

## RADIOFREQUENCY ABLATION

# National Medicare Reimbursement Guide

Effective January 1, 2023

## TERMS AND CONDITIONS

All content herein may be based upon several sources, included but not limited to primary sources, scientific literature, commercially available data sets, customer supplied information, and external sources.

Estimates shown are for illustrative purposes only. This content is not intended for any other purpose.

It should be noted that there are usually differences between economic modelling actual results. Abbott does not take responsibility for any such discrepancies. There is no guarantee of any potential economic outcome, including payment, cost savings, or procedure volume. Economic outcomes are dependent on many factors and will vary.

Certain Maryland hospitals paid under Maryland Waiver provisions using All Patient Refined Diagnosis Related Group (APR-DRG) are excluded from payment under the Medicare Inpatient Prospective Payment System (IPPS).

Reimbursement Calculators should not be provided at no charge to actively licensed Healthcare Professionals (HCPs) who regularly practice in Vermont.

This information is not to be distributed to third parties.

## NEUROMODULATION MEDICARE REIMBURSEMENT GUIDE

### Introduction

This content is intended to provide reference material related to general guidelines for reimbursement when used consistently with the product's labeling. This content includes information regarding coverage, coding and reimbursement. Additional resources can be found at:

<https://www.neuromodulation.abbott/us/en/hcp/provider-resources/reimbursement-guides.html>

### Reimbursement Hotline

Abbott offers a reimbursement hotline, which provides live coding and reimbursement information from dedicated reimbursement specialists. Coding and reimbursement support is available from 8 a.m. to 5 p.m. Central Time, Monday through Friday at (855) 569-6430 or [ptahotline@abbott.com](mailto:ptahotline@abbott.com). This content and all supporting documents are available at:

<https://www.neuromodulation.abbott/us/en/hcp/provider-resources/reimbursement-guides.html>

Coding and reimbursement assistance is provided subject to the disclaimers set forth in this guide.

### Disclaimer

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## MEDICARE CODING EXAMPLE

CPT‡ CODE	DESCRIPTION	MEDICARE NON-FACILITY RATE
<b>OFFICE BASED PROCEDURE, 2 UNILATERAL CERVICAL SPINE FACET JOINTS</b>		
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	\$444
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	\$261
<b>Total</b>		<b>\$705</b>
<b>OFFICE BASED PROCEDURE, 2 UNILATERAL LUMBAR SPINE FACET JOINTS</b>		
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	\$448
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	\$246
<b>Total</b>		<b>\$694</b>

- Example provided for illustrative purposes only. This example does not constitute coding guidance. This coding scenario is verified by AAPC certified coders.
- These codes represent a single lead. When more than one lead is placed, each is coded separately. (AMA CPT Assistant, June 1998, p.4)
- Some payers recognize that each code represents a distinct lead when modifier 59 is appended to additional codes.
- Medicare's Medically Unlikely Edits (MUE) allow 2 units for code 63650 on the same date of service, Denials for units in excess of the MUE values may be appealed. For billing multiple leads to non-Medicare payers, contact the payer for instructions.

## MEDICARE CODING EXAMPLE

CPT‡ CODE	MODIFIER	DESCRIPTION	MEDICARE NON-FACILITY RATE
<b>OFFICE BASED PROCEDURE, 2 BILATERAL CERVICAL SPINE FACET JOINTS</b>			
64633	-50	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	\$666
64634		Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	\$392
<b>Total</b>			<b>\$1,058</b>
<b>OFFICE BASED PROCEDURE, 2 BILATERAL LUMBAR SPINE FACET JOINTS</b>			
64635	-50	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	\$672
64636		Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	\$369
<b>Total</b>			<b>\$1,041</b>

- Example provided for illustrative purposes only. This example does not constitute coding guidance. This coding scenario is verified by AAPC certified coders.
- These codes represent a single lead. When more than one lead is placed, each is coded separately. (AMA CPT Assistant, June 1998, p.4)
- Some payers recognize that each code represents a distinct lead when modifier 59 is appended to additional codes.
- Medicare's Medically Unlikely Edits (MUE) allow 2 units for code 63650 on the same date of service, Denials for units in excess of the MUE values may be appealed. For billing multiple leads to non-Medicare payers, contact the payer for instructions.

CPT‡ CODE	DESCRIPTION	WORK RVU	MEDICARE FACILITY RATE	MEDICARE NON-FACILITY RATE
<b>CERVICAL SPINE/THORACIC SPINE</b>				
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	3.32	\$191	\$444
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	1.32	\$67	\$261
<b>LUMBAR SPINE/ SACRAL SPINE</b>				
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	3.32	\$192	\$448
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	1.16	\$59	\$246
<b>GENICULAR NERVE</b>				
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	2.5	\$146	\$394
<b>SACROILIAC JOINT</b>				
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (i.e., fluoroscopy or computed tomography)	3.39	\$195	\$479
<b>OTHER PERIPHERAL NERVES</b>				
64640*	Destruction by neurolytic agent; other peripheral nerve or branch	1.98	\$119	\$250
77002	Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)	0.54	NA	\$119

- CPT‡ code 64640 may not be billed more than 5 times on a single date of service.
- Some services or procedures performed by HCP's may not have specific CPT codes. When submitting claims for these services or procedures that are not otherwise specified please contact your HE&R representative.

NA= No reimbursement data available

CPT# CODE	DESCRIPTION	STATUS INDICATOR	APC	MEDICARE FACILITY RATE
<b>CERVICAL SPINE/THORACIC SPINE</b>				
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	J1	5431	\$1,798
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	N	NA	Packaged
<b>LUMBAR SPINE/ SACRAL SPINE</b>				
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	J1	5431	\$1,798
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	N	NA	Packaged
<b>GENICULAR NERVE</b>				
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	J1	5431	\$1,798
<b>SACROILIAC JOINT</b>				
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	J1	5431	\$1,798
<b>OTHER PERIPHERAL NERVES</b>				
64640	Destruction by neurolytic agent; other peripheral nerve or branch	T	5443	\$852
77002	Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)	N	NA	Packaged

- J1 = Hospital Part B services paid through a comprehensive APC
- N = Items and services packaged into APC rates
- T = Significant procedure, multiple reduction applies

NA= No reimbursement data available

Rates effective Jan 1, 2023 - Dec 31, 2023

CPT# CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	MEDICARE FACILITY RATE
<b>CERVICAL SPINE/ THORACIC SPINE</b>				
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	G2	Y	\$854
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	N1	N	\$0
<b>LUMBAR SPINE/ SACRAL SPINE</b>				
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	G2	Y	\$854
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	N1	N	\$0
<b>GENICULAR NERVE</b>				
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	G2	Y	\$854
<b>SACROILIAC JOINT</b>				
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	G2	Y	\$854
<b>OTHER PERIPHERAL NERVES</b>				
64640	Destruction by neurolytic agent; other peripheral nerve or branch	P3	Y	\$172
77002	Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)	N1	NA	NA

- G2 = Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment rate.
- N1 = Package service/item; no separate payment made.
- P3 = Office-based surgical procedure added to ASC list in CY2008 or later with MPFS non-facility PE RVUs payment based on non-facility PE RVUs.

NA= No reimbursement data available

Rates effective Jan 1, 2023 - Dec 31, 2023



## REFERENCES

1. FY2023 IPPS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: August 2022].  
<https://www.cms.gov/medicare/acute-inpatient-pps/fy-2023-ipp-final-rule-home-page>
2. CY2023 ASC Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: November 2022].  
<https://www.cms.gov/medicare/medicare-fee-service-payment/asc-payment-asc-regulations-and-notices/cms-1772-fc>
3. CY2023 MPFS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: January 2023].  
<https://www.cms.gov/medicare/medicare-fee-service-payment/physician-fees/schedpfs-federal-regulation-notices/cms-1770-f>
4. CY2023 OPFS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: November 2022].  
<https://www.cms.gov/httpswwwcmsgovmedicare/medicare-fee-service-payment/hospital-outpatient-pps/hospital-outpatient/cms-1772-fc>
5. CMS\_2023 ICD-10-PCS [cited: August 2022].  
<https://www.cms.gov/medicare/icd-10/2023-icd-10-pcs>
6. FY2022 IPPS Final Rule & Correction Notice Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: January 2022].  
<https://www.cms.gov/medicare/acute-inpatient-pps/fy-2022-ipp-final-rule-home-page>
7. CMS 2023 ICD-10-CM [cited: March 2023].  
<https://www.cms.gov/medicare/icd-10/2023-icd-10-cm>

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