PHYSICIAN & FACILITY CODING & BILLING

ALIF & SI JOINT SPINE GUIDE

2019 Medicare National Average Payments

Physician Reimbursement

CPT[1] Code	CPT Code	RVUs[A]	2019 Payment[B]
	ALIF Coding Options		
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	44.49	$1,603
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	9.55	$344
+22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	7.55	$272
	Graft Coding Options		
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	0.00	$0
20936	Autograft for spine surgery only (includes harvesting the graft); local (e.g., ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)	0.00	$0
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	4.88	$176
	Removal & Revision Coding Options		
22849	Reinsertion of spinal fixation device	37.73	$1,360
22855	Removal of anterior instrumentation	32.19	$1,160
	Sacroiliac Joint Fusion Coding Options		
	Percutaneous/MIS Indirectly Visualized		
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	19.99	$720.42
	Sacroiliac Arthrodesis		
27280	Arthrodesis, sacroiliac joint (including obtaining graft)	39.22	$1,413.45
27299	Unlisted procedure, pelvis or hip joint	-	Carrier Determined
22899	Unlisted procedure, spine	-	Carrier Determined

Note: CPT codes 27279 and 27280 are unilateral codes. For bilateral procedures, report 27279 with modifier 50.

[A] Total RVU (Relative Value Unit) – Total includes work RVU, Practice Expense RVU and Malpractice RVU.

[B] 2019 Medicare Physician Fee Schedule RVU multiplied by conversion factor, effective January 1, 2019, www.cms.gov

CPT/HCPCS Modifier Options	
Modifier[C]	**Description**
-22	Increased Procedural Service
-50	Bilateral Procedure
-51	Multiple Procedures
-58	Staged or Related Procedure or Service by Same Physician
-59	Distinct Procedural Service
-XE	Separate Encounter
-XS	Separate Structure
-XP	Separate Practitioner
-XU	Unusual Non-Overlapping Service

Outpatient Facility Reimbursement

CPT Code	C-APC Description[D]	C-APC	SI	HOPD[2] 2019 Payment	PI	ASC[3] 2019 Payment
ALIF Procedures						
22558	Inpatient Procedure Only	-	C	-	C5	1
22585						
22853						
22849						
22855						
Sacroiliac Joint Fusion Procedures						
27279	Level 6 Musculoskeletal Procedures	5116	J1	$15,402	J8	$12,481
27280	Inpatient Procedure Only	-	C	-	C5	-
27299	Level 1 Musculoskeletal Procedures	5111	T	$215	Carrier Determined	
22899	Level 1 Musculoskeletal Procedures	5111	T	$215		

HCPCS Level II Coding Options	
HCPCS Code[4]	**HCPCS Code Description**
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)
C1776	Joint device (implantable)
L8699	Prosthetic Implant, not otherwise specified
C1889	Implantable/insertable device for device intensive procedure, not otherwise classified

Inpatient Reimbursement

ICD-10-PCS Hospital Procedure Code		
Surgical Approach	**ICD-10-PCS[5] Code**	**Procedure Description**
ALIF Procedures		
Lumbar Interbody Fusion	0SG00A0	Fusion of Lumbar Vertebral Joint with Interbody Fusion Device, Anterior Approach, Anterior Column, Open Approach
	0SG10A0	Fusion of 2 or more Lumbar Vertebral Joints with Interbody Fusion Device, Anterior Approach, Anterior Column, Open Approach
	0QH004Z	Insertion of Internal Fixation Device into Lumbar Vertebra, Open Approach
Sacroiliac Joint Fusion		
Open Mini-Open Directly Visualized	0SG804Z	Fusion of Left Sacroiliac Joint with Internal Fixation Device, Open Approach
	0SG80KZ	Fusion of Left Sacroiliac Joint with Nonautologous Tissue Substitute, Open Approach
	0SG80ZZ	Fusion of Left Sacroiliac Joint, Open Approach
	0SG807Z	Fusion of Left Sacroiliac Joint with Autologous Tissue Substitute, Open Approach
	0SG704Z	Fusion of Right Sacroiliac Joint, Internal Fixation Device, Open Approach

[C] Some of The CPT codes in this Guide are unilateral procedures. If performed bilaterally, some payors require that the service be reported twice with modifier 50 appended to the second code while others require identification of the service only once with modifier 50 appended. Check with individual payors.

[D] A comprehensive APC (C-APC) results in one bundled payment for the provision of a primary service and all adjunctive services provided to support the delivery of the primary service. Status Indicator J1 = all services are packaged.

ICD-10-PCS Hospital Procedure Code		
Surgical Approach	**ICD-10-PCS[5] Code**	**Procedure Description**
	0SG70KZ	Fusion of Right Sacroiliac Joint with Nonautologous Tissue Substitute, Open Approach
	0SG70ZZ	Fusion of Right Sacroiliac Joint, Open Approach
	0SG707Z	Fusion of Right Sacroiliac Joint with Autologous Tissue Substitute, Open Approach
Percutaneous	0SG834Z	Fusion of Left Sacroiliac Joint with Internal Fixation Device, Percutaneous Approach
MIS Indirectly Visualized	0SG83KZ	Fusion of Left Sacroiliac Joint with Nonautologous Tissue Substitute, Percutaneous Approach
	0SG83ZZ	Fusion of Left Sacroiliac Joint, Percutaneous Approach
	0SG837Z	Fusion of Left Sacroiliac Joint with Autologous Tissue Substitute, Percutaneous Approach
	0SG734Z	Fusion of Right Sacroiliac Joint with Internal Fixation Device, Percutaneous Approach
	0SG73KZ	Fusion of Right Sacroiliac Joint with Nonautologous Tissue Substitute, Percutaneous Approach
	0SG73ZZ	Fusion of Right Sacroiliac Joint, Percutaneous Approach
	0SG737Z	Fusion of Right Sacroiliac Joint with Autologous Tissue Substitute, Percutaneous Approach

MS-DRG	MS-DRG Description	2019[6] Payment
028	Spinal Procedures with MCC	$32,816
029	Spinal Procedures with CC or Spinal Neurostimulator	$19,267
030	Spinal Procedures without CC/MCC	$13,284
459	Spinal Fusion Except Cervical with MCC	$38,982
460	Spinal Fusion Except Cervical without MCC	$24,651
907	Other O.R. Procedures for Injuries with MCC	$25,741
908	Other O.R. Procedures for Injuries with CC	$12,167
909	Other O.R. Procedures for Injuries without CC/MCC	$8,092

CC=Complication or Comorbidity. MCC=Major Complication or Comorbidity.

References

[1] CPT 2019 Professional Edition, 2018 American Medical Association (AMA); CPT is a trademark of the AMA
[2] 2019 Medicare Outpatient Prospective Payment System, www.cms.gov
[3] 2019 Medicare ASC Payment Rates, www.cms.gov
[4] 2019 HCPCS, www.cms.gov
[5] 2019 ICD-10-PCS www.cms.gov
[6] 2019 MS-DRG relative weight multiplied by 2018 rate per IPPS Final Rule, as calculated by MCRA, payment rates will vary by facility. Calculation includes labor related, non-labor related and capital payment rates.