

2019 Quick Reference Guide – Radio Frequency Ablation Neurosurgery

Reimbursement 2019

Coding and Payment Guide for Medicare Reimbursement: The following are the 2019 Medicare coding and national payment rates for Radio Frequency Ablation (Neurosurgery) procedures performed in an ambulatory surgical center, physician office, or outpatient hospital.

Therapeutic Procedures

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 Indicator³	ASC National Average Payment²	Status Indicator⁴	APC Code⁵	OPPS National Average Payment²
Stereotactic									
61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (e.g., alcohol, thermal, electrical, radiofrequency); gasserian ganglion	NA	\$929	90	A2	\$781	J1	5431	\$1,631
61791	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (e.g., alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract	NA	\$1,190	90	A2	\$781	J1	5431	\$1,631
Non-Stereotactic									
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, intraorbital, mental, or interior alveolar branch	\$445	\$240	10	A2	\$394	T	5443	\$765
64605	Desctruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale	\$609	\$364	10	A2	\$781	J1	5431	\$1,631
64610	Desctruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring	\$796	\$514	10	A2	\$781	J1	5431	\$1,631

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
64400	Injection, anesthetic agent; trigeminal nerve, any division or branch

Medicare Local Coverage Determinations⁷

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

Palmetto GBA (AL, GA, NC, SC, TN, 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

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, 2019. (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: A2: Surgical procedure on ASC list in CY 2007; payment based on OPFS relative payment weight
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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