

Modality Reimbursement Tool

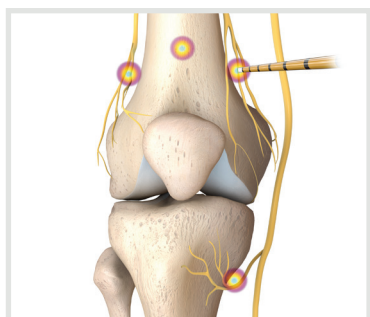
2020 Reimbursement Reference Guide: Radiofrequency Ablation and Diagnostic Injection - Knee[†]

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

COOLIEF* Cooled Radiofrequency (RF) is indicated for creating radiofrequency lesions of the genicular nerves for the management of moderate to severe knee pain of more than 6 months with conservative therapy, including medication, in patients with radiologically-confirmed osteoarthritis (grade 2-4) and a positive response (≥50% reduction in pain) to a diagnostic genicular nerve block.² 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.³

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
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	11.57	\$418	4.23	\$153	10	5431	J1	\$1,719	P3	\$319
A4649	Miscellaneous Surgical Supply	For cost reporting					For cost reporting			For cost reporting	
Diagnostic Procedures		Physician					Outpatient Hospital			Ambulatory Surgery Center	
64454	Injection(s) diagnostic or therapeutic agent, genicular nerve branches, including imaging guidance, when performed	6.05	\$218	2.36	\$85	0	5442	T	\$625	P3	\$158



COOLIEF* Cooled RF Procedure Scenario

KNEE		
	1st Nerve	64624
	2nd Nerve	No addtl pymt
	3rd Nerve	No addtl pymt

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

-52 - Reduced services
-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)

62624 requires the destruction of each of the following genicular nerve branches: superolateral, superomedial, and inferomedial. If a neurolytic agent for the purposes of destruction is not applied to all of these nerve branches, report 62624 with modifier 52

AMA CPT Guidance Diagnostic Blocks (Specific payer guidelines apply)

64454 requires injecting all of the following genicular nerve branches: superolateral, superomedial, and inferomedial. If all 3 of these genicular nerve branches are not injected, report 64454 with modifier 52. For bilateral procedures report with 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.

ICD-10-CM Diagnosis Code Options – Knee†

The following list provides examples of possible diagnoses impacting radiofrequency ablation procedures in the knee 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
KNEE REGION	
M17.10	Unilateral primary osteoarthritis, unspecified knee
M17.1	Unilateral primary osteoarthritis of knee
M17.11	Unilateral primary osteoarthritis, right knee
M17.12	Unilateral primary osteoarthritis, left knee
M17.5	Other unilateral secondary osteoarthritis of knee
M17.2	Bilateral post-traumatic osteoarthritis of knee
M17.30	Unilateral post-traumatic osteoarthritis, unspecified knee
M17.31	Unilateral post-traumatic osteoarthritis, right knee
M17.32	Unilateral post-traumatic osteoarthritis, left knee
M17.4	Other bilateral secondary osteoarthritis of knee
M12.561	Traumatic arthropathy, right knee
M12.562	Traumatic arthropathy, left knee
M12.569	Traumatic arthropathy, unspecified knee
M13.169	Monoarthritis, not elsewhere classified, unspecified knee
M13.161	Monoarthritis, not elsewhere classified, right knee
M13.162	Monoarthritis, not elsewhere classified, left knee
M12.869	Other specific arthropathies, not elsewhere classified, unspecified knee
M07.661	Enteropathic arthropathies, right knee
M07.662	Enteropathic arthropathies, left knee
M07.669	Enteropathic arthropathies, unspecified knee
M12.861	Other specific arthropathies, not elsewhere classified, right knee
M12.862	Other specific arthropathies, not elsewhere classified, left knee
M25.561	Pain in right knee
M25.562	Pain in left knee
M25.569	Pain in unspecified knee

†References:

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 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
 2020 ICD-10-CM, www.cms.gov
 www.cms.gov COOLIEF* Cooled Radiofrequency Kit Instructions for Use, 2017-07-12.
 1. www.accessdata.fda.gov/cdrh_docs/pdf16/K163236.pdf
 2. www.accessdata.fda.gov/cdrh_docs/pdf16/K163461.pdf
 3. COOLIEF* Cooled Radiofrequency Kit Instructions for Use, 2017-07-12.

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