

Modality Reimbursement Tool

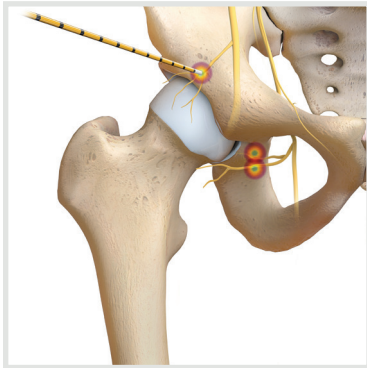
2020 Reimbursement Reference Guide: Radiofrequency Ablation and Diagnostic Injection – Shoulder and Hip Joints†

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

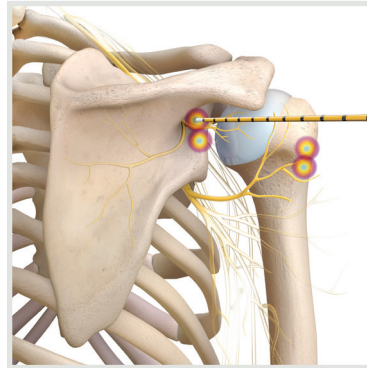
The "Cooled RF Set Temp" (Default Setting T = 60°C) displayed on the COOLIEF* RF Generator refers to the cooled electrode temperature and does not reflect the immediate surrounding tissue temperature. The heat generated from the radiofrequency energy produces thermal energy with average maximum tissue 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
64640	Destruction by neurolytic agent; other peripheral nerve or branch	7.05	\$254	3.38	\$122	10	5443	T	\$812	P3	\$176
64640-59 or XS	Destruction by neurolytic agent; other peripheral nerve or branch	7.05	\$127	3.38	\$61	10	5443	T	\$406	P3	\$88
76942,	Ultrasonic guidance for needle placement	1.62	\$58	-	-	-	-	N	-	N1	-
76942-26		0.90	\$32	-	-	-	-	-	-	-	-
A4649	Miscellaneous Surgical Supply	For cost reporting					For cost reporting			For cost reporting	



COOLIEF* Cooled RF Procedure Scenario

HIP	NERVE	
	1st Nerve	64640
	2nd Nerve	64640-59 or XS



COOLIEF* Cooled RF Procedure Scenario

SHOULDER	NERVE	
	1st Nerve	64640
	2nd Nerve	64640-59 or XS
	3rd Nerve	64640-59 or XS

KEY

(+) 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)

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
64417	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve	3.89	\$140	1.75	\$63	0	5443	T	\$812	A2	\$410
64418	Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve	2.42	\$87	1.64	\$59	0	5442	T	\$625	P3	\$43
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	2.18	\$79	1.23	\$44	0	5442	T	\$625	P3	\$48
64447	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve	2.53	\$91	1.53	\$55	0	5442	T	\$625	P3	\$48

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ICD-10-CM Diagnosis Code Options – Hip & Shoulder[†]

The following list provides examples of possible diagnoses impacting radiofrequency ablation procedures in the Hip & Shoulder 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
HIP REGION		SHOULDER REGION	
M16.0	Bilateral primary osteoarthritis of hip	M19.011	Primary osteoarthritis, right shoulder
M16.11	Unilateral primary osteoarthritis, right hip	M19.012	Primary osteoarthritis, left shoulder
M16.12	Unilateral primary osteoarthritis, left hip	M19.019	Primary osteoarthritis, unspecified shoulder
M16.7	Other unilateral secondary osteoarthritis of hip	M19.111	Post-traumatic osteoarthritis, right shoulder
M16.2	Bilateral osteoarthritis resulting from hip dysplasia	M19.112	Post-traumatic osteoarthritis, left shoulder
M16.30	Unilateral osteoarthritis resulting from hip dysplasia, unspecified hip	M19.119	Post-traumatic osteoarthritis, unspecified shoulder
M16.31	Unilateral osteoarthritis resulting from hip dysplasia, right hip	M19.211	Secondary osteoarthritis, right shoulder
M16.32	Unilateral osteoarthritis resulting from hip dysplasia, left hip	M19.212	Secondary osteoarthritis, left shoulder
M16.4	Bilateral post-traumatic osteoarthritis of hip	M19.219	Secondary osteoarthritis, unspecified shoulder
M16.51	Unilateral post-traumatic osteoarthritis, right hip	M12.511	Traumatic arthropathy, right shoulder
M16.52	Unilateral post-traumatic osteoarthritis, left hip	M12.512	Traumatic arthropathy, left shoulder
M16.6	Other bilateral secondary osteoarthritis of hip	M12.519	Traumatic arthropathy, unspecified shoulder
M12.551	Traumatic arthropathy, right hip	M12.811	Other specific arthroplasties, not elsewhere classified, right shoulder
M12.552	Traumatic arthropathy, left hip	M12.812	Other specific arthroplasties, not elsewhere classified, left shoulder
M13.851	Other specified arthritis, right hip	M12.819	Other specific arthroplasties, not elsewhere classified, unspecified shoulder
M13.852	Other specified arthritis, left hip	M13.111	Monoarthritis, not elsewhere classified, right shoulder
M13.0	Polyarthritis, unspecified	M13.112	Monoarthritis, not elsewhere classified, left shoulder
M13.151	Monoarthritis, not elsewhere classified, right hip	M13.119	Monoarthritis, not elsewhere classified, unspecified shoulder
M13.152	Monoarthritis, not elsewhere classified, left hip	M07.611	Enteropathic arthropathies, right shoulder
M07.651	Enteropathic arthropathies, right hip	M07.612	Enteropathic arthropathies, left shoulder
M07.652	Enteropathic arthropathies, left hip	M07.619	Enteropathic arthropathies, unspecified shoulder
M12.851	Other specified arthropathies, not elsewhere classified, right hip	M25.511	Pain in right shoulder
M12.852	Other specified arthropathies, not elsewhere classified, left hip	M25.512	Pain in left shoulder
M25.551	Pain in right hip	M25.219	Pain in unspecified shoulder
M25.552	Pain in left hip		
M25.559	Pain in unspecified hip		

[†]References:

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 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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