

MINIMALLY INVASIVE SACROILIAC JOINT FUSION 2017 AMBULATORY SURGERY CENTER 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.	\$12,599.78*

SIMMETRY SYSTEM DEVICE CATEGORY

HCPCS Code	Description ³	Medicare National Average Payment
C1713	Anchor/ Screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	Status N ² No Separate Payment Packaged into Payment for Procedure

Source:

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² Addendum B update to CMS-1656-FC Hospital Outpatient Prospective Payment System final rule CY 2017

³ 2017 HCPCS Level II Expert. Published by AAPC

*Medicare National Average Payment with no 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

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