

RFA Procedure Scenarios*

2024 Coding and Medicare National Unadjusted Payment Allowables†

(*# of levels/nerves denervated per provider determination of medical necessity)†

| ANATOMICAL AREA | LEVEL NERVE | CPT CODE | Physician | | | | HOPD | ASC |
|--------------------------|------------------|----------------|---------------|-------------------|-----------------|---------------------|-----------------------|-----------------------|
| | | | IN-OFFICE RVU | IN-OFFICE PAYMENT | IN-FACILITY RVU | IN-FACILITY PAYMENT | HOPD PAYMENT | ASC PAYMENT |
| KNEE | 3 or More Nerves | 64624 | 11.66 | \$382 | 4.36 | \$143 | \$1842 | \$898 |
| SIJ | All Levels | 64625 | 14.19 | \$465 | 5.84 | \$191 | \$1842 | \$898 |
| CERVICAL/THORACIC | 1st Level | 64633 | 13.15 | \$431 | 5.74 | \$188 | \$1842 | \$898 |
| | 2nd Level | +64634 | 7.67 | \$251 | 1.99 | \$65 | No Additional Payment | No Additional Payment |
| | 3rd Level* | +64634 | 7.67 | \$251 | 1.99 | \$65 | No Additional Payment | No Additional Payment |
| LUMBAR | 1st Level | 64635 | 13.26 | \$434 | 5.75 | \$188 | \$1842 | \$898 |
| | 2nd Level | +64636 | 7.20 | \$236 | 1.74 | \$57 | No Additional Payment | No Additional Payment |
| | 3rd Level* | +64636 | 7.20 | \$236 | 1.74 | \$57 | No Additional Payment | No Additional Payment |
| HIP | 1st Nerve | 64640 | 7.46 | \$244 | 3.56 | \$117 | \$869 | \$173 |
| | 2nd Nerve | 64640-59 or XS | 7.46 | \$122 | 3.56 | \$59 | \$426 | \$86 |
| SHOULDER | 1st Nerve | 64640 | 7.46 | \$244 | 3.56 | \$117 | \$869 | \$173 |
| | 2nd Nerve | 64640-59 or XS | 7.46 | \$122 | 3.56 | \$59 | \$426 | \$86 |
| | 3rd Nerve | 64640-59 or XS | 7.46 | \$122 | 3.56 | \$59 | \$426 | \$86 |

†References:

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2024 Centers for Medicare and Medicaid (CMS) Fee Schedule- <https://www.cms.gov/apps/physician-fee-schedule/license-agreement.aspx>

2024 CMS OPPS Fee Schedule- <https://www.cms.gov/Medicare/Fee-For-Service-Payment/HospitalOutpatientpps/Addendum-A-and-Addendum-B-Updates.html>

2024 CMS ASC Fee Schedule- <https://www.cms.gov/license/ama?file=/files/zip/2023-nfrm-addendum-aa-bb-dd1-dd2-ee-and-ff.zip>

2024 ICD-10-CM, www.cms.gov

1. *Refer to payer guidelines for third level coverage requirements.

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†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.