

# DRAFT Local Coverage Article: Billing and Coding: Minimally Invasive Surgical (MIS) Fusion of the Sacroiliac Joint (SIJ) (DA58739)

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## **Please Note: This is a Draft Article.**

Draft Articles are works in progress and not necessarily a reflection of the current billing and coding practices. Revisions to codes are carefully and thoroughly reviewed and are not intended to change the original intent of the LCD.

## **Contractor Information**

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Palmetto GBA	10111 - MAC A	10111 - MAC A	J - J	Alabama
Palmetto GBA	10112 - MAC B	10112 - MAC B	J - J	Alabama
Palmetto GBA	10211 - MAC A	10211 - MAC A	J - J	Georgia
Palmetto GBA	10212 - MAC B	10212 - MAC B	J - J	Georgia
Palmetto GBA	10311 - MAC A	10311 - MAC A	J - J	Tennessee
Palmetto GBA	10312 - MAC B	10312 - MAC B	J - J	Tennessee
Palmetto GBA	11201 - MAC A	11201 - MAC A	J - M	South Carolina
Palmetto GBA	11202 - MAC B	11202 - MAC B	J - M	South Carolina
Palmetto GBA	11301 - MAC A	11301 - MAC A	J - M	Virginia

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Palmetto GBA	11302 - MAC B	11302 - MAC B	J - M	Virginia
Palmetto GBA	11401 - MAC A	11401 - MAC A	J - M	West Virginia
Palmetto GBA	11402 - MAC B	11402 - MAC B	J - M	West Virginia
Palmetto GBA	11501 - MAC A	11501 - MAC A	J - M	North Carolina
Palmetto GBA	11502 - MAC B	11502 - MAC B	J - M	North Carolina

## Draft Article Information

### General Information

**Source Article ID**

N/A

**Draft Article ID**

DA58739

**Draft Article Title**

Billing and Coding: Minimally Invasive Surgical (MIS)  
Fusion of the Sacroiliac Joint (SIJ)

**Article Type**

Billing and Coding

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## **CMS National Coverage Policy**

Title XVIII of the Social Security Act (SSA), §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

## **Article Guidance**

### **Article Text:**

This article contains coding and other guidelines that complement the Local Coverage Determination (LCD) for Minimally Invasive Surgical (MIS) Fusion of the Sacroiliac Joint (SIJ) DL39025.

### **Coding Information**

Procedure codes may be subject to National Correct Coding Initiative (NCCI) edits or Outpatient Prospective Payment System (OPPS) packaging edits. Refer to NCCI and OPPS requirements prior to billing Medicare.

For services requiring a referring/ordering physician, the name and National Provider Identifier (NPI) of the referring/ordering physician must be reported on the claim.

A claim submitted without a valid ICD-10-CM diagnosis code will be returned to the provider as an incomplete claim under Section 1833(e) of the Social Security Act.

The diagnosis code(s) must best describe the patient's condition for which the service was performed. For diagnostic tests, report the result of the test if known; otherwise the symptoms prompting the performance of the test should be reported.

### **Documentation Requirements**

The patient's medical record must contain documentation that fully supports the medical necessity for services included within the related LCD. (See Indications and Limitations of Coverage section) This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Medical record documentation must be available to Medicare upon request.

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## **Coding Information**

### **CPT/HCPCS Codes**

#### **Group 1 Paragraph:**

N/A

#### **Group 1 Codes:**

CODE	DESCRIPTION
27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED, AND PLACEMENT OF TRANSFIXING DEVICE

### **CPT/HCPCS Modifiers**

N/A

### **ICD-10-CM Codes that Support Medical Necessity**

#### **Group 1 Paragraph:**

The correct use of an ICD-10-CM code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in the determination.

#### **Group 1 Codes:**

ICD-10-CM CODE	DESCRIPTION
M43.17	Spondylolisthesis, lumbosacral region
M43.18	Spondylolisthesis, sacral and sacrococcygeal region
M43.27	Fusion of spine, lumbosacral region
M43.28	Fusion of spine, sacral and sacrococcygeal region
M46.1	Sacroiliitis, not elsewhere classified
M53.2X7	Spinal instabilities, lumbosacral region
M53.2X8	Spinal instabilities, sacral and sacrococcygeal region
M53.3	Sacrococcygeal disorders, not elsewhere classified
M53.87	Other specified dorsopathies, lumbosacral region
M53.88	Other specified dorsopathies, sacral and sacrococcygeal region
M54.18	Radiculopathy, sacral and sacrococcygeal region
M99.04	Segmental and somatic dysfunction of sacral region
M99.14	Subluxation complex (vertebral) of sacral region
S33.2XXA	Dislocation of sacroiliac and sacrococcygeal joint, initial encounter
S33.2XXD	Dislocation of sacroiliac and sacrococcygeal joint, subsequent encounter
S33.2XXS	Dislocation of sacroiliac and sacrococcygeal joint, sequela
S33.6XXA	Sprain of sacroiliac joint, initial encounter
S33.6XXD	Sprain of sacroiliac joint, subsequent encounter
S33.6XXS	Sprain of sacroiliac joint, sequela

### ICD-10-CM Codes that DO NOT Support Medical Necessity

#### Group 1 Paragraph:

Any ICD-10-CM diagnosis code not listed under **ICD-10-CM Codes that Support Medical Necessity**

#### Group 1 Codes:

N/A

### Additional ICD-10 Information

N/A

### Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all

Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

**Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

**Other Coding Information**

N/A

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## Associated Documents

**Related Local Coverage Document(s)**

N/A

**Related National Coverage Document(s)**

N/A

**Statutory Requirements URL(s)**

N/A

**Rules and Regulations URL(s)**

N/A

**CMS Manual Explanations URL(s)**

N/A

**Other URL(s)**

N/A

**Public Version(s)**

N/A

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## Keywords

- SIJ
- SIJF
- MIS