

Pain Management Procedures- 2019 Reimbursement Reference Guide†:

Therapeutic Procedures		Physician				Outpatient Facility	
CPT CODE	DESCRIPTION	TOTAL OFFICE RVU	IN-OFFICE PAYMENT	TOTAL FACILITY RVU	IN-FACILITY PAYMENT	HOPD	ASC
64635	Paravertebral facet joint nerve(s), (fluoroscopy or CT); lumbar or sacral, single facet joint	11.76	\$423.82	6.34	\$228.49	\$1631.48	\$781.71
64636	Paravertebral facet joint nerve(s), (fluoroscopy or CT); lumbar or sacral, each additional facet joint	4.85	\$174.79	1.71	\$61.63	Bundled	Bundled
64633	Paravertebral facet joint nerve(s), (fluoroscopy or CT); cervical or thoracic, single facet joint	11.89	\$428.50	6.43	\$231.73	\$1631.48	\$781.71
64634	Paravertebral facet joint nerve(s), (fluoroscopy or CT); cervical or thoracic, each additional facet joint	5.34	\$192.45	1.95	\$70.28	Bundled	Bundled
64640	Other peripheral nerve neurolytic	3.86	\$139.11	2.69	\$96.95	\$764.84	\$91.17
77002, 77002-26	Fluoroscopic guidance for needle placement	2.86 n/a	\$103.07 n/a	n/a 0.79	n/a \$28.47	n/a n/a	n/a n/a
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint w/ image guidance cervical or thoracic; single level	5.39	\$194.25	3.03	\$109.20	\$764.8	\$394.00
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint w/ image guidance cervical or thoracic; second level	2.68	\$96.58	1.72	\$61.99	Bundled	Bundled
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint w/ image guidance cervical or thoracic; third & any additional levels	2.70	\$97.31	1.74	\$62.71	Bundled	Bundled
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint w/ image guidance lumbar or sacral; single level	4.91	\$176.95	2.58	\$92.98	\$764.84	\$394.00
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint w/ image guidance lumbar or sacral; second level	2.49	\$89.74	1.49	\$53.70	Bundled	Bundled
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint w/ image guidance lumbar or sacral; third & any additional levels	2.49	\$89.74	1.51	\$55.42	Bundled	Bundled
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance; cervical or thoracic, single level	6.95	\$250.47	3.76	\$135.51	\$764.84	\$394.00
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance; cervical or thoracic, each additional level	3.42	\$123.25	1.80	\$64.87	Bundled	Bundled
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance; lumbar or sacral, single level	6.44	\$232.09	3.19	\$114.96	\$764.84	\$394.00
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance; lumbar or sacral, each additional level	2.79	\$100.55	1.49	\$53.70	Bundled	Bundled
64447	Injection, anesthetic agent; femoral nerve, single	3.46	\$124.70	1.91	\$68.83	\$598.81	\$66.31
64450	Injection, anesthetic agent; other peripheral nerve or branch	2.19	\$78.93	1.28	\$46.13	\$598.81	\$49.37
64999	Unlisted procedure, nervous system	n/a	n/a	n/a	n/a	n/a	n/a
62290	Injection procedure for discography, each level, lumbar	9.62	\$346.70	4.81	\$173.35	n/a	n/a
62291	Injection procedure for discography, each level, cervical or thoracic	9.28	\$334.44	4.65	\$167.58	n/a	n/a
72295	Discography, lumbar, radiological supervision and interpretation	2.90	\$104.51	1.23	\$44.33	n/a	n/a
76942	Ultrasonic guidance for needle placement	1.61	\$58.02	0.91	\$32.80	n/a	n/a

References:

CPT 2019 Professional Edition, 2019 American Medical Association (AMA); CPT is a trademark of the AMA. All Rights Reserved.
2019 Medicare Physician Fee Schedule RVU multiplied by conversion factor, effective January 1, 2019, www.cms.gov
2019 Medicare OPPS Final Rule, www.cms.gov
2019 Medicare ASC CN2-payment rates www.cms.gov

*Registered Trademark or Trademark of Avanos Medical, Inc., or its affiliates.
© 2018 AVNS. All rights reserved.
C182474 COPY-03591

†Information provided is derived from a variety of public sources as of March 25, 2019 and is intended for general purposes only. It does not constitute reimbursement or legal advice. It is not intended to increase or maximize reimbursement by payer. Avanos encourages providers to submit accurate and appropriate claims for payment. It is always the provider's responsibility to determine medical necessity for the procedure as well as the number of levels/nerves denervated, the proper delivery of any services and to submit appropriate codes, charges, and modifiers for services that are rendered. Avanos recommends that you consult with your payers, reimbursement specialists and/or legal counsel regarding coding, coverage, and reimbursement matters. Payer policies vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements.