SImmetry sacroiliac joint fusion

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

HOSPITAL *INPATIENT* PROCEDURE CODING AND PAYMENT

ICD-10 Procedure Code [1]	Description[1]	DRG Assignment and Medicare National Average Payment [2]
OSG734Z	Percutaneous sacroiliac joint fusion with internal fixation device, right side	DRG 460 Spinal fusion, except cervical **$23,788**
OSG834Z	Percutaneous sacroiliac joint fusion with internal fixation device, left side	

Final payment will vary by individual hospital. Commercial insurance payment will be determined by individually negotiated contracts.

NOTE: Final DRG placement will be determined by procedures performed, level of severity of patient's overall health-related conditions and pre-existing comorbidities.

HOSPITAL *OUTPATIENT* PROCEDURE CODING AND PAYMENT

CPT®-4 Code	Description[3]	Status Indicator[5]	APC Assignment & Medicare National Average Payment[5]
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device.	**J1**	**5116** Level VI Musculoskeletal Procedures **$14, 704**

SIMMETRY SYSTEM DEVICE CATEGORY

HCPCS Code	Description[4]	Medicare National Average Payment
C1713	Anchor/ Screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	Status N[5] No Separate Payment Packaged into Payment for Procedure

Source:

[1] 2017 ICD-10 Procedure Coding System Expert (ICD-10-PCS) Expert for Hospitals Published for procedures by AAPC. Medicare National Average for DRC 460 no adjustments, Reflective of 2017 IPPS final rule. Full update, base rate $5963.44.

[2] CMS 1655-F; CMS 1644-F; CMS 1632-F2; CMS 1655-CN2 Medicare Program Final Rule; August 22, 2016.

[3] Current Procedural Terminology (CPT®) copyright 2016. CPT is a registered trademark of the American Medical Association. All Rights Reserved.

*Medicare National Average Payment with no adjustments. APC 5116 relative weight 195.9697. Commercial insurance payment will be determined by individually negotiated contracts.

[4] 2017 HCPC Level II Expert. Published by AAPC

[5] Addendum B update to CMS-1656-FC Outpatient Prospective Payment System final rule CY 2017

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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