

MINIMALLY INVASIVE SACROILIAC JOINT FUSION 2019 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
OSG834Z	Percutaneous sacroiliac joint fusion with internal fixation device, left side	\$24,650.92*

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 ^{®3} Code	Description ¹	Status Indicator ⁴	APC Assignment & Medicare National Average Payment ⁴
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 \$15,402.46*

SIMMETRY SYSTEM DEVICE CATEGORY

HCPCS Code ⁵	Description ⁵	Medicare National Average Payment ⁴
C1713	Anchor/ Screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	Status N1 ⁵ No Separate Payment Packaged into Payment for Procedure

- Sources:**
- 2019 ICD Procedure Coding System (ICD-10-PCS) Expert for Hospitals. AAPC.
 - CMS-1694-F, CMS-1694-CN2; Medicare Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2019 Rates. Effective through September 30, 2019.
 - 2019 Current Procedural Terminology (CPT[®]) Professional Edition. CPT is a registered trademark of the American Medical Association. All rights reserved.
 - CMS-1695-FC; Medicare Outpatient Payment System Final Rule CY2019. Effective through December 31, 2019.
 - 2019 Healthcare Common Procedure Coding System (HCPCS) Level II Expert. AAPC.

*2019 Medicare national average payment. Final Medicare payment will vary based on 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.

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