SACRIX Sacroiliac Joint Fusion System Coding Reference Guide

SACRIX is a MIS Sacroiliac Joint Fusion system focused on treating SI joint dysfunction resulting from SI disruption or degenerative sacroiliitis. The system and technique achieve this through a single incision, minimally disruptive approach using fenestrated, RBM textured titanium screws to promote bone growth.

ICD-10 CM DIAGNOSIS CODES

Code Description	Diagnosis Code
Sacroiliitis, not elsewhere classified	M46.1
Spinal instabilities, sacral and sacrococcygeal region	M53.2X8
Sacrococcygeal disorders, not elsewhere classified	M53.3
Sprain of sacroiliac joint, sequela	S33.6XXS
Fusion of spine, sacral and sacrococcygeal region	M42.28
Other specified injuries of pelvis, sequela	S39.83XS
Dislocation of sacroiliac and sacrococcygeal joint, sequela	S33.2XXS

PHYSICIAN SERVICES

Procedure Description	CPT ® Code
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].	27279

AMBULATORY SURGICAL CENTERS (ASC)

Procedure Description	CPT ® Code	Status Indicator
Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device.	27279	J8*
HCPCS Level II Code	**HCPCS Code**	
Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	C1713	

*ASC Status Indicator J8 = Device-intensive procedure; paid at adjusted rate; does not include Medicare sequestration payment cut.

For further questions, email *support@kicventures.com* or call 617-697-5442 to speak directly with Dr. Kingsley R. Chin

Indications for Use:

The SacroFuse® Sacroiliac Joint Fusion Device System is intended for fusion of the Sacro-Iliac joint for conditions including Sacro-Iliac joint disruptions and degenerative sacroiliitis. The SacroFuse System is intended to be used from a posterior approach. Screws are available in varying diameters and lengths, and are fabricated from medical grade titanium alloy (Ti-6Al-4V ELI). All implants are provided non-sterile, and are intended for single use only.

Coding Reference Guide Disclaimer

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. Sacrix LLC specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on information in this guide.