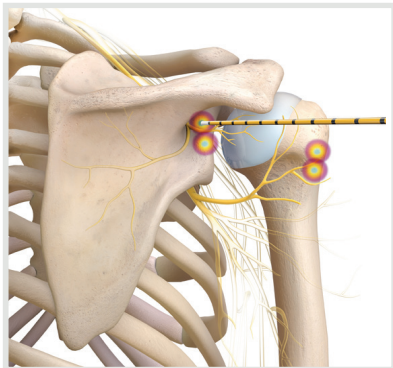


2024 Reimbursement Reference Guide:

Radiofrequency Ablation and Diagnostic Injection – Shoulder Joints†

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



RFA Procedure Scenario

SHOULDER		
	1st Nerve	64640
	2nd Nerve	64640-59 or XS
	3rd 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

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

-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)

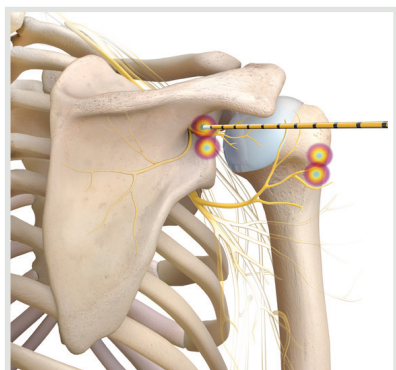
Disclaimer: Information provided is derived from a variety of public sources as of January 1, 2023 and is intended for general purposes only. It does not constitute reimbursement or legal advice. It is not intended to increase or maximize reimbursement by payer. Avanos encourages providers to submit 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.

2024 Reimbursement Reference Guide:

Radiofrequency Ablation and Diagnostic Injection - Shoulder Joints[†]

2024 Medicare national unadjusted payment rates.

Diagnostic 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
64417	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve	4.81	\$157	1.90	\$62	0	5443	T	\$869	A2	\$473
64418*	Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve	2.59	\$85	1.65	\$54	0	5442	T	\$660	P3	\$45
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



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

-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)

*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 – Shoulder†

The following list provides examples of possible diagnoses impacting radiofrequency ablation procedures in the Shoulder 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
SHOULDER REGION	
M19.011	Primary osteoarthritis, right shoulder
M19.012	Primary osteoarthritis, left shoulder
M19.019	Primary osteoarthritis, unspecified shoulder
M19.111	Post-traumatic osteoarthritis, right shoulder
M19.112	Post-traumatic osteoarthritis, left shoulder
M19.119	Post-traumatic osteoarthritis, unspecified shoulder
M19.211	Secondary osteoarthritis, right shoulder
M19.212	Secondary osteoarthritis, left shoulder
M19.219	Secondary osteoarthritis, unspecified shoulder
M12.511	Traumatic arthropathy, right shoulder
M12.512	Traumatic arthropathy, left shoulder
M12.519	Traumatic arthropathy, unspecified shoulder
M12.811	Other specific arthroplasties, not elsewhere classified, right shoulder
M12.812	Other specific arthroplasties, not elsewhere classified, left shoulder
M12.819	Other specific arthroplasties, not elsewhere classified, unspecified shoulder
M13.111	Monoarthritis, not elsewhere classified, right shoulder
M13.112	Monoarthritis, not elsewhere classified, left shoulder
M13.119	Monoarthritis, not elsewhere classified, unspecified shoulder
M07.611	Enteropathic arthropathies, right shoulder
M07.612	Enteropathic arthropathies, left shoulder
M07.619	Enteropathic arthropathies, unspecified shoulder
M25.511	Pain in right shoulder
M25.512	Pain in left shoulder
M25.219	Pain in unspecified shoulder

†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
 2024 Medicare OPPS Final Rule, www.cms.gov
 2024 Medicare ASC Final Rule Payment Rates, 01-01-2024 www.cms.gov
 2024 ICD-10-CM, www.cms.gov

*Registered Trademark or Trademark of
 Avanos Medical, Inc., or its affiliates.
 © 2018 AVNS. All rights reserved.
 COPY-JA-11449