

# CODING GUIDE – iFuse Implant System®

## LONG CONSTRUCT DEFORMITY SURGERY WITH SACROILIAC FIXATION/FUSION

### PHYSICIAN

**Procedure:** The iFuse Implant System is intended for sacroiliac (SI) fusion under certain conditions. One condition is to augment immobilization and stabilization of the SI joint in skeletally mature patients undergoing sacropelvic fixation as part of a lumbar or thoracolumbar fusion. (See full indications on back)

The following CPT® Codes may apply. Physicians must use independent judgment and report codes that most accurately describe the services provided and the patient's condition. The coding selection will depend on approach, technique, patient diagnosis and other case specifics.

CPT® Code	Description	2021 Medicare Rates
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device. <i>[For bilateral procedure report 27279 with modifier -50]</i>	\$888
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed <i>[For bilateral procedure report 27280 with modifier -50]</i>	\$1,400

- Pelvic fixation (e.g., rods and connectors in a Galveston technique configuration) is commonly reported with add-on CPT code 22848. This may include placement of bolts and screws to fixate the pelvis.
- Long construct deformity procedures with pelvic fixation may be performed in conjunction with open (CPT 27280) or minimally invasive SI joint fusion (27279).

**AMA CPT Assistant Guidance:** Code 27280 is reported for a sacroiliac joint fusion using an open approach requiring direct visualization. AMA CPT Assistant September 2013, Volume 23, Issue 9.

**Multiple Procedures:** When multiple surgeries or procedures are performed by a single physician or physicians in the same group practice on the same patient at the same operative session, reduction in reimbursement for secondary and subsequent procedures may occur. Appropriate use of modifiers will facilitate claims processing.

**Modifier 51:** Modifier -51 is reported for secondary procedures in accordance with CPT guidelines. Both CPT code 27279 and CPT 27280 are unilateral procedures. If performed bilaterally, some payors require that the service be reported twice with modifier -50 appended to the second code while others require identification of the service only once with modifier -50 appended. Check with individual payors.

### INPATIENT FACILITY

ICD-10-PCS	Description
0SG834Z	Fusion of Left Sacroiliac Joint with Internal Fixation Device, Percutaneous Approach
0SG734Z	Fusion of Right Sacroiliac Joint with Internal Fixation Device, Percutaneous Approach
0SG804Z	Fusion of Left Sacroiliac Joint with Internal Fixation Device, Open Approach
0SG704Z	Fusion of Right Sacroiliac Joint with Internal Fixation Device, Open Approach

Commonly Reported DRG	Description	Severity	2021 Medicare Rates
360 fusion (anterior + posterior arthrodesis)	453	w/ MCC	\$59,092
	454	w/ CC	\$39,196
	455	without CC/MCC	\$30,794
Other deformity fusion (e.g., posterior only or anterior only)	456	w/ MCC	\$55,264
	457	w/ CC	\$41,792
	458	without CC/MCC	\$32,249

SOURCE: FY 2021 Medicare Hospital Inpatient Prospective Payment System, FY 2021 Final Rule Tables and Correction Notice Tables CMS-1735-F and CMS-1735-CN. The listed rates do not reflect all hospital-specific adjustments that may significantly alter a payment to a particular hospital.

## SI-BONE's Patient Insurance Coverage Support (PICS)

Our PICS team is available to provide coding, billing, and reimbursement support for procedures performed with the *iFuse Implant System*.



Phone [1-800-710-8511](tel:1-800-710-8511)



Email [PICS@si-bone.com](mailto:PICS@si-bone.com)



Website <https://si-bone.com/providers/reimbursement/>

**INTENDED USE:** The iFuse Implant System is intended for sacroiliac fusion for conditions including sacroiliac joint dysfunction that is a direct result of sacroiliac joint disruption and degenerative sacroiliitis. This includes conditions whose symptoms began during pregnancy or in the peripartum period and have persisted postpartum for more than 6 months. The iFuse Implant System is also intended for sacroiliac fusion to augment immobilization and stabilization of the sacroiliac joint in skeletally mature patients undergoing sacropelvic fixation as part of a lumbar or thoracolumbar fusion. In addition, the iFuse Implant System is intended for sacroiliac fusion in acute, non-acute, and non-traumatic fractures involving the sacroiliac joint. There are potential risks associated with the iFuse Implant System. It may not be appropriate for all patients and all patients may not benefit. For indications, risk, and safety information about the iFuse Implant System visit <http://si-bone.com/risks>.

**DISCLOSURE:** This document is for informational purposes only and is not legal advice or official guidance from payors. It is not intended to increase or maximize reimbursement by any payor. Hospitals and physicians are solely responsible for complying with Medicare and other payor rules and requirements for the information submitted with all claims and appeals. SI-BONE does not warrant or guarantee that the use of this information will result in coverage or payment for SI joint fusion. Before any claims or appeals are submitted, hospitals and physicians should review official payor instructions and requirements, should confirm the accuracy of their coding or billing practices with these payors and should use independent judgment when selecting codes that most appropriately describe the services or supplies provided to a patient. CPT five-digit numeric codes, descriptions, and numeric modifiers are ©2020 AMA. All rights reserved.