

## **CODING ALERT**

**November 2014** 

## SI JOINT FUSION CODE UPDATE TO CATEGORY I CODE

As of January 1, 2015, surgeons will be required to update their coding to reflect the new changes in the Minimally Invasive SI Joint Fusion procedure.

Please be sure to update your code set to reflect the changes and modify any existing authorization for services in 2015 to reflect this new code set.

➤ The Category III Code 0334T will be replaced by CPT code 27279.

Note the comparisons in the options for SI Joint Fusion Procedures and select accordingly.

<u>CPT CODE 27279</u>: 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)

<u>CPT CODE 27280</u>: Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed.

- ➤ (For bilateral procedure, report 27280 with modifier 50).
- ➤ (For percutaneous/minimally invasive arthrodesis of the sacroiliac joint without fracture and/or dislocation, use 27279.)

Be sure to research the specific coverage guidelines as insurance carrier policies differ. Many outpatient procedures do not require a prior authorization for services and this may impact the reimbursement aspect of the case. Coverage guidelines for these procedures are often found on the carrier website; be proactive to ensure the most positive reimbursement result.

**Disclaimer**: The information provided is general coding information only - it is neither legal advice nor is it advice about how to code, complete or submit any particular claim for payment. It is always the provider's responsibility to determine and submit appropriate codes, charges, modifiers and bills for services rendered. This information is provided as of the date listed above and all coding and reimbursement information is subject to change without notice. Before filing any claims, providers should verify current requirements and policies with the payer. Thank you for your compliance.