

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 Office: 364.53 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 <i>(plus device code; see below)</i>	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 <i>[for bilateral procedures, report 27278 with modifier 50]</i>	5116 Level 6 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

Contact our Patient Access Program for more information

Phone: (855) 248 7246 Option #1 | Fax: (855) 975-2950 | reimbursement@painte.com | PainTEQ.com

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
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)	No separate payment under Original Medicare (commercial payer contracts may vary)

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)]

Disclaimer: The above information is presented for illustrative purposes only and is not intended to provide coding, reimbursement, treatment, or legal advice. It is not intended to guarantee, increase or maximize reimbursement by any payer. Individual coding decisions should be based upon diagnosis and treatment of individual patients. PainTEQ does not warrant, promise, guarantee or make any statement that the use of this information will result in coverage or payment for a procedure or that any payment received will cover providers' costs. PainTEQ is not responsible for any action providers take in billing for or appealing claims. Ambulatory surgery centers, hospitals, and physicians are responsible for compliance with Medicare and other payer rules and requirements and for the information submitted with all claims and appeals. Before any claims or appeals are submitted, ambulatory surgery centers, hospitals, and physicians should review official payer instructions and requirements, confirm the accuracy of the coding or billing practices with these payers, and use independent judgment when selecting codes that most appropriately describe the services or supplies furnished to a patient. It is the provider's responsibility to determine and document that the services provided are medically necessary and that the site of service is appropriate. Laws, regulations and policies concerning reimbursement are complex and are updated frequently. While we have made every effort to be current as of the issue date of this document, the information may not be current when you view it. Providers are encouraged to contact third-party payers for specific information on their coverage, coding, and payment policies. Please consult with your legal counsel or reimbursement specialist(s) for any reimbursement or billing questions.

Contact our Patient Access Program for more information

Phone: (855) 248 7246 Option #1 | Fax: (855) 975-2950 | reimbursement@painte.com | PainTEQ.com

Rev. March 2024