

MINIMALLY INVASIVE SACROILIAC JOINT FUSION 2017 **SURGEON** FACTS AT-A-GLANCE

PROCEDURE CODING AND PAYMENT

CPT®-4 Code	Description ¹	Medicare National Average Payment ²
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)	\$715.26

Source:

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²CMS-1654-FC Physician Fee Schedule final rule CY 2017. Total facility RVUs 19.93. Conversion factor \$35.8887. No adjustments. Final Medicare payment will vary based on physician locality adjustments. Commercial insurance payment will be determined by individually negotiated contracts.

NOTE: Final coding for minimally invasive sacroiliac joint fusion procedures is at the discretion of the healthcare provider and the directive of the payer. Providers are encouraged to contact their payer with questions pertaining to coding, coverage or claims submission for this procedure.

For more information contact the Simmetry Reimbursement Hotline 1-855-374-6050

SIJSupport@emersonconsultants.com

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