



REIMBURSEMENT POLICY STATEMENT

Archiv

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G. Review/Revision History

	DATE	ACTION
Date Issued	07/26/2016	
Date Revised	09/08/2016	
	05/13/2020	Revised to add coverage for ablation of the SI Joint; added codes: 64451 64625 G0260.
Date Effective	09/01/2020	
Date Archived	05/31/2021	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy

H. References

1. Ohio Department of Medicaid Fee Schedules. Retrieved May 5, 2020 from www.medicaid.ohio.gov

The Reimbursement

