

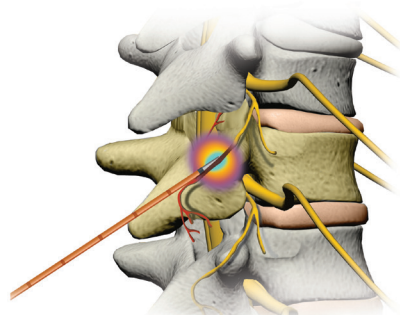
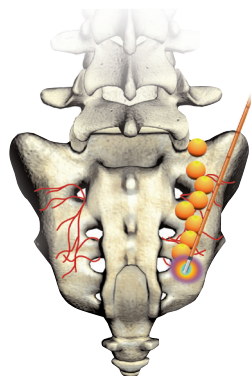
Modality Reimbursement Tool- 2018 Reimbursement Reference Guide: Radiofrequency Ablation-Facet Joints[†]

2018 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.¹

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.²

| 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 |
| 64633 | Paravertebral facet joint nerve(s), (fluoroscopy or CT); cervical or thoracic, single facet joint | 11.92 | \$429.12 | 6.46 | \$232.56 | 10 | 5431 | J1 | \$1,610.50 | G2 | \$785.41 |
| (+)64634 | Paravertebral facet joint nerve(s), (fluoroscopy or CT); cervical or thoracic, each additional facet joint | 5.36 | \$192.96 | 1.96 | \$70.56 | 10 | N/A | N | Bundled | N1 | Bundled |
| 64635 | Paravertebral facet joint nerve(s), (fluoroscopy or CT); lumbar or sacral, single facet joint | 11.79 | \$424.44 | 6.37 | \$229.32 | 10 | 5431 | J1 | \$1,610.50 | G2 | \$785.41 |
| (+)64636 | Paravertebral facet joint nerve(s), (fluoroscopy or CT); lumbar or sacral, each additional facet joint | 4.87 | \$172.32 | 1.71 | \$61.56 | 10 | N/A | N | Bundled | N1 | Bundled |
| 64640-59 or XS ³ | Other peripheral nerve neurolytic | 3.77 | \$135.72 | 1.34 | \$96.12 | 10 | 5443 | T | Included in primary procedure | P3 | \$87.84 |
| A4649 | Surgical supply miscellaneous | For cost reporting | | | | | For cost reporting | | | For cost reporting | |



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 payer guidelines require)

Disclaimer: Information provided is derived from a variety of public sources as of May 10, 2018 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–Facet Joint†

The following list provides examples of possible diagnoses impacting radiofrequency ablation procedures in the Facet Joint. 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-CM⁴ Diagnosis Code Options

| LUMBAR & SACRAL REGION | | CERVICAL & THORACIC REGION | |
|------------------------|---|----------------------------|---|
| G54.1 | Lumbosacral plexus disorders | M50.23 | Other cervical disc displacement, cervicothoracic region |
| G54.4 | Lumbosacral root disorders, not elsewhere classified | M50.30 | Other cervical disc degeneration, unspecified cervical region |
| G54.8 | Other nerve root and plexus disorders | M50.31 | Other cervical disc degeneration, high cervical region |
| G55 | Nerve root and plexus compressions in diseases classified elsewhere | M50.32 | Other cervical disc degeneration, mid-cervical region |
| M25.551 | Pain in right hip | M50.33 | Other cervical disc degeneration, cervicothoracic region |
| M25.552 | Pain in left hip | M50.00 | Cervical disc disorder with myelopathy, unspecified cervical region |
| M45.0 | Ankylosing spondylitis of multiple sites in spine | M50.01 | Cervical disc disorder with myelopathy, high cervical region |
| M45.7 | Ankylosing spondylitis of lumbosacral region | M50.02 | Cervical disc disorder with myelopathy, mid-cervical region |
| M45.8 | Ankylosing spondylitis sacral and sacrococcygeal region | M50.03 | Cervical disc disorder with myelopathy, cervicothoracic region |
| M48.8X7 | Other specified spondylopathies lumbosacral region | M48.02 | Spinal stenosis, cervical region |
| M48.8X8 | Other specified spondylopathies sacral and sacrococcygeal region | M48.01 | Spinal stenosis, occipito-atlanto-axial region |
| M46.1 | Sacroiliitis, not elsewhere classified | M48.03 | Spinal stenosis, cervicothoracic region |
| M47.817 | Spondylosis without myelopathy or radiculopathy, lumbosacral region | M99.21 | Subluxation stenosis of neural canal of cervical region |
| M47.26 | Other spondylosis with radiculopathy, lumbar region | M99.31 | Osseous stenosis of neural canal of cervical region |
| M47.27 | Other spondylosis with radiculopathy, lumbosacral region | M99.41 | Connective tissue stenosis of neural canal of cervical region |
| M47.816 | Spondylosis without myelopathy or radiculopathy, lumbar region | M99.51 | Intervertebral disc stenosis of neural canal of cervical region |
| M47.896 | Other spondylosis, lumbar region | M99.61 | Osseous and subluxation stenosis of intervertebral foramina of cervical region |
| M47.897 | Other spondylosis, lumbosacral region | M99.71 | Connective tissue and disc stenosis of intervertebral foramina of cervical region |
| M54.5 | Low back pain | M54.2 | Cervicalgia |
| M54.30 | Sciatica, unspecified side | M54.12 | Radiculopathy, cervical region |
| M54.31 | Sciatica, right side | M54.13 | Radiculopathy, cervicothoracic region |
| M54.32 | Sciatica, left side | M50.11 | Cervical disc disorder with radiculopathy, high cervical region |
| M54.40 | Lumbago with sciatica, unspecified side | M50.12 | Cervical disc disorder with radiculopathy, mid-cervical region |
| M54.41 | Lumbago with sciatica, right side | M50.13 | Cervical disc disorder with radiculopathy, cervicothoracic region |
| M54.42 | Lumbago with sciatica, left side | M54.11 | Radiculopathy, occipito-atlanto-axial region |
| M43.27 | Fusion of spine, lumbosacral region | M54.6 | Pain in thoracic spine |
| M43.28 | Fusion of spine, sacral and sacrococcygeal region | M54.14 | Radiculopathy, thoracic region |
| M53.2X7 | Spinal instabilities, lumbosacral region | M51.14 | Intervertebral disc disorders with radiculopathy, thoracic region |
| M53.2X8 | Spinal instabilities, sacral and sacrococcygeal region | M47.814 | Spondylosis without myelopathy or radiculopathy, thoracic region |
| M53.86 | Other specified dorsopathies, lumbar region | M47.24 | Other spondylosis with radiculopathy, thoracic region |
| M53.87 | Other specified dorsopathies, lumbosacral region | M47.25 | Other spondylosis with radiculopathy, thoracolumbar region |
| M53.88 | Other specified dorsopathies, sacral and sacrococcygeal region | M47.815 | Spondylosis without myelopathy or radiculopathy, thoracolumbar region |
| M54.08 | Panniculitis affecting regions of neck and back, sacral and sacrococcygeal region | M47.894 | Other spondylosis, thoracic region |
| M54.07 | Panniculitis affecting regions of neck and back, lumbosacral region | M45.3 | Ankylosing spondylitis of cervicothoracic region |
| M54.17 | Radiculopathy, lumbosacral region | M45.4 | Ankylosing spondylitis of thoracic region |

*References:
 CPT 2018 Professional Edition, 2017 American Medical Association (AMA); CPT is a trademark of the AMA. All Rights Reserved.
 2018 Medicare Physician Fee Schedule RVU multiplied by conversion factor, effective January 1, 2018, www.cms.gov
 2018 Medicare OPPS Final Rule, www.cms.gov
 2018 Medicare ASC Payment Rates, www.cms.gov
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 2. COOLIEF* Cooled Radiofrequency Kit Instructions for Use, 2017-07-12.
 3. 2017 CPT Assistant
 4. 2018 ICD-10-CM, www.cms.gov

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