

SACROILIAC JOINT FUSION SYSTEM



ASC Coding Guide Minimally Invasive Sacroiliac Joint Surgery using Transfixing Devices

Indications For Use: The Sacrix® Sacroiliac Joint Fusion System is intended for fusion of the sacroiliac joint for conditions including sacroiliac joint disruptions and degenerative sacroiliitis.

2025 Medicare National Average Rate and Allowable (Not adjusted for Geography)²

CPT ¹	Code Description	Physician ² (Facility Setting)	RVU ²	Hospital Outpatient ³	ASC ³	Status Indicator ⁴	Device Offset % 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. *[For bilateral procedure report 27279 with modifier 50]	\$790	24.43 (wRVUs=12.13)	\$17,756	\$14,703	J8 – Device-intensive procedure; paid at adjusted rate	68.09%
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	\$465	14.37 (wRVUs=7.86)	\$17,756	\$11,684	J8 – Device-intensive procedure; paid at adjusted rate	74.08%
(+)20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (list separately in addition to code for primary procedure)	\$0	0.0	Package service	Package service		

ICD-10 CM DIAGNOSIS CODE ⁵	CODE DESCRIPTION ⁵
M46.1	Sacroiliitis, not elsewhere classified
M53.2X8	Spinal instabilities, sacral and sacrococcygeal region
M53.3	Sacrococcygeal disorders, not elsewhere classified
S33.6XXS	Sprain of sacroiliac joint, sequela
M43.28	Fusion of spine, sacral and sacrococcygeal region
S39.83XS	Other specified injuries of pelvis, sequela
S33.2XXS	Dislocation of sacroiliac and sacrococcygeal joint, sequela

SACROILIAC JOINT FUSION SYSTEM



ASC Coding Guide Minimally Invasive Sacroiliac Joint Surgery using Transfixing Devices

HCPSC Code ⁶	Description ⁶	Status Indicator/Reimbursement ²
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	N –Items and Services Packaged into APC Rate No separate payment under Medicare (commercial contracts may vary)
C1889	Implantable/ insertable device for device-intensive procedure, not otherwise classified	
C1776	Joint device (implantable)	
L8699	L8699 Prosthetic implant, not otherwise specified	

Other Guidance

- ISASS Guidance: “Revision and/or removal of the SI joint implant should be coded using Unlisted CPT Code (i.e., 22899 or 27299) depending on the type of approach and procedure performed, whether within the global period of the fusion, or not.” SOURCE: Lorio M, Kube R, Araghi A. ISASS Policy 2020 Update—Minimally Invasive Surgical Sacroiliac Joint Fusion (for Chronic Sacroiliac Joint Pain): Coverage Indications, Limitations, and Medical Necessity. Int J Spine Surg. 2020 December; 7156. DOI: 10.14444/7156
- No National Correct Coding Initiative (NCCI) bundling edits or AMA guidance exists which prohibit billing CPTs 27278 and 27279 together.

References

1. CPT© 2024. American Medical Association (AMA). All rights reserved.
2. CY 2025 Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2025, CMS1807-F. The listed rates do not reflect all provider-specific adjustments that may significantly alter a payment to a particular provider.
3. Medicare Procedure Price Lookup: <https://www.medicare.gov/procedure-price-lookup/>
4. CY 2025 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems- Notice of Final Rulemaking with Comment Period (NFRM) CMS-1809-FCa The listed rates do not reflect all provider-specific adjustments that may significantly alter a payment to a particular provider.
5. ICD-10-CM Official Guidelines for Coding and Reporting FY 2025. UPDATED October 1, 2024 (October 1, 2024 – September 30, 2025) Corporate Author(s): Centers for Medicare & Medicaid Services (U.S.); National Center for Health Statistics (U.S.)
6. AAPC. 2025 HCPCS Level II Expert: Service Supply Codes for Caregivers and Suppliers. American Academy of Professional Coders; 2023.

Coding Reference Guide Disclaimer

Current Procedural Terminology (CPT ®) copyright 2017 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

The information in this document was obtained from third party sources and is subject to change without notice, including as a result in changes in reimbursement laws, regulations, rules and policies. All content in this document is informational only, general in nature and does not cover all situations or all payers’ rules or policies. The service and the product must be reasonable and necessary for the care of the patient to support reimbursement. Providers should report the procedure and related codes that most accurately describe the patients’ medical condition, procedures performed and the products used. This document represents no promise or guarantee regarding coverage or payment for products or procedures by Medicare or other payers. Providers should check Medicare bulletins, manuals, program memoranda, and Medicare guidelines to ensure compliance with Medicare requirements. HCPCS Level II codes are usually not product-specific and have very general descriptions. InSpan LLC specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on information in this guide.