# LinQ™ Posterior SI Joint Fusion
# Hospital, ASC, and Physician Coding Guide

The following codes may apply to patients undergoing minimally invasive SI joint fusion with the LinQ Implant System. Providers must use independent judgment and report codes that most accurately describe the services, items and/or supplies provided, as well as the patient's condition. The following codes may not be an all-inclusive list.

## Physician (Place of Service Code 11)[2,5]

| CPT Code | Description[1] | RVUs | 2024 Medicare Unadjusted Rate | |
|---|---|---|---|---|
| | | | Facility | Non-Facility |
| 27278 | Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device | **Facility**: 14.03<br>**Office**: 364.53<br>**Work**: 7.86 | $467 | $12,134 |

## ASC (Place of Service Code 24)[4,5]

| CPT Code | Description[1] | Status Indicator | Device Offset % | 2024 Medicare Unadjusted Rate |
|---|---|---|---|---|
| 27278 | Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device | **J8**– Device intensive procedure; paid at adjusted rate | 31.00% | $11,684 |

## Hospital Outpatient (Place of Service Code 22)[3,5]

| CPT Code | Description[1] | APC | Status Indicator | 2024 Medicare Unadjusted Rate |
|---|---|---|---|---|
| 27278 *(plus device code; see below)* | Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device *[for bilateral procedures, report 27278 with modifier 50]* | 5116<br>Level 6<br>Musculoskeletal Procedure | **J1**– hospital part B services paid through a comprehensive APC | $17,756 |

| Revenue Code | Description |
|---|---|
| 0490 | Ambulatory Surgical Center |
| 0360 | Hospital Operating Room Services |
| 0278 | Medical Surgical Supplies/Other Implants |

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Rev. March 2024

| HCPCS Code | Description | OPPS Status Indicator |
|---|---|---|
| C1889 | Implantable/ insertable device for device-intensive procedure, not otherwise classified | N –Items and Services Packaged into APC Rate<br><br>No separate payment under Original Medicare (commercial payer contracts may vary) |
| C1776 | Joint device (implantable) | |
| L8699 | Prosthetic implant, not otherwise specific | |
| 99070 | Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided) | |

| Diagnosis Code[6] | Code Description |
|---|---|
| M46.1 | Sacroiliitis, not elsewhere classified |
| M53.3 | Sacrococcygeal disorders, not elsewhere classified |
| M43.27 | Fusion of spine, lumbosacral region |
| M43.28 | Fusion of spine, sacral and sacrococcygeal region |

## About the LinQ System

PainTEQ LinQ offers a comprehensive set of surgical instruments intended to prepare the sacroiliac to prepare the sacroiliac joint for allograft fusion. The LinQ implant and demineralized bone matrix (DBM) are regulated as a 361 human cell and tissue product (HCT/P), as defined in USFDA 21 CFR 1271.10 (a), and used for reconstruction in bony voids.[7,8]

PainTEQ **LinQ** surgical instruments are comprised of fixed and simple assemblies, generally composed of medical grade stainless steel and aluminum, and may be used to create a void in bone. The **LinQ** implant and DBM are composed of human bone that was processed, lyophilized, and terminally sterilized. They are used for homologous repair, replacement, or reconstruction of bony defects or voids, including those created by a qualified health care professional for that purpose.

**Sources:**

1. AMA CPT 2024, Professional Edition, American Medical Association
2. Department of Health and Human Services; Centers for Medicare and Medicaid Services (42 CFR Parts 405, 410, 411, 412, 413, 416, 419, 424, 485 and 489) Medicare Program: Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2024: Addendum B of the Rule. [CMS-1784-F]; Addendum B updated March 2024.
3. Department of Health and Human Services; Centers for Medicare and Medicaid Services (42 CFR Parts 405, 410, 411, 412, 413, 416, 419, 424, 485, and 489) Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Addendum B of the Rule. [CMS-1786-FC]; OPPS Addendum B updated April 2024; ASC Addendum updated April 2024.
4. Department of Health and Human Services; Centers for Medicare and Medicaid Services (42 CFR Parts 405, 410, 411, 412, 413, 416, 419, 424, 485, and 489) Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Addendum AA of the Rule. [CMS-1786-FC]; ASC Approved HCPCS Code and Payment Rates updated April 2024.
5. Reimbursement above is a national average and would be geographically adjusted; it does not reflect Medicare Sequestration.
6. ICD-10-CM/PCS MS-DRG v37.0 Definitions Manual (cms.gov)
7. FDA Regulation of Human Cells, Tissues, and Cellular and Tissue-Based [Regulation of Human Cells, Tissues, and Cellular and Tissue-Based Products: Small Entity Compliance Guide; Guidance for Industry (fda.gov)]
8. FDA Human Cell and Tissue Establishment Registration (HCTERS), FDA Establishment Identifier (FEI): 3015341611 [HUMAN CELL AND TISSUE ESTABLISHMENT REGISTRATION (HCTERS) - Public Query (fda.gov)]