

Sacroiliac joint injection criteria change

Effective for dates of service on and after May 1, 2023, Anthem Blue Cross and Blue Shield Medicaid will utilize the Carelon Medical Benefits Management, Inc.* *Clinical Appropriateness Guidelines: Musculoskeletal Program for Interventional Pain Management-Sacroiliac Joint Injection, March 13, 2022.*

The following code list is not meant to be all-inclusive. Specific CPT® codes for services should be used when available. Nonspecific or not otherwise classified codes may be subject to additional documentation requirements and review.

CPT/HCPCS code	Description
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (in other words, fluoroscopy or computed tomography)
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (in other words, fluoroscopy or computed tomography)
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid, and/or other therapeutic agent, with or without arthrography

Please use the [prior authorization look up tool](#) to determine if prior authorization is required by CPT/HCPCS code.

Nonparticipating providers always require prior authorization.

If you have questions about this communication, please contact your Provider Relationship Management representative or Provider Services at **855-661-2028**.



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* Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan.



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