

# Modality Reimbursement Tool

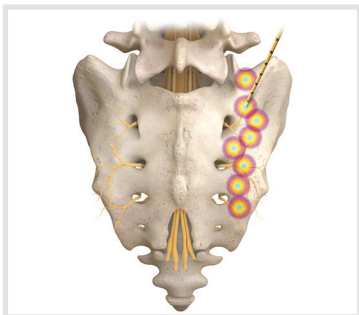
## 2020 Reimbursement Reference Guide: Radiofrequency Ablation and Diagnostic Injection – Sacroiliac Joint†

### 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.<sup>1</sup>

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.<sup>2</sup>

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
64625*	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	14.14	\$510	5.59	\$202	10	5431	J1	\$1,719	G2	\$797
A4649	Miscellaneous Surgical Supply	For cost reporting					For cost reporting			For cost reporting	
Diagnostic Procedures		Physician					Outpatient Hospital			Ambulatory Surgery Center	
64451*	Injection anesthetic agent, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	5.99	\$216	6.25	\$83	0	5442	T	\$625	G2	\$316



**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)

**AMA CPT Guidance RFA Procedure** (Specific payer guidelines apply)  
\*Do not report 64625 in conjunction with 64635, 77002, 77003, 77012, 95873, 95874

**AMA CPT Guidance Diagnostic Blocks**, (Specific payer guidelines apply)  
\*Do not report 64451 in conjunction with 64493, 64494, 64495, 77002, 77003, 77012, 95873, 95874

**COOLIEF\* Cooled RF Procedure Scenario**

SACROILIAC JOINT	Level	Code
	1st Level	64625
	2nd Level	No addtl pymt
	3rd Level	No addtl pymt

**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 – SIJ†

The following list provides examples of possible diagnoses impacting radiofrequency ablation procedures in the SIJ 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
<b>SACROILIAC JOINT</b>	
<b>G54.1</b>	Lumbosacral plexus disorders
<b>G54.4</b>	Lumbosacral root disorders, not elsewhere classified
<b>M45.8</b>	Ankylosing spondylitis sacral and sacrococcygeal region
<b>M46.08</b>	Spinal enthesopathy, sacral and sacrococcygeal region
<b>M46.1</b>	Sacroiliitis, not elsewhere classified
<b>M47.817</b>	Spondylosis without myelopathy or radiculopathy, lumbosacral region
<b>M47.27</b>	Other spondylosis with radiculopathy, lumbosacral region
<b>M47.28</b>	Other spondylosis with radiculopathy, sacral and sacrococcygeal region
<b>M47.897</b>	Other spondylosis, lumbosacral region
<b>M47.898</b>	Other spondylosis, sacral and sacrococcygeal region
<b>M48.8X8</b>	Other specified spondylopathies, sacral and sacrococcygeal region
<b>M53.2X8</b>	Spinal instabilities, sacral and sacrococcygeal region
<b>M53.3</b>	Sacrococcygeal disorders, not elsewhere classified
<b>M53.88</b>	Other specified dorsopathies, sacral and sacrococcygeal region
<b>M54.40</b>	Lumbago with sciatica, unspecified side
<b>M54.41</b>	Lumbago with sciatica, right side
<b>M54.42</b>	Lumbago with sciatica, left side
<b>M54.5</b>	Low back pain
<b>M25.55</b>	Pain in hip
<b>M25.551</b>	Pain in right hip
<b>M25.552</b>	Pain in left hip
<b>M25.559</b>	Pain in unspecified hip

### †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. COOLIEF\* Cooled Radiofrequency Kit Instructions for Use, 2017-07-12.

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