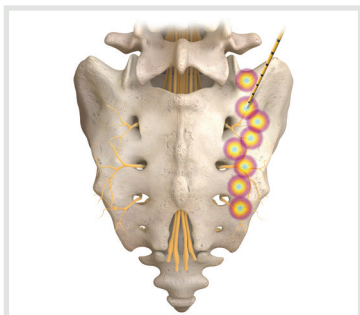


2024 Reimbursement Reference Guide:

Radiofrequency Ablation and Diagnostic Injection – Sacroiliac Joint†

2024 Medicare national unadjusted payment rates (where applicable based on Local Coverage Determination or LCD.)

Therapeutic Procedures		Physician					Outpatient Hospital			Ambulatory Surgery Center	
CPT/HCPCS CODE	DESCRIPTION	TOTAL OFFICE RVU	IN-OFFICE PAYMENT	TOTAL FACILITY RVU	IN-FACILITY PAYMENT	GLOBAL DAYS	APC	STATUS INDICATOR	HOPD PAYMENT	PAYMENT INDICATOR	ASC PAYMENT
64625*	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	14.19	\$465	5.84	\$191	10	5431	J1	\$1842	G2	\$898
Diagnostic Procedures		Physician					Outpatient Hospital			Ambulatory Surgery Center	
64451*	Injection(s), anesthetic agent(s), and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	6.84	\$224	2.43	\$80	0	5442	T	\$660	G2	\$359



KEY
 (+) Indicates Add-on code - Multiple procedure reduction does not apply
 In Office Payment - Physician payment for in office service
 In Facility Payment - Physician payment for in facility service

OPPS/ASC INDICATORS
 J1 - Hospital Part B Services paid through comprehensive APC N/N1 - Items and services packaged onto APC rates
 G2 - Payment based on OPPS relative payment rates
 P3 - Payment based on MPFS office (non-facility) PE RVUs
 T - Multiple procedure payment reduction may apply per payer guidelines

MODIFIERS

- 59 - Distinct procedural service
- RX - Requirements specified in the medical policy have been met.
- XS - Distinct procedural service on separate structure
- 50 - Bilateral procedure (when applicable)
- LT, RT - Left, right indicator (when payer guidelines require)

AMA CPT Guidance RFA Procedure (Specific payer guidelines apply)
 *Do not report 64625 in conjunction with 64635, 77002, 77003, 77012, 95873, 95874

AMA CPT Guidance Diagnostic Blocks (Specific payer guidelines apply)
 *Do not report 64451 in conjunction with 64493, 64494, 64495, 77002, 77003, 77012, 95873, 95874

RFA Procedure Scenario

SACROILIAC JOINT	Level	Code/Notes
	1st Level	64625
	2nd Level	No addtl pymt
	3rd Level	No addtl pymt

Disclaimer: Information provided is derived from a variety of public sources as of January 1, 2024 and is intended for general purposes only. It does not constitute reimbursement or legal advice. It is not intended to increase or maximize reimbursement by payer. Avanos encourages providers to submit accurate and appropriate claims for payment. It is always the provider's responsibility to determine medical necessity for the procedure as well as the number of levels/nerves denervated, the proper delivery of any services and to submit appropriate codes, charges, and modifiers for services that are rendered. Avanos recommends that you consult with your payers, reimbursement specialists and/or legal counsel regarding coding, coverage, and reimbursement matters. Payer policies vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements.

ICD-10-CM Diagnosis Code Options – SIJ†

The following list provides examples of possible diagnoses impacting radiofrequency ablation procedures in the SIJ region. It is not intended to be a complete or comprehensive list. This guide is provided for informational and educational purposes only and does not reflect nor represent any specific case or procedure. Providers are always responsible for accurate coding assignment based on the documented medical record.

Sample ICD-10-CM Diagnosis Code Options

ICD-10-CM Code	Description
SACROILIAC JOINT	
G54.1	Lumbosacral plexus disorders
G54.4	Lumbosacral root disorders, not elsewhere classified
M45.8	Ankylosing spondylitis sacral and sacrococcygeal region
M46.08	Spinal enthesopathy, sacral and sacrococcygeal region
M46.1	Sacroiliitis, not elsewhere classified
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.27	Other spondylosis with radiculopathy, lumbosacral region
M47.28	Other spondylosis with radiculopathy, sacral and sacrococcygeal region
M47.897	Other spondylosis, lumbosacral region
M47.898	Other spondylosis, sacral and sacrococcygeal region
M48.8X8	Other specified spondylopathies, sacral and sacrococcygeal region
M53.2X8	Spinal instabilities, sacral and sacrococcygeal region
M53.3	Sacrococcygeal disorders, not elsewhere classified
M53.88	Other specified dorsopathies, sacral and sacrococcygeal region
M54.40	Lumbago with sciatica, unspecified side
M54.41	Lumbago with sciatica, right side
M54.42	Lumbago with sciatica, left side
M54.5	Low back pain
M25.55	Pain in hip
M25.551	Pain in right hip
M25.552	Pain in left hip
M25.559	Pain in unspecified hip

†References:
 CPT 2024 Professional Edition, 2023 American Medical Association (AMA); CPT is a trademark of the AMA. All Rights Reserved.
 2024 Medicare Physician Fee Schedule RVU multiplied by conversion factor, effective January 1, 2024, www.cms.gov
 2024 Medicare OPSS Final Rule, www.cms.gov
 2024 Medicare ASC Final Rule Payment Rates, January 1, 2024, www.cms.gov
 2024 ICD-10-CM, www.cms.gov

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