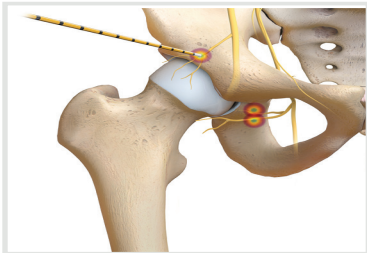


## 2024 Reimbursement Reference Guide:

### Radiofrequency Ablation and Diagnostic Injection - Hip Joints<sup>†</sup>

2024 Medicare national unadjusted payment rates.

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	7.46	\$244	3.56	\$117	10	5443	T	\$869	P3	\$173
64640-59 or XS	Destruction by neurolytic agent; other peripheral nerve or branch	7.46	\$122	3.56	\$59	10	5443	T	\$435	P3	\$87
Diagnostic Procedures		Physician					Outpatient Hospital			Ambulatory Surgery Center	
64450*	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	2.26	\$74	1.25	\$41	0	5442	T	\$660	P3	\$47
64447	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve	3.48	\$114	1.87	\$61	0	5442	T	\$660	P3	\$66



RFA Procedure Scenario

HIP		
	1st Nerve	64640
	2nd 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

**MODIFIERS**

- 59 - Distinct procedural service
- XS - Distinct procedural service on separate structure
- 50 - Bilateral procedure (when applicable)
- LT, RT - Left, right indicator (when payer guidelines require)

**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 may apply

\*Imaging can possibly be added to code, check payer guidelines

**Disclaimer:** Information provided is derived from a variety of public sources as of January 1, 2024 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 – Hip†

The following list provides examples of possible diagnoses impacting radiofrequency ablation procedures in the Hip 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>HIP REGION</b>	
M16.0	Bilateral primary osteoarthritis of hip
M16.11	Unilateral primary osteoarthritis, right hip
M16.12	Unilateral primary osteoarthritis, left hip
M16.7	Other unilateral secondary osteoarthritis of hip
M16.2	Bilateral osteoarthritis resulting from hip dysplasia
M16.30	Unilateral osteoarthritis resulting from hip dysplasia, unspecified hip
M16.31	Unilateral osteoarthritis resulting from hip dysplasia, right hip
M16.32	Unilateral osteoarthritis resulting from hip dysplasia, left hip
M16.4	Bilateral post-traumatic osteoarthritis of hip
M16.51	Unilateral post-traumatic osteoarthritis, right hip
M16.52	Unilateral post-traumatic osteoarthritis, left hip
M16.6	Other bilateral secondary osteoarthritis of hip
M12.551	Traumatic arthropathy, right hip
M12.552	Traumatic arthropathy, left hip
M13.851	Other specified arthritis, right hip
M13.852	Other specified arthritis, left hip
M13.0	Polyarthritis, unspecified
M13.151	Monoarthritis, not elsewhere classified, right hip
M13.152	Monoarthritis, not elsewhere classified, left hip
M07.651	Enteropathic arthropathies, right hip
M07.652	Enteropathic arthropathies, left hip
M12.851	Other specified arthropathies, not elsewhere classified, right hip
M12.852	Other specified arthropathies, not elsewhere classified, left hip
M25.551	Pain in right hip
M25.552	Pain in left hip
M25.559	Pain in unspecified hip

†References:  
 CPT 2024 Professional Edition, 2023 American Medical Association (AMA); CPT is a trademark of the AMA. All Rights Reserved.  
 2024 Medicare Physician Fee Schedule RVU multiplied by conversion factor, effective January 1, 2024, [www.cms.gov](http://www.cms.gov)  
 2024 Medicare OPPS Final Rule, [www.cms.gov](http://www.cms.gov)  
 2024 Medicare ASC Final Rule Payment Rates, 01-01-2024 [www.cms.gov](http://www.cms.gov)  
 2024 ICD-10-CM, [www.cms.gov](http://www.cms.gov)

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