

Sacroiliac Joint Fusion - System Coding Reference Guide

Sacroiliac Joint Fusion System was developed as a minimally invasive or open surgical option for patients who have failed conservative treatment options for some causes of sacroiliac (SI) joint pain. The system is intended for sacroiliac joint fusion for conditions including sacroiliac joint disruptions and degenerative sacroiliitis.

Physician	
CPT® Code	CPT Description
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed and placement of transfixing device
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed

Hospital Inpatient		
ICD-10-PCS Procedure Code and Description		MS-DRG and Description*
0SG704Z	Fusion of Right Sacroiliac Joint with Internal Fixation Device, Open Approach	459 Spinal Fusion Except Cervical with MCC
0SG804Z	Fusion of Left Sacroiliac Joint with Internal Fixation Device, Open Approach	460 Spinal Fusion Except Cervical without MCC
0SG707Z	Fusion of Right Sacroiliac Joint with Autologous Tissue Substitute, Open Approach	
0SG807Z	Fusion of Left Sacroiliac Joint with Autologous Tissue Substitute, Open Approach	
0SG734Z	Fusion of right sacroiliac joint with internal fixation device, percutaneous approach	
0SG834Z	Fusion of left sacroiliac joint with internal fixation device, percutaneous approach	
0SG737Z	Fusion of right sacroiliac joint with autologous tissue substitute, percutaneous approach	
0SG837Z	Fusion of left sacroiliac joint with autologous tissue substitute, percutaneous approach	

CC – Complication and/or Comorbidity, MCC – Major Complication and/or Comorbidity. MS-DRG – Medicare Severity Diagnosis Related Group.

*Other MS-DRGs may be applicable

Hospital Outpatient and Free-Standing Ambulatory Surgery Center (ASC)				
CPT Code	CPT Description	OPPS Status Indicator	APC	ASC Payment Indicator
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	J8
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	C	--	NA

OPPS – Outpatient Prospective Payment System; APC – Ambulatory Payment Classification.

Status Indicator C – Not paid under OPPS; J1 – Hospital Part B services paid through a comprehensive APC. Paid under OPPS; all covered Part B services on the claim are packaged with the primary “J1” service, with limited exceptions.

APC 5116 – Level 6 Musculoskeletal Procedures

Payment Indicator J8 – Device-intensive procedure; paid at adjusted rate. NA – This procedure is not on Medicare’s List of ASC Covered Surgical Procedures.

HCPCS (Healthcare Common Procedure Coding System)	
HCPCS Code	HCPCS Description
C1889	Implantable/insertable device for device intensive procedure, not otherwise classified

C-codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare OPPS

Coding Guidance

- The American Medical Association (AMA) CPT Assistant provided the following information. Code 27280 is reported for a sacroiliac joint fusion using an open approach requiring direct visualization. Additionally, it states, though code 27216 includes the words percutaneous and sacroiliac joint, the intent of the code is for a much more extensive repair of fractures or dislocations that disrupt the pelvic ring. AMA CPT Assistant September 2013, Volume 23, Issue 9
- The International Society for the Advancement of Spine Surgery (ISASS) Coverage Criteria for Minimally Invasive Sacroiliac Joint Fusion recommendation for revision and/or removal of the SI joint implant is coded using 22899 (unlisted procedure, spine) or 27299 (unlisted procedure, pelvis or hip joint) depending on the type of approach and procedure performed, whether within the global period of the fusion, or not. (March 2014)