



SIMMETRY REIMBURSEMENT SUPPORT CENTER

866-325-4031
simmetryreimbursement@surgalign.com

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.

CPT¹ Code: 27279 | For bilateral procedure: report 27279 with modifier 50

Medicare National Average Payment²
\$914.51

1. 2020 Current Procedural Terminology (CPT¹) Professional Edition. CPT is a registered trademark of the American Medical Association. All rights reserved.

2. CMS-1715-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.

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.

CPT³ Code: 27279 | **Status Indicator⁴: J1**

APC Assignment and Medicare National Average Payment⁴

5116 Level VI Musculoskeletal Procedures | \$15,946.08

Simmerty System Device Category

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

HCPCS Code⁵: C1713

Medicare National Average Payment⁴

Status N⁶ | No Separate Payment

Packaged into Payment for Procedure

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 (CPT¹) 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.

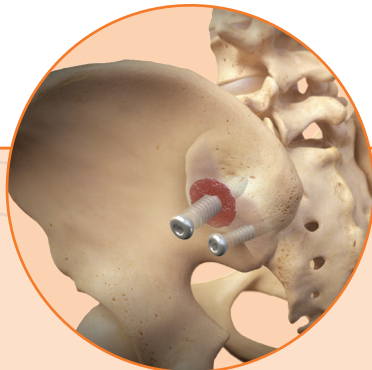
*2020 Medicare national average payment. Final Medicare payment will vary based on locality adjustments. Commercial payment will be determined by individually negotiated contracts.

It is the responsibility of the healthcare provider to determine the best treatment for each patient based on each patient's condition and diagnosis. The codes denoted within are suggestions only. This information should not be construed as authoritative. Codes and values are subject to frequent change without notice. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services and items in the medical record. Therefore healthcare providers must use great care and validate billing and coding requirements ascribed by payers with whom they work. When making coding decisions, we encourage you to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which you submit claims. All values have been rounded to the nearest whole number solely for ease of presentation. All data referenced herein are based on publicly available information.

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.

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.



Slmmetry®

Sacroiliac Joint Fusion System

INDICATIONS FOR USE

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

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® Code: 27279

Medicare National Average Payment²: \$12,982.29

Slmmetry 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

Learn more at [slmmetrytherapy.com](https://www.slmmetrytherapy.com)



Distributed by: Surgalign Spine Technologies, Inc. / 520 Lake Cook Road, Suite 315 / Deerfield, IL 60015 / T: 844.894.7752
 © 2020 Surgalign Spine Technologies, Inc. All rights reserved. ® indicates US trademark registration. All trademarks and/or images are the property of their respective owners or holders. 11542 R1 07/2020.

[surgalign.com](https://www.surgalign.com)