

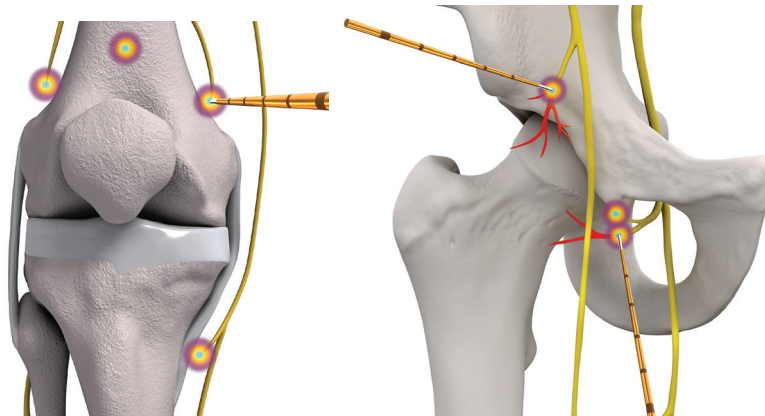
# Modality Reimbursement Tool- 2018 Reimbursement Reference Guide: Radiofrequency Ablation-Knee and Hip Joints†

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.<sup>1</sup> COOLIEF\* Cooled Radiofrequency (RF) is indicated for creating radiofrequency lesions of the genicular nerves for the management of moderate to severe knee pain of more than 6 months with conservative therapy, including medication, in patients with radiologically-confirmed osteoarthritis (grade 2-4) and a positive response ( $\geq 50\%$  reduction in pain) to a diagnostic genicular nerve block.<sup>2</sup>

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.<sup>3</sup>

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	Other peripheral nerve neurolytic	3.77	\$135.72	2.67	\$96.12	10	5443	T	\$672.18	P3	\$87.84
64640-59 or XS <sup>4</sup>	Other peripheral nerve neurolytic	3.77	\$67.86	1.34	\$48.06	10	5443	T	\$336.09	P3	\$43.92
77002, 77002-26	Fluoroscopic guidance for needle placement	2.67	\$96.12	0.8	\$28.80	N/A	N/A	N	Bundled	N	Bundled
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 payor 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–Knee & Hip†

The following list provides examples of possible diagnoses impacting radiofrequency ablation procedures in the knee and hip regions. 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 <sup>5</sup> Diagnosis Code Options			
KNEE REGION		HIP REGION	
M17.10	Unilateral primary osteoarthritis, unspecified, knee	M16.0	Bilateral primary osteoarthritis of hip
M17.0	Bilateral primary osteoarthritis of knee	M16.11	Unilateral primary osteoarthritis, right hip
M17.11	Unilateral primary osteoarthritis, right knee	M16.12	Unilateral primary osteoarthritis, left hip
M17.12	Unilateral primary osteoarthritis, left knee	M16.7	Other unilateral secondary osteoarthritis of hip
M17.5	Other unilateral secondary osteoarthritis of knee	M16.2	Bilateral osteoarthritis resulting from hip dysplasia
M17.2	Bilateral post-traumatic osteoarthritis of knee	M16.30	Unilateral osteoarthritis resulting from hip dysplasia, unspecified hip
M17.30	Unilateral post-traumatic osteoarthritis, unspecified knee	M16.31	Unilateral osteoarthritis resulting from hip dysplasia, right hip
M17.31	Unilateral post-traumatic osteoarthritis, right knee	M16.32	Unilateral osteoarthritis resulting from hip dysplasia, left hip
M17.32	Unilateral post-traumatic osteoarthritis, left knee	M16.4	Bilateral post-traumatic osteoarthritis of hip
M17.4	Other bilateral secondary osteoarthritis of knee	M16.51	Unilateral post-traumatic osteoarthritis, right hip
M12.561	Traumatic arthropathy, right knee	M16.52	Unilateral post-traumatic osteoarthritis, left hip
M12.562	Traumatic arthropathy, left knee	M16.6	Other bilateral secondary osteoarthritis of hip
M13.169	Monoarthritis of knee	M12.551	Traumatic arthropathy, right hip
M13.161	Monoarthritis, not elsewhere classified, right knee	M12.552	Traumatic arthropathy, left hip
M13.162	Monoarthritis, not elsewhere classified, left knee	M13.851	Other specified arthritis, right hip
M12.869	Other specific arthropathies, not elsewhere classified, unspecified knee	M13.852	Other specified arthritis, left hip
M07.661	Enteropathic arthropathies, right knee	M13.0	Polyarthritis, unspecified
M07.662	Enteropathic arthropathies, left knee	M13.151	Monoarthritis, not elsewhere classified, right hip
M07.669	Enteropathic arthropathies, unspecified knee	M13.152	Monoarthritis, not elsewhere classified, left hip
M12.861	Other specific arthropathies, not elsewhere classified, right knee	M07.651	Enteropathic arthropathies, right hip
M12.862	Other specific arthropathies, not elsewhere classified, left knee	M07.652	Enteropathic arthropathies, left hip
M25.561	Pain in right knee	M12.851	Other specific arthropathies, not elsewhere classified, right hip
M25.562	Pain in left knee	M12.852	Other specific arthropathies, not elsewhere classified, left hip
M25.569	Pain in unspecified knee	M25.551	Pain in right hip
		M25.552	Pain in left hip
		M25.559	Pain in unspecified hip

†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  
 COOLIEF\* Cooled Radiofrequency Kit Instructions for Use, 2017-07-12.  
 1. www.accessdata.fda.gov/cdrh\_docs/pdf16/K163236.pdf  
 2. www.accessdata.fda.gov/cdrh\_docs/pdf16/K163461.pdf  
 3. COOLIEF\* Cooled Radiofrequency Kit Instructions for Use, 2017-07-12.  
 4. 2017 CPT Assistant  
 5. 2018 ICD-10-CM, www.cms.gov

\*Registered Trademark or Trademark of Avanos Medical, Inc., or its affiliates. © 2018 AVNS. All rights reserved. C182475 COPY-02511

**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.