

SURGEON CODING AND PAYMENT OPTIONS

Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device.

CPT^{®1} Code: 27279 | For bilateral procedure: report 27279 with modifier 50

1. 2020 Current Procedural Terminology (CPT[®]) Professional Edition. CPT is a registered trademark of the American Medical Association. All rights reserved.

2. CMS-1716-F; Medicare Physician Fee Schedule Final Rule CY2020. Effective through December 31, 2020. Conversion factor: \$36.0896

*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.

Medicare National Average Payment²

\$914.51

HOSPITAL INPATIENT/ OUTPATIENT PROCEDURE CODING AND REIMBURSEMENT

Hospital Inpatient Procedure Coding and Payment

Percutaneous sacroiliac joint fusion with internal fixation device, right side

ICD-10 Procedure Code¹: 0SG734Z

Percutaneous sacroiliac joint fusion with internal fixation device, left side

ICD-10 Procedure Code¹: 0SG834Z

DRG Assignment and Medicare National Average Payment²

DRG 460 Spinal fusion, except cervical

\$24,787.99

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

Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device.

CPT^{®3} Code: 27279 | **Status Indicator⁴: J1**

APC Assignment and Medicare National Average Payment⁴

5116 Level VI Musculoskeletal Procedures | **\$15,946.08**

1. 2020 ICD Procedure Coding System (ICD-10-PCS) Expert for Hospitals. AAPC.

2. CMS-1716-F; CMS-1716-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 2020 Rates. Effective through September 30, 2020.

3. 2020 Current Procedural Terminology (CPT[®]) Professional Edition. CPT is a registered trademark of the American Medical Association. All rights reserved.

4. CMS-1717-CN; Medicare Outpatient Payment System Final Rule CY2020. Effective through December 31, 2020.

5. 2020 Healthcare Common Procedure Coding System (HCPCS) Level II Expert. AAPC.

*2020 Medicare national average payment. Final Medicare payment will vary based on locality adjustments. Commercial payment will be determined by individually negotiated contracts.

Slimmetry System Device Category

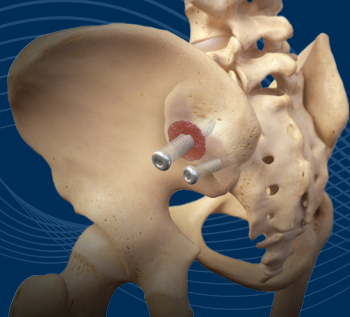
Anchor/Screw for opposing bone-to-bone or soft tissue-to-bone (implantable)

HCPCS Code⁵: C1713

Medicare National Average Payment⁴

Status N1⁵ | No Separate Payment

Packaged into Payment for Procedure



INTENDED USE/INDICATION FOR USE:

The Slimmetry Sacroiliac Joint Fusion System is intended for sacroiliac joint fusion for conditions including sacroiliac joint disruptions and degenerative sacroiliitis.

Learn more at rtix.com/en_us/products/product-implant/simmetry-si-joint-fusion-system



ASC CODING/REIMBURSEMENT

Procedure Coding and Payment

Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device.

CPT^{®1} Code: 27279

Medicare National Average Payment²: \$12,982.29

Slimmetry System Device Category

Anchor/Screw for opposing bone-to-bone or soft tissue-to-bone (implantable)

HCPCS Code³: C1713

Medicare National Average Payment²

*Status N1 | No Separate Payment
Packaged into Payment for Procedure*

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® indicates U.S. trademark registration. All trademarks and/or images are the property of their respective owners or holders.

See product insert for complete labeling limitation related to this device. 510(K) FDA approval in 2011. K102907. Regulation number 21CFR888.3040. The Slimmetry device is manufactured for affiliates of RTI Surgical Holdings, Inc.

Distributed by:
RTI Surgical, Inc.
11621 Research Circle
Alachua, Florida 32615
t: 877.343.6832
www.rtisurgical.com