



2024 Quick Reference Guide – Radio Frequency Ablation Knee Joint Reimbursement 2024

Coding and Payment Guide for Medicare Reimbursement: The following are the 2024 Medicare coding and national payment rates for Radio Frequency Ablation (Knee Joint) procedures performed in an ambulatory surgical center, physician office, or outpatient hospital.

Diagnostic Procedures

CPT ^{®1}	Description
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed

Physician		
National Average Payment ² (Non-Facility)	National Average Payment ² (Facility)	Global Period
\$218	\$80	000
\$382	\$143	10

Ambulatory Surgery Center	
Status Indicator ³	ASC National Average Payment ²
P3	\$359
G2	\$898

Outpatient Hospital		
Status Indicator ⁴	APC Code ⁵	OPPS National Average Payment ²
T	5442	\$660
J1	5431	\$1,842

Therapeutic Procedures

64624	Destruction by neurolytic agent, genicular nerve branches including guidance, when performed
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Medicare Local Coverage Determinations

In the absence of an LCD, Medicare determines medical necessity on a case-by-case basis.

First Coast Service Options (FL)

LCD #L33933 LCA #A57788

NGS (IL, MN, WI, CT, NY, ME, MA, NH, RI, VT)

LCD #L36850 LCA #A57452

To locate the LCDs listed above: Go to: <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx> ENTER LCD # in Document ID (+) Add on code. Only reimbursed in combination with the appropriate primary code.

Indications for Use: The Boston Scientific Radiofrequency Generators, associated Radiofrequency Lesion Probes and RF Cannula are indicated for use in procedures to create radiofrequency lesions for the treatment of pain or for lesioning only peripheral nerve tissue for functional neurosurgical procedures. The Boston Scientific RF Injection Electrodes are used for percutaneous nerve blocks with local anesthetic solution or for radiofrequency lesioning of peripheral nerve tissue only. The Boston Scientific LCED and Stereotactic TCD Electrodes are indicated for use in radiofrequency (RF) heat lesioning of nervous tissue including the Central Nervous System. Warnings: The Boston Scientific RF devices may cause interference with active devices such as neurostimulators, cardiac pacemakers, and defibrillators. Interference may affect the action of these active devices or may damage them. For appropriate guidance, consult the instructions for use for these active devices. Refer to the Instructions for Use provided with Boston Scientific generators, electrodes and cannulas for potential adverse effects, warnings and precautions prior to using these products. Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician. CAUTION: The law restricts these devices to sale by or on the order of a physician. Indications, contraindications, warnings, and instructions for use can be found in the product labeling supplied with each device or at www.IFU-BSCI.com. Products shown for INFORMATION purposes only and may not be approved or for sale in certain countries. This material not intended for use in France.

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The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgment of the HCP. Information included herein is current as of November 2023 but is subject to change without notice. Rates for services are effective January 1, 2024

Sequestration Disclaimer: Rates referenced in these guides do not reflect Sequestration; automatic reductions in federal spending that will result in a 2% across-the-board reduction to all Medicare rates as of January 1, 2022. (Budget Control Act of 2011)

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2. "National Average Payment" is the amount Medicare determines to be the maximum allowance for any Medicare covered procedure. These are national average payment amounts; individual payments may vary based on locality and Medicare's geographic adjustments. Actual payment will vary based on the maximum allowance less any applicable deductibles, co-insurance etc.

3. ASC Status indicators: P3: Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS non facility PE RVUs; payment base on MPFS non facility PE RVUs.

4. Outpatient Status Indicators: N: Items and Services Packaged into APC Rates. Payment is packaged into payment for other services. Therefore, there is no separate APC payment. T: Procedure or Service, Multiple Procedure Reduction applies J1: Hospital Part B services paid through a comprehensive APC.

5. APC Codes: 5442: Level 2 Nerve Injections, 5431: Level 1 Nerve Procedures