



2024 Quick Reference Guide – Radio Frequency Ablation Sacroiliac Joint

Reimbursement 2024

Coding and Payment Guide for Medicare Reimbursement: The following are the 2024 Medicare coding and national payment rates for Radio Frequency Ablation (Sacroiliac Joint) procedures performed in an ambulatory surgical center, physician office, or outpatient hospital.

		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
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with imaging guidance (ie, fluoroscopy or computed tomography)	\$224	\$80	000	G2	\$359	T	5442	\$660
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	\$465	\$191	10	G2	\$898	J1	5431	\$1,842

Indications for Use: The Boston Scientific Radiofrequency Generators, associated Radiofrequency Lesion Probes and RF Cannula are indicated for use in procedures to create radiofrequency lesions for the treatment of pain or for lesioning only peripheral nerve tissue for functional neurosurgical procedures. The Boston Scientific RF Injection Electrodes are used for percutaneous nerve blocks with local anesthetic solution or for radiofrequency lesioning of peripheral nerve tissue only. The Boston Scientific LCED and Stereotactic TCD Electrodes are indicated for use in radiofrequency (RF) heat lesioning of nervous tissue including the Central Nervous System.

Warnings: The Boston Scientific RF devices may cause interference with active devices such as neurostimulators, cardiac pacemakers, and defibrillators. Interference may affect the action of these active devices or may damage them. For appropriate guidance, consult the instructions for use for these active devices. Refer to the Instructions for Use provided with Boston Scientific generators, electrodes and cannulas for potential adverse effects, warnings and precautions prior to using these products. Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

CAUTION: The law restricts these devices to sale by or on the order of a physician. Indications, contraindications, warnings, and instructions for use can be found in the product labeling supplied with each device or at www.IFU-BSCI.com. Products shown for INFORMATION purposes only and may not be approved or for sale in certain countries. This material not intended for use in France.

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without notice. Rates for services are effective January 1, 2024.

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, 2022. (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. 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 indicator: G2 Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight.
4. Outpatient Status Indicators: T Procedure or Service, Multiple Procedure Reduction applies, J1 Hospital Part B services paid through a comprehensive APC.
5. APC Codes: 5431: Level 1 Nerve Procedures, 5442: Level 2 Nerve Injections