

CODING GUIDE – iFuse Implant System®

PELVIC BONE FRACTURE REPAIR SURGERY WITH SACROILIAC FIXATION/FUSION

PHYSICIAN

Procedure: The iFuse Implant System is intended for sacroiliac (SI) fusion for acute, non-acute, and non-traumatic fractures involving the sacroiliac joint. SI joint fusion with iFuse may be performed in conjunction with or adjunctive to sacral fracture repair. The code(s) selected by the physician to describe the procedure(s) performed will depend on surgical approach, fracture reduction and stabilization technique, patient diagnosis and other case specifics. Table 1 lists commonly reported CPT codes for sacral fracture repair. Table 2 lists procedural codes commonly used to report SI joint fusion procedures. Physicians must use independent judgment and report codes that most accurately describe the services provided.

Table 1. Commonly Reported CPT® Codes When Performing Pelvic Fracture Repair

CPT® Code	Description	2021 Medicare Rate
27216	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum) <i>[For bilateral procedure report 27216 with modifier -50]</i>	\$912
27217	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes pubic symphysis and/or ipsilateral superior/inferior rami) <i>[For bilateral procedure report 27217 with modifier -50]</i>	\$857
27218	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum) <i>[For bilateral procedure report 27218 with modifier -50]</i>	\$1,178
G0413†	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, (includes ilium, sacroiliac joint and/or sacrum)	\$1,093
G0414†	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation when performed (includes pubic symphysis and/or superior/inferior rami)	\$1,034
G0415†	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation, when performed (includes ilium, sacroiliac joint and/or sacrum)	\$1,410
27299	Unlisted procedure, pelvis, or hip joint	Carrier Priced

† **G Codes:** In 2009, CMS created HCPCS G-codes (G0413-G0415) which mirror the fracture/dislocation codes. These codes are used for either unilateral or bilateral procedures performed in Medicare beneficiaries in place of the CPT codes 27216-27218. Other payors (i.e., Medicaid) may also require the G codes to be reported so check with the specific payor to determine billing and coverage.

Table 2. Commonly Reported CPT® Codes for SI Joint Fusion

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. <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
22899	Unlisted procedure, spine	Carrier Priced
27299	Unlisted procedure, pelvis, or hip joint	Carrier Priced

AMA CPT Assistant September 2013, Volume 23, Issue 9. 27280 is reported for a sacroiliac joint fusion using an open approach requiring direct visualization. Typically, 27216 and 27279 procedures are not billed on the same date of service but are allowed when each is medically necessary and when appropriate modifier(s) detail that separate services and diagnoses are present. No National Correct Coding Initiative (NCCI) bundling edits or AMA guidance exists which prohibit billing them together.

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 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.

HOSPITAL INPATIENT SETTING (Place of Service Code 21)

ICD-10-PCS Procedure Code	Definitions	Medicare Unadjusted 2021 MS-DRG Payment
Fracture Fixation and Fusion		
0SG734Z OR 0SG834Z AND 0QS234Z OR 0QS334Z	<ul style="list-style-type: none"> Fusion of Right Sacroiliac Joint with Internal Fixation Device, Percutaneous Approach Fusion of Left Sacroiliac Joint with Internal Fixation Device, Percutaneous Approach Reposition Right Pelvic Bone with Internal Fixation Device, Percutaneous Approach Reposition Left Pelvic Bone with Internal Fixation Device, Percutaneous Approach 	<p>459 = \$43,268 (Spinal fusion except cervical w/MCC)</p> <p>460 = \$25,278 (Spinal fusion except cervical w/o MCC)</p>
0SG704Z OR 0SG804Z AND 0QS204Z OR 0QS304Z	<ul style="list-style-type: none"> Fusion of Right Sacroiliac Joint with Internal Fixation Device, Open Approach Fusion of Left Sacroiliac Joint with Internal Fixation Device, Open Approach Reposition Right Pelvic Bone with Internal Fixation Device, Open Approach Reposition Left Pelvic Bone with Internal Fixation Device, Open Approach 	

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.

HOSPITAL OUTPATIENT SETTING (Place of Service Code 22)

CPT Code	Status Indicator*	APC	APC Code Descriptors	Medicare Non-Adjusted 2021 Payment Rate
27279	J1	5116	Level 6 Musculoskeletal Procedures	\$15,868
27280	J1	5116	Level 6 Musculoskeletal Procedures	\$15,868
G0413	J1	5114	Level 4 Musculoskeletal Procedures	\$ 6,265
G0414	J1	5115	Level 5 Musculoskeletal Procedures	\$12,315
G0415	J1	5115	Level 5 Musculoskeletal Procedures	\$12,315
27299	T	5111	Level 1 Musculoskeletal Procedures	\$ 206
C1889	N	–	–	No separate payment under Medicare (commercial contracts may vary)

* Status Indicators

J1: Hospital Part B Services Paid Through a Comprehensive APC; "Paid under OPSS; all covered Part B services on the claim are packaged with the primary "J1" service for the claim, except services with OPSS status indicator of "F", "G", "H", "L" and "U"; ambulance services; diagnostic and screening mammography; rehabilitation therapy services; services assigned to a new technology APC; self-administered drugs; all preventive services; and certain Part B inpatient services.

T: Procedure or Service, Multiple Procedure Reduction Applies; Paid under OPSS; separate APC payment.

N: Items and Services Packaged into APC Rates; Paid under OPSS; payment is packaged into payment for other services. Therefore, there is no separate APC payment.

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).

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 the following conditions:

- 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.
- To augment immobilization and stabilization of the sacroiliac joint in skeletally mature patients undergoing sacropelvic fixation as part of a lumbar or thoracolumbar fusion.
- Acute, non-acute, and non-traumatic fractures involving the sacroiliac joint.

SI-BONE recommends that surgeons reduce and stabilize fractures (*i.e.*, via conventional techniques such as screw fixation) prior to placement of the iFuse Implant System.

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.