

2019 Quick Reference Guide – Radio Frequency Ablation Facet Joint Reimbursement 2019

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

Therapeutic Procedures

CPT/ HCPCS Codes ¹	Description	Physician			Ambulatory Surgery Center		Outpatient Hospital		
		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
*64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	\$429	\$232	10	G2	\$781	J1	5431	\$1,631
(+)64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	\$192	\$70	ZZZ ⁶	N1	N/A PACKAGED	N	N/A PACKAGED	
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	\$424	\$228	10	G2	\$781	J1	5431	\$1,631
(+)64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint. (List separately in addition to code for primary procedure.)	\$175	\$62	ZZZ ⁶	N1	N/A PACKAGED	N	N/A PACKAGED	
64999	Unlisted procedure, nervous system. [Use when the provider performs facet joint nerve destruction without fluoroscopy or CT imaging guidance]	Carrier Price		YYY ⁷	Carrier Price		T	5441	\$247

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
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic: single level.
(+)64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic: second level. (List separately in addition to code for primary procedure.)
(+)64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic: third and any additional level(s). (List separately in addition to code for primary procedure.)
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level.
(+)64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level. (List separately in addition to code for primary procedure.)
(+)64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s). (List separately in addition to code for primary procedure.)

Medicare Local Coverage Determinations⁸

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
Novitas JH (AR, CO, LA, MS, NM, OK, TX)	LCD# L35033
Novitas JL (DC, DE, MD, NJ, PA)	LCD# L32033
Noridian JE (CA, NV, HI)	LCD# L34993
Noridian 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, 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: N1: Packaged service/item; no separate payment made. G2: Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS 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: 0203: Level IV Nerve Injections, 0204: Level III Nerve Injections
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. "YYY" are contractor-priced codes, for which contractors determine the global period. The global period for these codes will be 0, 10, or 90 days.
8. 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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