

Modality Reimbursement Tool

2020 Reimbursement Reference Guide: Radiofrequency Ablation and Diagnostic Injection - Facet Joints[†]

2020 Medicare national unadjusted payment rates.

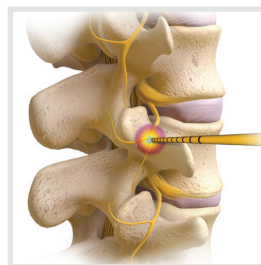
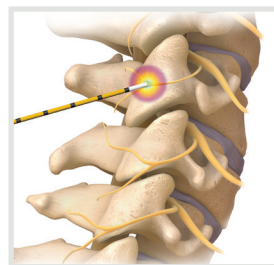
COOLIEF* Cooled Radiofrequency (RF) technology is indicated for the creation of radiofrequency heat lesions in nervous tissue for the relief of pain.¹

The "Cooled RF Set Temp" (Default Setting T = 60°C) displayed on the COOLIEF* RF Generator refers to the cooled electrode temperature and does not reflect the immediate surrounding tissue temperature. The heat generated from the radiofrequency energy produces thermal energy with average maximum tissue temperatures greater than 80°C.²

Therapeutic Procedures		Physician					Outpatient Hospital			Ambulatory Surgery Center	
CPT/HCPCS CODE	DESCRIPTION	TOTAL OFFICE RVU	IN-OFFICE PAYMENT	TOTAL FACILITY RVU	IN-FACILITY PAYMENT	GLOBAL DAYS	APC	STATUS INDICATOR	HOPD PAYMENT	PAYMENT INDICATOR	ASC PAYMENT
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s) with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	11.94	\$431	6.46	\$233	10	5431	J1	\$1,719	G2	\$797
(+) 64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s) with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	5.34	\$193	1.96	\$71	10	5431	N	No Additional Payment	N1	No Additional Payment
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s) with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	11.81	\$426	6.37	\$230	10	5431	J1	\$1,719	G2	\$797
(+) 64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s) with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	4.87	\$176	1.72	\$62	10	5431	N	No Additional Payment	N1	No Additional Payment
A4649	Miscellaneous Surgical Supply	For cost reporting					For cost reporting			For cost reporting	

COOLIEF* Cooled RF Procedure Scenario

CERVICAL/ THORACIC	1st Nerve	64633
	2nd Nerve	(+) 64634
	3rd Nerve	(+) 64634
LUMBAR	1st Nerve	64635
	2nd Nerve	(+) 64636
	3rd Nerve	(+) 64636



KEY

• As of January 1, 2020, for radiofrequency ablation, nerves innervating the sacroiliac joint report CPT 64625

(+) Indicates Add-on code - Multiple procedure reduction does not apply

In Office Payment - Physician payment for in office service

In Facility Payment - Physician payment for in facility service

OPPS/ASC INDICATORS

J1 - Hospital Part B Services paid through comprehensive

APC N/N1 - Items and services packaged onto APC rates

G2 - Payment based on OPPS relative payment rates

P3 - Payment based on MPFS office (non-facility) PE RVUs

T - Multiple procedure payment reduction applies

MODIFIERS

-59 - Distinct procedural service

-XS - Distinct procedural service on separate structure

-50 - Bilateral procedure (when applicable)

-LT, RT - Left, right indicator (when payor guidelines require)

AMA CPT Guidance RFA Procedure (Specific payer guidelines apply)

For primary procedure report bilateral with modifier 50. Each additional joint for bilateral procedure report 64634 or 64636 twice, do not report modifier 50

AMA CPT Guidance Diagnostic Blocks (Specific payer guidelines apply)

For primary procedure [64490, 64493] report bilateral with modifier 50. Each additional level for bilateral procedure report 64491/64492 or 64494/64495 twice, do not report modifier 50

Disclaimer: Information provided is derived from a variety of public sources as of January 1, 2020 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.

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Diagnostic Procedures		Physician					Outpatient Hospital			Ambulatory Surgery Center	
CPT/HCPCS CODE	DESCRIPTION	TOTAL OFFICE RVU	IN-OFFICE PAYMENT	TOTAL FACILITY RVU	IN-FACILITY PAYMENT	GLOBAL DAYS	APC	STATUS INDICATOR	HOPD PAYMENT	PAYMENT INDICATOR	ASC PAYMENT
64490	Injection(s) diagnostic or therapeutic agent, paravertebral facet (zygapophysal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	5.42	\$196	3.04	\$110	0	5443	T	\$912	G2	\$410
(+) 64491	Injection(s) diagnostic or therapeutic agent, paravertebral facet (zygapophysal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level	2.72	\$98	1.73	\$62	0	-	N	No Additional Payment	N1	No Additional Payment
(+) 64492	Injection(s) diagnostic or therapeutic agent, paravertebral facet (zygapophysal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s)	2.74	\$99	1.75	\$63	0	-	N	No Additional Payment	N1	No Additional Payment
64493	Injection(s) diagnostic or therapeutic agent, paravertebral facet (zygapophysal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	4.93	\$178	2.58	\$93	0	5443	T	\$812	N1	\$410
(+) 64494	Injection(s) diagnostic or therapeutic agent, paravertebral facet (zygapophysal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	2.53	\$91	1.49	\$54	0	-	N	No Additional Payment	N1	No Additional Payment
(+) 64495	Injection(s) diagnostic or therapeutic agent, paravertebral facet (zygapophysal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	2.53	\$91	1.51	\$54	0	-	N	No Additional Payment	N1	No Additional Payment

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ICD-10-CM Diagnosis Code Options – Facet Joints[†]

The following list provides examples of possible diagnoses impacting radiofrequency ablation procedures in the Facet region. It is not intended to be a complete or comprehensive list. This guide is provided for informational and educational purposes only and does not reflect nor represent any specific case or procedure. Providers are always responsible for accurate coding assignment based on the documented medical record.

Sample ICD-10-CM Diagnosis Code Options

ICD-10-CM Code	Description	ICD-10-CM Code	Description
CERVICAL & THORACIC REGION		LUMBAR REGION	
M50.23	Other cervical disc displacement, cervicothoracic region	G54.1	Lumbosacral plexus disorders
M50.30	Other cervical disc degeneration, unspecified cervical region	G54.4	Lumbosacral root disorders, not elsewhere classified
M50.31	Other cervical disc degeneration, high cervical region	G54.8	Other nerve root and plexus disorders
M50.32	Other cervical disc degeneration, mid-cervical region	M25.551	Pain in right hip
M50.33	Other cervical disc degeneration, cervicothoracic region	M25.552	Pain in left hip
M50.00	Cervical disc disorder with myelopathy, unspecified cervical region	M45.0	Ankylosing spondylitis of multiple sites in spine
M50.01	Cervical disc disorder with myelopathy, high cervical region	M45.7	Ankylosing spondylitis of lumbosacral region
M50.02	Cervical disc disorder with myelopathy, mid-cervical region	M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M50.03	Cervical disc disorder with myelopathy, cervicothoracic region	M47.26	Other spondylosis with radiculopathy, lumbar region
M48.8X8	Other specified spondylopathies sacral and sacrococcygeal region	M47.27	Other spondylosis with radiculopathy, lumbosacral region
M46.1	Sacroiliitis, not elsewhere classified	M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M48.02	Spinal stenosis, cervical region	M47.896	Other spondylosis, lumbar region
M48.01	Spinal stenosis, occipito-atlanto-axial region	M47.897	Other spondylosis, lumbosacral region
M48.03	Spinal stenosis, cervicothoracic region	M54.5	Low back pain
M99.21	Subluxation stenosis of neural canal of cervical region	M54.30	Sciatica, unspecified side
M99.31	Osseous stenosis of neural canal of cervical region	M54.31	Sciatica, right side
M99.41	Connective tissue stenosis of neural canal of cervical region	M54.32	Sciatica, left side
M99.51	Intervertebral disc stenosis of neural canal of cervical region	M54.40	Lumbago with sciatica, unspecified side
M99.61	Osseous and subluxation stenosis of intervertebral foramina of cervical region	M54.41	Lumbago with sciatica, right side
M99.71	Connective tissue and disc stenosis of intervertebral foramina of cervical region	M54.42	Lumbago with sciatica, left side
M54.2	Cervicalgia	M43.27	Fusion of spine, lumbosacral region
M54.12	Radiculopathy, cervical region	M53.2X7	Spinal instabilities, lumbosacral region
M54.13	Radiculopathy, cervicothoracic region	M53.86	Other specified dorsopathies, lumbar region
M50.11	Cervical disc disorder with radiculopathy, high cervical region	M53.87	Other specified dorsopathies, lumbosacral region
M50.12	Cervical disc disorder with radiculopathy, mid-cervical region	M54.07	Panniculitis affecting regions of the neck and back, lumbosacral region
M50.13	Cervical disc disorder with radiculopathy, cervicothoracic region	M54.17	Radiculopathy, lumbosacral region
M54.11	Radiculopathy, occipito-atlanto-axial region		
M54.6	Pain in thoracic spine		
M54.14	Radiculopathy, thoracic region		
M51.14	Intervertebral disc disorders with radiculopathy, thoracic region		
M47.814	Spondylosis without myelopathy or radiculopathy, thoracic region		
M47.24	Other spondylosis with radiculopathy, thoracic region		
M47.25	Other spondylosis with radiculopathy, thoracolumbar region		
M47.815	Spondylosis without myelopathy or radiculopathy, thoracolumbar region		
M47.894	Other spondylosis, thoracic region		
M45.3	Ankylosing spondylitis of cervicothoracic region		
M47.4	Ankylosing spondylitis of thoracic region		

[†]References:

- CPT 2020 Professional Edition, 2019 American Medical Association (AMA); CPT is a trademark of the AMA.
 All Rights Reserved. 2020 Medicare Physician Fee Schedule RVU multiplied by conversion factor, effective January 1, 2020, www.cms.gov
 2020 Medicare OPPS Final Rule, www.cms.gov
 2020 Medicare ASC Final Rule Payment Rates, 11-01,2019 www.cms.gov COOLIEF* Cooled Radiofrequency Kit Instructions for Use, 2017-07-12.
 2020 ICD-10-CM, www.cms.gov
 1. www.accessdata.fda.gov/cdrh_docs/pdf16/K163236.pdf
 2. COOLIEF* Cooled Radiofrequency Kit Instructions for Use, 2017-07-12.

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