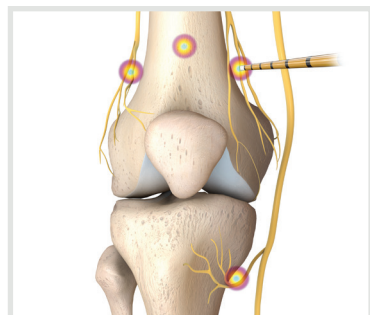


## 2024 Reimbursement Reference Guide:

### Radiofrequency Ablation and Diagnostic Injection - Knee<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
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	11.66	\$382	4.36	\$143	10	5431	J1	\$1842	G2	\$898
A4649	Miscellaneous Surgical Supply	For cost reporting					For cost reporting			For cost reporting	
Diagnostic Procedures		Physician					Outpatient Hospital			Ambulatory Surgery Center	
64454	Injection(s) anesthetic agent(s) and/or steroid genicular nerve branches, including imaging guidance, when performed	6.66	\$218	2.45	\$80	0	5442	T	\$660	G2	\$359



**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 may apply per payer guidelines

**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

**RFA Procedure Scenario**

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

**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 – Knee<sup>†</sup>

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
<b>KNEE REGION</b>	
<b>M17.10</b>	Unilateral primary osteoarthritis, unspecified knee
<b>M17.1</b>	Unilateral primary osteoarthritis of knee
<b>M17.11</b>	Unilateral primary osteoarthritis, right knee
<b>M17.12</b>	Unilateral primary osteoarthritis, left knee
<b>M17.5</b>	Other unilateral secondary osteoarthritis of knee
<b>M17.2</b>	Bilateral post-traumatic osteoarthritis of knee
<b>M17.30</b>	Unilateral post-traumatic osteoarthritis, unspecified knee
<b>M17.31</b>	Unilateral post-traumatic osteoarthritis, right knee
<b>M17.32</b>	Unilateral post-traumatic osteoarthritis, left knee
<b>M17.4</b>	Other bilateral secondary osteoarthritis of knee
<b>M12.561</b>	Traumatic arthropathy, right knee
<b>M12.562</b>	Traumatic arthropathy, left knee
<b>M12.569</b>	Traumatic arthropathy, unspecified knee
<b>M13.169</b>	Monoarthritis, not elsewhere classified, unspecified knee
<b>M13.161</b>	Monoarthritis, not elsewhere classified, right knee
<b>M13.162</b>	Monoarthritis, not elsewhere classified, left knee
<b>M12.869</b>	Other specific arthropathies, not elsewhere classified, unspecified knee
<b>M07.661</b>	Enteropathic arthropathies, right knee
<b>M07.662</b>	Enteropathic arthropathies, left knee
<b>M07.669</b>	Enteropathic arthropathies, unspecified knee
<b>M12.861</b>	Other specific arthropathies, not elsewhere classified, right knee
<b>M12.862</b>	Other specific arthropathies, not elsewhere classified, left knee
<b>M25.561</b>	Pain in right knee
<b>M25.562</b>	Pain in left knee
<b>M25.569</b>	Pain in unspecified knee

<sup>†</sup>References:  
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 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, January 1, 2024, [www.cms.gov](http://www.cms.gov)  
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