

Eli's Rehab Report

Reader Question: Sacroiliac Joint Injections

Question: I need help with developing a charge for [CPT 27096](#). Our physiatrist believes that our current fee is too high. How much should we charge and what is the reimbursement?

New York Subscriber

Answer: Reimbursement for 27096 (injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid) varies widely from carrier to carrier. For example, in Utah, the Medicare allowable for 27096 in a facility is \$73 and the allowable in the office is \$446, while in Pennsylvania the allowable in a facility is \$77, and in an office its \$495. The office fee includes the cost of providing the service (overhead, supplies, staff, utilities, rent, etc.) and goes toward the skill required to provide the service and risk involved. To find an appropriate charge, you need to contact your local Medicare carrier and your top-five third-party payers. Then you can use those amounts as a guide.

Note: Advice for You Be the Coder and Reader Questions was provided by **Laureen Jandroep, OTR, CPC, CCS-P, CPC-H**, owner of A+ Medical Management and Education, a coding and reimbursement consulting firm and a national CPC training curriculum site in Egg Harbor City, N.J.; and **Patricia Niccoli**, a chiropractic coding expert from ElectroAge Billing, a physician billing service that specializes in chiropractic reimbursement in Phoenix.