PHYSICIAN CODING GUIDE – iFuse Implant System®

MINIMALLY INVASIVE SACROILIAC JOINT SURGERY

About iFuse: While there are many possible causes of 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 below)

The procedure involves the insertion of typically three small, triangular, titanium implants across the SI joint designed to stabilize and fuse the SI joint.

PHYSICIAN

CPT® Code: The following code may apply to patients undergoing minimally invasive sacroiliac (SI) joint fusion with the iFuse Implant System. Physicians must use independent judgment and report codes that most accurately describe the services provided and the patient's condition.

CPT Code	Description	2021 Medicare Rate
27279	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 procedure report 27279 with modifier 50]*	$888

American Medical Association (AMA) and International Society for the Advancement of Spine Surgery (ISASS) recommend lateral transiliac minimally invasive procedures should be reported with CPT code 27279. ISASS recommends posterior (dorsal) minimally invasive procedures, whether using devices or bone allograft products, should be reported with Unlisted CPT coding for spine or hip/pelvis (*e.g.*, 22899 or 27299).

Revision and/or removal of the SI joint implant should be coded using Unlisted CPT Code (*i.e.*, 22899 or 27299) depending on the type of approach and procedure performed, whether within the global period of the fusion, or not.

SOURCE: Lorio M, Kube R, Araghi A. ISASS Policy 2020 Update—Minimally Invasive Surgical Sacroiliac Joint Fusion (for Chronic Sacroiliac Joint Pain): Coverage Indications, Limitations, and Medical Necessity. *Int J Spine Surg*. 2020 December; 7156. DOI: 10.14444/7156.

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

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.

SI-BONE, Inc.
471 E. Camino Real
Suite 100
Santa Clara, CA 95050
U.S.A.

t. 408-207-0700
f. 408-557-8312
info@si-bone.com
www.si-bone.com