.9%**	-0.4%
62327	Lumbar or sacral (caudal) continuous interlaminar epidural Injection(s),; With fluoro	**$268.12**	$104.76	$255.9	$103.2	**-4.6%**	-1.5%
62350	Implantation or replacement of intrathecal pump		$394.16		$392.7		-0.4%
62355	Removal or previously implanted intrathecal or epidural catheter		$274.34		$276.9		0.9%
62360	Implant or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir		$308.06		$308.9		0.3%
62361	Implantation or replacement of device for epidural drug infusion; non-programmable pump		$437.37		$435.4		-0.4%
62362	Implant spine infusion pump		$382.37		$379.8		-0.7%
62365	Remove spine infusion device		$296.60		$294.7		-0.6%
62367	Electronic analysis of programmable pump	**$31.43**	$24.23	$31.1	$23.6	**-1.2%**	-2.5%
62368	Electronic analysis of programmable pump with reprogramming	**$43.54**	$33.39	$43.3	$33.0	**-0.4%**	-1.2%
62369	Anal sp inf pmp w/reprg&fill	**$90.68**	$34.05	$88.6	$33.3	**-2.3%**	-2.1%

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62370	Anl sp inf pmp w/mdreprg&fil	**$90.68**	$44.52	$89.0	$44.3	**-1.9%**	-0.5%
63650	Implantation of Neurostimulator - Percutaneous	**$2,235.97**	$406.60	$2,127.3	$403.7	**-4.9%**	-0.7%
63655	Implantation of Neurostimulator - Laminectomy		$838.08		$835.0		-0.4%
63661	Removal of Spinal Neurostimulator Electrode - Percutaneous	**$675.05**	$325.74	$658.0	$323.8	**-2.5%**	-0.6%
63662	Removal of Spinal Neurostimulator Electrode - Laminotomy		$850.85		$845.3		-0.7%
63663	Revision Including Replacement of Spinal Neurostimulator Electrode - Percutaneous	**$888.82**	$443.92	$859.9	$439.3	**-3.3%**	-1.0%
63664	Revision Including Replacement of Spinal Neurostimulator Electrode - Laminectomy		$885.55		$881.2		-0.5%
63685	Insertion or Replacement of Spinal Neurostimulator Pulse Generator or Receiver		$336.54		$332.6		-1.2%
63688	Revision or Removal of Implanted Spinal Neurostimulator Pulse Generator or Receiver		$297.58		$294.4		-1.1%
64400	Injection, anesthetic agent; Trigeminal nerve, any division or branch	**$111.96**	$50.74	$109.0	$50.8	**-2.6%**	0.1%
64405	Greater occipital nerve	**$74.31**	$51.73	$73.4	$51.4	**-1.2%**	-0.6%
64408	Vagus nerve	**$80.21**	$43.87	$78.6	$44.0	**-2.0%**	0.3%
64415	Brachial plexus	**$131.60**	$67.44	$129.1	$67.3	**-1.9%**	-0.2%
64417	Axillary nerve	**$157.47**	$62.20	$155.0	$62.4	**-1.6%**	0.4%
64418	Suprascapular nerve	**$84.79**	$54.02	$83.5	$53.7	**-1.6%**	-0.6%
64420	Intercostal, Single Level	**$96.25**	$56.64	$95.4	$56.9	**-0.8%**	0.5%
64421	Intercostal, Multiple levels	**$32.74**	$24.23	$32.4	$23.6	**-1.2%**	-2.5%
64425	Ilioinguinal, Iliohypogastric	**$108.69**	$53.03	$106.1	$52.7	**-2.4%**	-0.6%
64430	Pudendal nerve	**$96.58**	$53.36	$94.8	$53.4	**-1.9%**	0.0%
64445	Sciatic nerve	**$155.83**	$70.06	$151.4	$69.9	**-2.8%**	-0.3%

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64447	Femoral Nerve Block	**$113.93**	$61.22	$112.6	$61.5	**-1.2%**	0.4%
64450	Other peripheral nerve or branch	**$73.99**	$40.92	$71.8	$40.1	**-2.9%**	-2.0%
64451	Sacroiliac joint nerves	**$223.92**	$79.55	$217.4	$79.6	**-2.9%**	0.0%
64454	Genicular nerve branches, with imaging	**$218.03**	$80.21	$211.6	$79.9	**-3.0%**	-0.4%
64479	C/T Transforaminal epidural injections	**$261.25**	$127.35	$256.2	$126.8	**-1.9%**	-0.4%
64480	C/T Transforaminal epidural injections add-on	**$132.26**	$59.25	$129.7	$59.5	**-1.9%**	0.5%
64483	L/S Transforaminal epidural injections	**$242.26**	$108.69	$236.2	$107.7	**-2.5%**	-0.9%
64484	L/S Transforaminal epidural injections add-on	**$109.34**	$50.09	$106.1	$48.8	**-3.0%**	-2.5%
64490	C/T Paravertebral facet joint or facet joint nerve, 1st Level	**$189.55**	$102.80	$186.3	$102.2	**-1.7%**	-0.6%
64491	C/T Paravertebral facet joint or facet joint nerve; 2nd Level	**$95.59**	$57.62	$94.8	$57.6	**-0.8%**	-0.1%
64492	C/T Paravertebral facet joint or facet joint nerve; 3rd Level	**$95.92**	$58.60	$94.5	$57.9	**-1.5%**	-1.2%
64493	L/S Paravertebral facet joint or facet joint nerve; 1st Level	**$174.49**	$88.39	$172.1	$88.3	**-1.4%**	-0.1%
64494	L/S Paravertebral facet joint or facet joint nerve; 2nd Level	**$89.37**	$49.43	$88.0	$49.2	**-1.5%**	-0.5%
64495	L/S Paravertebral facet joint or facet joint nerve; 3rd Level	**$89.37**	$50.42	$87.0	$49.5	**-2.6%**	-1.8%
64505	Injection, anesthetic agent; sphenopalatine ganglion	**$143.06**	$103.78	$142.0	$103.8	**-0.7%**	0.1%
64510	Injection, anesthetic agent; Stellate ganglion (cervical sympathetic)	**$144.05**	$75.30	$139.8	$74.1	**-3.0%**	-1.6%
64517	Superior Hypogastric Plexus Block	**$191.19**	$123.09	$187.6	$122.9	**-1.9%**	-0.1%
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	**$226.54**	$83.15	$218.7	$82.5	**-3.5%**	-0.8%
64530	Injection, Celiac Plexus with or without fluoroscopic guidance	**$224.58**	$92.32	$216.4	$91.9	**-3.6%**	-0.5%
64553	Percutaneous implantation of neurostimulator electrode array; Cranial nerve	**$3,799.51**	$449.81	$3,614.5	$446.1	**-4.9%**	-0.8%

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64555	Percutaneous implantation of Neurostimulator electrode array; peripheral nerve	**$2,084.40**	$316.90	$1,988.2	$317.4	**-4.6%**	0.1%
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	**$720.23**	$296.60	$692.6	$294.1	**-3.8%**	-0.9%
64569	Revision or replacement of cranial nerve (e.g. vagus nerve) neurostimulator electrode array		$768.68		$765.7		-0.4%
64570	Removal of cranial nerve (e.g. vagus nerve) neurostimulator electrode array and pulse generator		$739.87		$736.6		-0.4%
64575	Incision for implantation of Neurostimulator electrode array; peripheral nerve (excludes sacral nerve)		$310.35		$308.3		-0.7%
64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)		$642.31		$637.9		-0.7%
64585	Revision or removal of peripheral neurostimulator electrode array	**$238.33**	$141.75	$232.3	$140.7	**-2.5%**	-0.7%
64590	Insertion or Replacement of Peripheral Neurostimulator Pulse Generator or Receiver	**$434.43**	$289.07	$402.1	$286.9	**-7.4%**	-0.7%
64595	Revision or removal of peripheral nerve or neurostimulator generator	**$358.15**	$225.56	$327.1	$224.5	**-8.7%**	-0.5%
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	**$470.77**	$234.07	$464.9	$235.8	**-1.3%**	0.8%
64605	Destruction by neurolytic agent, trigeminal nerve; 2nd and 3rd division branches at foramen ovale	**$893.73**	$422.97	$867.6	$420.6	**-2.9%**	-0.6%
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale with Fluro	**$762.46**	$476.00	$739.8	$472.0	**-3.0%**	-0.8%
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg, for blepharospasm, hemifacial spasm)	**$136.19**	$117.86	$134.3	$116.5	**-1.4%**	-1.2%
64620	Destruction by neurolytic agent, intercostal nerve	**$206.90**	$174.16	$206.1	$174.0	**-0.4%**	-0.1%
64624	Genicular nerve branches, Radiofrequency	**$381.72**	$142.74	$370.7	$142.7	**-2.9%**	-0.1%
64625	Sacroiliac joint nerves, Radiofrequency	**$464.55**	$191.19	$451.6	$190.9	**-2.8%**	-0.2%
64628	Thermal destruction of intraosseous basivertebral nerve (BVN)		$411.97		$399.2		
64629	Thermal destruction of intraosseous basivertebral nerve - addon		$194.41		$188.3		
64633	C/T facet joint nerve block(s) with radiofrequency thermoneurolysis	**$430.50**	$187.91	$417.0	$186.3	**-3.1%**	-0.9%
64634	C/T facet joint nerve block(s) with radiofrequency thermoneurolysis - Addon	**$251.10**	$65.15	$241.3	$64.7	**-3.9%**	-0.7%

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64635	L/S facet joint nerve block(s) with radiofrequency thermoneurolysis	**$434.10**	$188.24	$420.6	$186.7	**-3.1%**	-0.8%
64636	L/S facet joint nerve block(s) with radiofrequency thermoneurolysis - Addon	**$235.71**	$56.96	$226.5	$56.9	**-3.9%**	0.0%
64640	Destruction by neurolytic agent; other peripheral nerve or branch	**$244.22**	$116.55	$241.0	$117.1	**-1.3%**	0.5%
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus	**$334.90**	$156.81	$325.4	$156.9	**-2.8%**	0.1%
72265	Contrast x-ray, lower spine	**$107.05**		$104.8		**-2.1%**	
72265-TC	Contrast x-ray, lower spine	**$68.42**		$66.3		**-3.1%**	
72270	Contrast x-ray of spine	**$149.94**		$147.2		**-1.8%**	
72270-26	Contrast x-ray of spine	**$63.18**	$63.18	$63.4	$63.4	**0.4%**	0.4%
72270-TC	Contrast x-ray of spine	**$86.75**		$83.8		**-3.4%**	
72285	Diskography C/T Radiological supervision and interpretation	**$129.64**		$127.8		**-1.4%**	
72285-26	Diskography C/T Radiological supervision and interpretation	**$54.02**	$54.02	$53.7	$53.7	**-0.6%**	-0.6%
72285-TC	Diskography C/T Radiological supervision and interpretation	**$75.62**		$74.1		**-2.0%**	
72295	Diskography lumbar radiological supervision and interpretation	**$109.34**		$107.4		**-1.8%**	
72295-26	Diskography lumbar radiological supervision and interpretation	**$38.30**	$38.30	$38.2	$38.2	**-0.3%**	-0.3%
72295-TC	Diskography lumbar radiological supervision and interpretation	**$71.04**		$69.2		**-2.5%**	
73525	Radiological examination, hip, arthrography, radiological supervision and interpretation	**$126.69**		$121.0		**-4.5%**	
73525-26	Radiological examination, hip, arthrography, radiological supervision and interpretation	**$27.50**	$27.50	$26.9	$26.9	**-2.4%**	-2.4%
73525-TC	Radiological examination, hip, arthrography, radiological supervision and interpretation	**$99.19**		$94.1		**-5.1%**	
75809	Catheter Study	**$80.21**		$78.6		**-2.0%**	
76000	Fluoroscopic examination	**$41.90**		$41.7		**-0.4%**	

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2025 FINAL - Physician Payment Rates rates compared to 2024

The 2% ACA sequester reductions are not included in this illustration for the years 2024 and 2025.

CPT	Description	2024 FINAL (CF=$33.29)		2025 with 2.83% Cut (CF=$32.35)			
		Non-Facility (Office)	Facility ASC/Hospital)	Non-Facility (Office)	Facility (ASC/Hospital)	% of change Non-Facility	Facility
76000-26	Fluoroscopic examination	**$14.40**	$14.40	$14.6	$14.6	**1.1%**	1.1%
76000-TC	Fluoroscopic examination	**$27.50**		$27.2		**-1.2%**	
76942	Ultrasonic guidance for needle placement	**$56.96**		$57.3		**0.5%**	
76942-26	Ultrasonic guidance for needle placement	**$29.14**	$29.14	$29.1	$29.1	**-0.1%**	-0.1%
76942-TC	Ultrasonic guidance for needle placement	**$27.83**		$28.1		**1.1%**	
77002-26	Fluoroscopic guidance and localization of needle or catheter tip for spine or therapeutic injection procedure	**$25.86**	$25.86	$25.6	$25.6	**-1.2%**	-1.2%
77002-TC	Fluoroscopic guidance and localization of needle or catheter tip for spine or therapeutic injection procedure	**$88.06**		$84.8		**-3.8%**	
77003	Fluoroscopic guidance for spine injection	**$103.45**		$99.6		**-3.7%**	
77003-26	Fluoroscopic guidance and localization of needle or catheter tip for spine or therapeutic injection procedure	**$27.83**	$27.83	$27.2	$27.2	**-2.3%**	-2.3%
77003-TC	Fluoroscopic guidance and localization of needle or catheter tip for spine or therapeutic injection procedure	**$75.62**		$72.5		**-4.2%**	
95970	Alys npgt w/o prgrmg	**$18.33**	$17.68	$18.1	$17.8	**-1.2%**	0.6%
95971	Alys smpl sp/pn npgt w/prgrm	**$47.14**	$37.65	$46.3	$37.2	**-1.9%**	-1.2%
95972	Alys cplx sp/pn npgt w/prgrm	**$55.65**	$38.96	$55.0	$38.2	**-1.2%**	-2.0%
99202	Office/outpatient visit new	**$71.04**	$46.16	$69.9	$45.3	**-1.6%**	-1.9%
99203	Office/outpatient visit new	**$109.67**	$79.88	$109.0	$79.3	**-0.6%**	-0.8%
99204	Office/outpatient visit new	**$164.34**	$129.97	$163.4	$129.1	**-0.6%**	-0.7%
99205	Office/outpatient visit new	**$216.72**	$176.78	$215.8	$175.7	**-0.4%**	-0.6%
99211	Office/outpatient visit established	**$22.92**	$8.51	$22.6	$8.4	**-1.2%**	-1.2%
99212	Office/outpatient visit established	**$55.65**	$34.37	$55.0	$34.0	**-1.2%**	-1.2%
99213	Office/outpatient visit established	**$89.37**	$64.17	$89.0	$63.7	**-0.5%**	-0.7%

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		Non-Facility (Office)	Facility ASC/Hospital)	Non-Facility (Office)	Facility (ASC/Hospital)	% of change Non-Facility	Facility
99214	Office/outpatient visit established	**$126.04**	$94.61	$125.2	$93.8	**-0.7%**	-0.8%
99215	Office/outpatient visit established	**$177.44**	$140.44	$175.7	$138.8	**-1.0%**	-1.2%

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