FACILITY CODING GUIDE – iFuse Implant System®

MINIMALLY INVASIVE SACROILIAC JOINT SURGERY

About iFuse: While there are many possible causes of sacroiliac (SI) joint disorders, the iFuse Implant System® is intended for sacroiliac joint fusion for conditions including sacroiliac joint dysfunction that is a direct result of a sacroiliac joint disruption or degenerative sacroiliitis. *(See full indications on back)*

The following codes may apply to patients undergoing minimally invasive sacroiliac (SI) joint fusion with the iFuse Implant System®. Facilities must use independent judgment and report codes that most accurately describe the services, items and/or supplies provided, as well as the patient's condition. The lists provided may not be all-inclusive.

ICD-10-CM Diagnosis Codes

Diagnosis Codes	Code Description
M46.1	Sacroiliitis, not elsewhere classified
M53.2X8	Spinal instabilities, sacral and sacrococcygeal region
M53.3	Sacrococcygeal disorders, not elsewhere classified
S33.6XXS	Sprain of sacroiliac joint, sequela
M43.28	Fusion of spine, sacral and sacrococcygeal region
S39.83XS	Other specified injuries of pelvis, sequela
S33.2XXS	Dislocation of sacroiliac and sacrococcygeal joint, sequela

HOSPITAL INPATIENT SETTING (Place of Service Code 21)

Hospitals use ICD-10-PCS to report inpatient services. The following ICD-10-PCS codes may be appropriate for a sacroiliac joint fusion procedure with the iFuse Implant System. Please note that Medicare reimbursement varies according to the geographical area in which the services are provided and other applicable adjustments. Actual payments may therefore vary. For this reason, national averages are set forth below.

ICD-10-PCS	Description	Possible MS-DRG*	FY 2021 Medicare U.S. Non-Adjusted Payment Rate
0SG734Z (right) **0SG834Z (left)**	Fusion of (right/left) sacroiliac joint with internal fixation device, percutaneous approach	**459** – Spinal Fusion Except Cervical with MCC (MCC = Major complications and/or comorbidities)	$ 43,268
		460 – Spinal Fusion Except Cervical without MCC (MCC = Major complications and/or comorbidities)	$ 25,278

*Other MS-DRGs may apply; does not include Medicare sequestration payment cut.

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.

Revenue Code**	Description
0360	Operating Room Services
0278	Medical Surgical Supplies/ Other Implants

**Other Revenue Codes may apply

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HOSPITAL OUTPATIENT SETTING (Place of Service Code 22)

CPT® Code	Status Indicator	APC#	Description	CY 2021 Medicare U.S. Non-Adjusted Payment Rate
27279	**J1** – Hospital Part B services paid through a comprehensive APC	**5116**	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device. *[For bilateral procedures, report 27279 with modifier 50]*	$ 15,868
C1889	**N** – Items and Services Packaged into APC Rate	–	Implantable/ insertable device for device-intensive procedure, not otherwise classified	No separate payment under Medicare (commercial contracts may vary)

APC 5116: Level 6 Musculoskeletal Procedure

SOURCE: 2021 Hospital Outpatient Prospective Payment- Notice of Final Rulemaking with Comment Period (NFRM), CMS-1736-FC: 2021 NFRM Data Add B.11302020_0 (1). https://www.cms.gov/medicaremedicare-fee-service-paymenthospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1736-fc

AMBULATORY SURGICAL CENTER (ASC) SETTING (Place of Service Code 24)

CPT® Code	Description	ASC Payment Indicator	CY 2021 Medicare U.S. Non-Adjusted Payment Rate	Device Off-set %
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	**J8** – Device-intensive procedure; paid at adjusted rate	$ 12,974	70.38%
C1889	Implantable/insertable device, not otherwise classified	**N1** – Packaged service/item; no separate payment made.	No separate payment under Medicare (commercial contracts may vary)	
C1776	Joint device (implantable)			
L8699	Prosthetic implant, not otherwise specified			

SOURCE: 2021 Ambulatory Surgical Center Payment- Notice of Final Rulemaking with Comment Period (NFRM), Ambulatory Surgical Center Payment- Notice of Final Rulemaking with Comment Period (NFRM) https://www.cms.gov/medicaremedicare-fee-service-paymentascpaymentasc-regulations-and-notices/cms-1736-fc/
2021 NFRM OPPS Addendum A.11302020 - Section 508 version.txt

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

 Email
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 a 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 being in compliance 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.

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