

## MINIMALLY INVASIVE SACROILIAC JOINT FUSION 2019 AMBULATORY SURGERY CENTER FACTS AT-A-GLANCE

### PROCEDURE CODING AND PAYMENT

CPT® <sup>1</sup> Code	Description <sup>1</sup>	Medicare National Average Payment <sup>2</sup>
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device.	\$12,481.45*

### SIMMETRY SYSTEM DEVICE CATEGORY

HCPCS Code <sup>5</sup>	Description <sup>5</sup>	Medicare National Average Payment <sup>2</sup>
C1713	Anchor/ Screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	Status N1 <sup>5</sup> No Separate Payment Packaged into Payment for Procedure

**Sources:**

1. 2019 Current Procedural Terminology (CPT®) Professional Edition. CPT is a registered trademark of the American Medical Association. All rights reserved.
  2. CMS-1695-FC; Ambulatory Surgical Center Payment System Final Rule CY2019. Effective through December 31, 2019.
  3. 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](mailto:SIJSupport@emersonconsultants.com).