

MINIMALLY INVASIVE SACROILIAC JOINT FUSION 2019 SURGEON REIMBURSEMENT FACTS AT-A-GLANCE

SURGEON CODING AND PAYMENT OPTIONS

CPT® ¹ 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]	\$720.42*

Sources:

1. 2019 Current Procedural Terminology (CPT®) Professional Edition. CPT is a registered trademark of the American Medical Association. All rights reserved.
2. CMS-1693-F; Medicare Physician Fee Schedule Final Rule CY2019. Effective through December 31, 2019. Conversion factor \$36.0391

*Final Medicare payment will vary based on physician locality adjustments. Commercial 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 or SIJSupport@emersonconsultants.com.

This document is for information and training purposes only and is provided to help you understand the reimbursement process. It is not intended to increase or maximize reimbursement by any payer. We strongly recommend that providers consult their payer organization with regard to local coding and reimbursement policies. The information contained in this document represents no statement, promise, or guarantee by Zyga Technology concerning levels of reimbursement, payment, or charge. Similarly, all CPT®, MS-DRG, and ICD-10-CM codes are supplied for information purposes only and represent no statement, promise, or guarantee by Zyga Technology that these codes will be appropriate or that reimbursement will be made. CPT codes and descriptions only are copyright 2018 American Medical Association. All Rights Reserved. The content provided by the Center for Medicare and Medicaid Services is updated frequently. It is the responsibility of the health services provider to confirm the appropriate coding required by their local Medicare carriers, fiscal intermediaries, and commercial payers. February 2019