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GUIDEPOINT
Reimbursement Resources

# 2018 Quick Reference Guide – Radio Frequency Ablation Hip Joint

## Reimbursement 2018

**Coding and Payment Guide for Medicare Reimbursement**: The following are the 2018 Medicare coding and national payment rates for Radio Frequency Ablation (Hip Joint) procedures performed in an ambulatory surgical center, physician office, or outpatient hospital.

## Therapeutic Procedures

| | | Physician | | | Ambulatory Surgery Center | | Outpatient Hospital | | |
|---|---|---|---|---|---|---|---|---|---|
| CPT®[1] | Description | National Average Payment [2] (Non-Facility ) | National Average Payment [2] ( Facility ) | Global Period | Status Indicator[3] | ASC National Average Payment[2] | Status Indicator[4] | APC Code[5] | OPPS National Average Payment[2] |
| 64640 | Destruction by neurolytic agent; other peripheral nerve or branch | $136 | $96 | 10 | P3 | $88 | T | 5443 | $672 |
| 77002 | Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) | $96 | NA | ZZZ[6] | N1 | N/A Packaged | N | N/A Packaged | |
| 77002-26 | | $29 | $29 | ZZZ[6] | | | | | |

## Diagnostic Procedures

Diagnostic Procedures below are often required prior to coverage for the therapeutic procedures above. The provider is responsible for verifying payer policy as to the appropriate code used for each procedure.

| CPT[1] | Description |
|---|---|
| 27093 | Injection procedure for hip arthrography; without anesthesia |
| 27095 | Injection procedure for hip arthrography; with anesthesia |
| 73525 | Radiologic examination, hip, arthrography, radiological supervision and interpretation |
| 73525-26 | |
| 64450 | Injection, anesthetic agent; other peripheral nerve or branch |

## Medicare Local Coverage Determinations[7]

Please check with your local contractor. In the absence of an LCD, Medicare contractors will follow the NCD.

| | |
|---|---|
| Palmetto GBA (NC,SC, VA, WV) | LCD #L36471 |
| Nordian JE (CA, NV, HI) | LCD #L34993 |
| Nordian JF (AK, AZ, ID, MT, WY, ND, OR, SD, UT, and WA) | LCD #L34995 |
| NGS (CT,NY, IL, MN, WI) | LCD #L35936 |
| WPS (MI, IN, IA, KS, NE, MO, MN) | LCD #L35996 |
| CGS (KY, OH ) | LCD #L34832 |
| First Coast (FL, Puerto Rico, Virgin Islands) | LCD #L33814 |
| Cahaba (AL, GA, TN) | LCD #L34293 |

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

*Payer coverage limitations exist for facet joint denervation/destruction in the thoracic spine. Check with payer prior to performing procedure.

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**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, 2018. (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. Actual payment will vary based on the maximum allowance less any applicable deductibles, co-insurance etc.
3. ASC Status indicators: N1: Packaged service/item; no separate payment made. P3: Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS nonfacility PE RVUs; payment based on MPFS nonfacility 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: 5443: Level 3 Nerve Injections, 5431: Level 1 Nerve Procedures
6. "ZZZ" are surgical codes, they are add-on codes that you must bill with another service. There is no post-operative work included in the MPFS payment
7. List of local Medicare carriers is not an exhaustive list. LCD Link . Please go to the appropriate Medicare contractor specific website to find the most updated state coverage jurisdiction.

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