

Outpatient Facility Coding Alert

Reader Question: Stay Away From 27096 for Outpatient Settings

Question: Do the codes for sacroiliac joint arthrography differ for outpatient and hospital settings? How should we report the procedure?

New York Subscriber

Answer: When your physician administers injections for sacroiliac joint arthrography, you report code 27096 (Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance [fluoroscopy or CT] including arthrography when performed). This code includes imaging guidance, i.e. fluoroscopy and/or CT used by your physician to confirm the intra-articular needle positioning. However, if your physician administers a sacroiliac joint injection without imaging guidance, you do not submit code 27096. You instead report code 20552 (Injection[s]; single or multiple trigger point[s], 1 or 2 muscle[s]).

Important: You do not submit code 27096 to Medicare for outpatient billing.

Hospital billing: For sacroiliac joint arthrography on hospital Medicare patients, you report level II HCPCS code G0259 (Injection procedure for sacroiliac joint; arthrography). The code G0260 (Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography) is another alternative. This code is inclusive of arthrography, when performed. Physician practices can report G0259 but not G0260.