SI Joint Dysfunction

ASC Coding Guide – iFuse, iFuse 3D™, and iFuse TORQ® Implant Systems

MINIMALLY INVASIVE SACROILIAC JOINT SURGERY USING TRANSFIXING DEVICES

About iFuse Systems: While there are many possible causes of sacroiliac (SI) joint disorders, the *iFuse Implant System®*, *iFuse 3D™ Implant System*, and *iFuse TORQ® Implant System* are intended for SI joint fusion for conditions including SI joint dysfunction that is a direct result of a SI joint disruption or degenerative sacroiliitis (see full indications on last page). The procedure involves the insertion of typically three small titanium implants across the SI joint designed to stabilize and fuse the SI joint.

The following codes may apply to patients undergoing minimally invasive SI joint fusion with the iFuse Implant Systems. Surgery centers and physicians 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 below codes may not be an all-inclusive list.

ICD-10 CM DIAGNOSIS CODES

DIAGNOSIS CODE	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

PHYSICIAN

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

CPT® Code[1]	Description
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]*

[1] ISASS Guidance: "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

[2] 2023 Physician Fee Schedule CMS-1770-F, https://www.cms.gov/medicaremedicare-fee-service-paymentphysicianfeeschedpfs-federal-regulation-notices/cms-1770-f

Effective January 1, 2023, procedures which do not use transfixing implants (*i.e.*, going across the ilium, across the SI joint, and into the sacrum) should NOT use CPT 27279. Dorsal allograft placement within the SI joint must be reported using CPT 0775T, not 27279. The AMA made the following changes effective in 2023.

- **"Transfixation" Clarification in CPT 27279** – an implant must pass through the ilium, go across the SI joint, and into the sacrum in a trans-iliac (lateral) trajectory to be classified as a "transfixing device".
- **CPT 0775T** – NEW Category III Code – describes posterior/dorsal ("non-transfixing") SIJ procedures, **effective January 1, 2023**. As a Category III CPT code ("t-code"), CPT 0775T does not have established RVUs. Procedures reporting this code will be subject to added review and scrutiny by Medicare contractors and commercial payors. Medicare and commercial coverage criteria, if any, will often be applied on a case-by-case basis.
- **CPT X111T** – NEW Category III Code – describes "hybrid" dorsal + lateral SI joint procedures, **effective July 1, 2023** (*e.g.*, dorsal allograft placement with lateral transfixing screws in the same procedure). These procedures are not appropriately described by CPT 27279 or 0775T. The AMA provided guidance at the May 2022 CPT Panel meeting to use unlisted codes for spine and/or hip or pelvis to describe their use until July 1, 2023, at which time X111T will be added to describe these procedures.

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

CPT® Code	Description	Status Indicator	CY 2023 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	$ 17,109	70.98%
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: 2023 Ambulatory Surgical Center Payment- Notice of Final Rulemaking with Comment Period (NFRM), Ambulatory Surgical Center Payment- Notice of Final Rulemaking with Comment Period (NFRM) 2023 NFRM OPPS Addendum AA

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

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

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.

If present, a pelvic fracture should be stabilized prior to the use of iFuse implants.

The iFuse TORQ® Implant System is indicated for sacroiliac joint fusion for:

- Sacroiliac joint dysfunction including sacroiliac joint disruption and degenerative sacroiliitis.
- Augmenting immobilization and stabilization of the sacroiliac joint in skeletally mature patients undergoing sacropelvic fixation as part of a lumbar or thoracolumbar fusion.

The iFuse TORQ Implant System is also indicated for fracture fixation of the pelvis, including acute, non-acute and non-traumatic fractures.

The iFuse TORQ Navigation instruments are intended to be used with the iFuse TORQ Implant System to assist the surgeon in precisely locating anatomical structures in iFuse TORQ Implant System procedures, in which the use of stereotactic surgery may be appropriate, and where reference to a rigid anatomical structure, such as the pelvis or vertebra, can be identified relative to the acquired image (CT, MR, 2D fluoroscopic image or 3D fluoroscopic image reconstruction) and/or an image data based model of the anatomy. iFuse TORQ Navigation instruments are intended to be used with the Medtronic® StealthStation® System.

Healthcare professionals should refer to the Instructions For Use for indications, contraindications, warnings, and precautions at www.si-bone.com/label.

There are potential risks associated with iFuse procedures. The procedures may not be appropriate for all patients and all patients may not benefit. For information about the risks, visit www.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 ©2022 AMA. All rights reserved.

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