2021 Quick Reference Guide – Radio Frequency Ablation Knee Joint

Reimbursement 2021

Coding and Payment Guide for Medicare Reimbursement: The following are the 2021 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

		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]
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	$229	$83	000	P3	$164	T	5442	$635

Therapeutic Procedures

64624	Destruction by neurolytic agent, genicular nerve branches including guidance, when performed	$425	$150	10	P3	$809	J1	5431	$1,754

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, 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

Disclaimer: Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services and to submit appropriate codes, charges, and modifiers for services that are rendered. Boston Scientific recommends that you consult with your payers, reimbursement specialists and/or legal counsel regarding coding, coverage and reimbursement matters. Boston Scientific does not promote the use of its products outside their FDA-approved label. Information included herein is current as of November, 2020 but is subject to change without notice. Rates for services are effective January 1, 2021.

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, 2021. (Budget Control Act of 2011)

1. CPT Copyright 2020 American Medical Association (AMA). All rights reserved. CPT® is a registered trademark of the AmericanMedical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.
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 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: 5442: Level 2 Nerve Injections, 5431: Level 1 Nerve Procedures

Boston Scientific
Advancing science for life™
Neuromodulation
25155 Rye Canyon Loop
Valencia, CA 91355
www.bostonscientific.com

©2021 Boston Scientific Corporation or its affiliates. All rights reserved.

NM-455404-AE