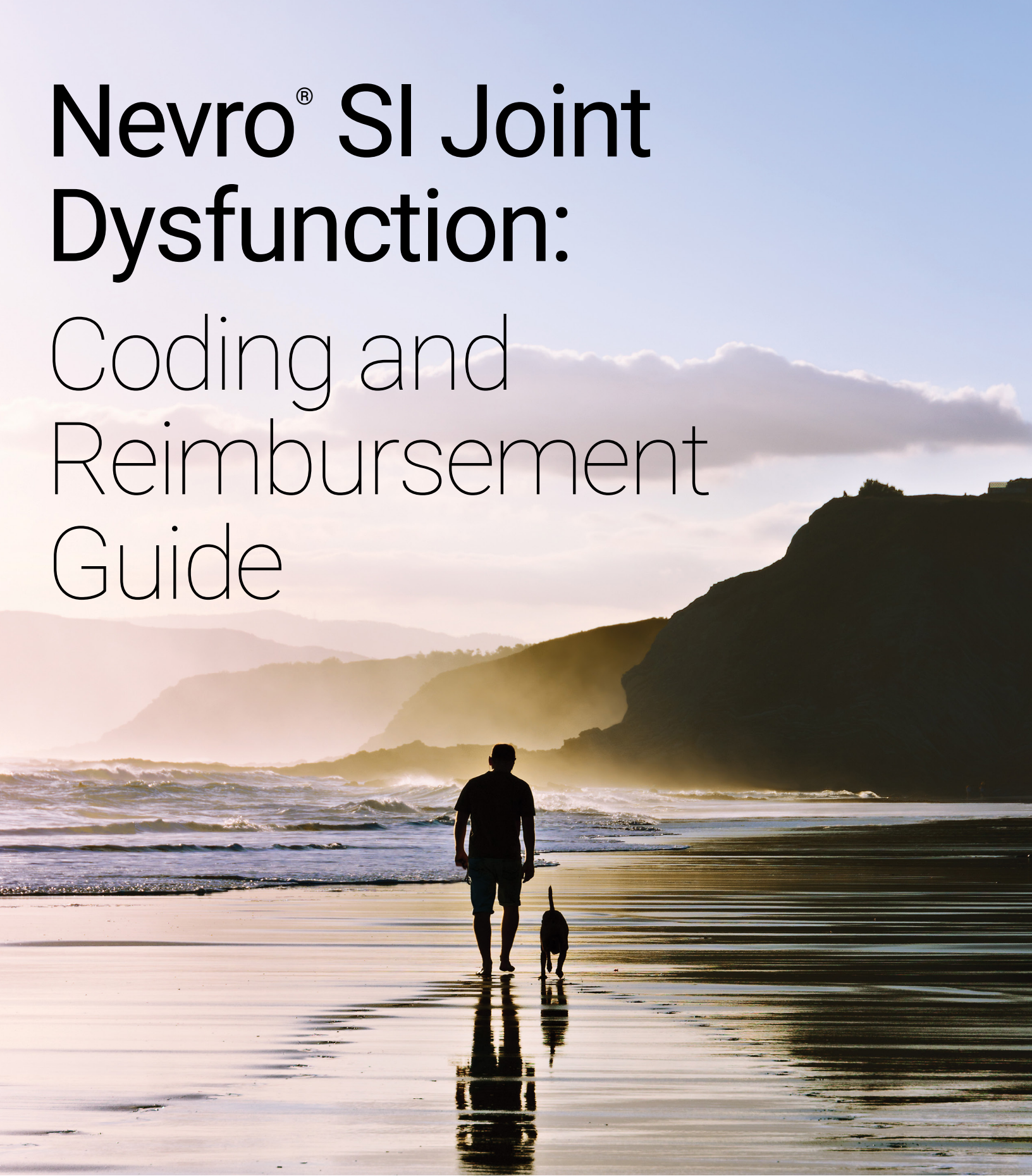


Nevro[®] SI Joint Dysfunction: Coding and Reimbursement Guide



Nevro® SI Joint Dysfunction Coding and Reimbursement Guide



Nevro offers a comprehensive set of devices for the treatment of the sacroiliac joint and promote fusion.

Indications for Use:

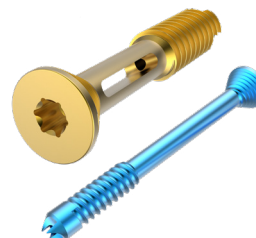
Nevro1™ Sacroiliac Transfixing and Fusion System:

Nevro1™ Sacroiliac (SI) Transfixing and Fusion System is intended for sacroiliac joint fusion for conditions including sacroiliac joint disruptions and degenerative sacroiliitis.



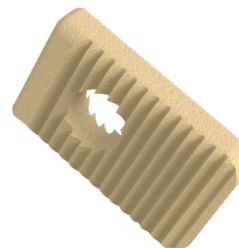
NevroFix™ Joint Fixation System:

The NevroFix™ SI Joint Fixation System is intended to provide fixation and stabilization of large bones, including the sacrum and ilium. It is intended for use in skeletally mature patients as an adjunct to sacroiliac joint fusion in the treatment of degenerative sacroiliitis, or sacroiliac joint disruptions.



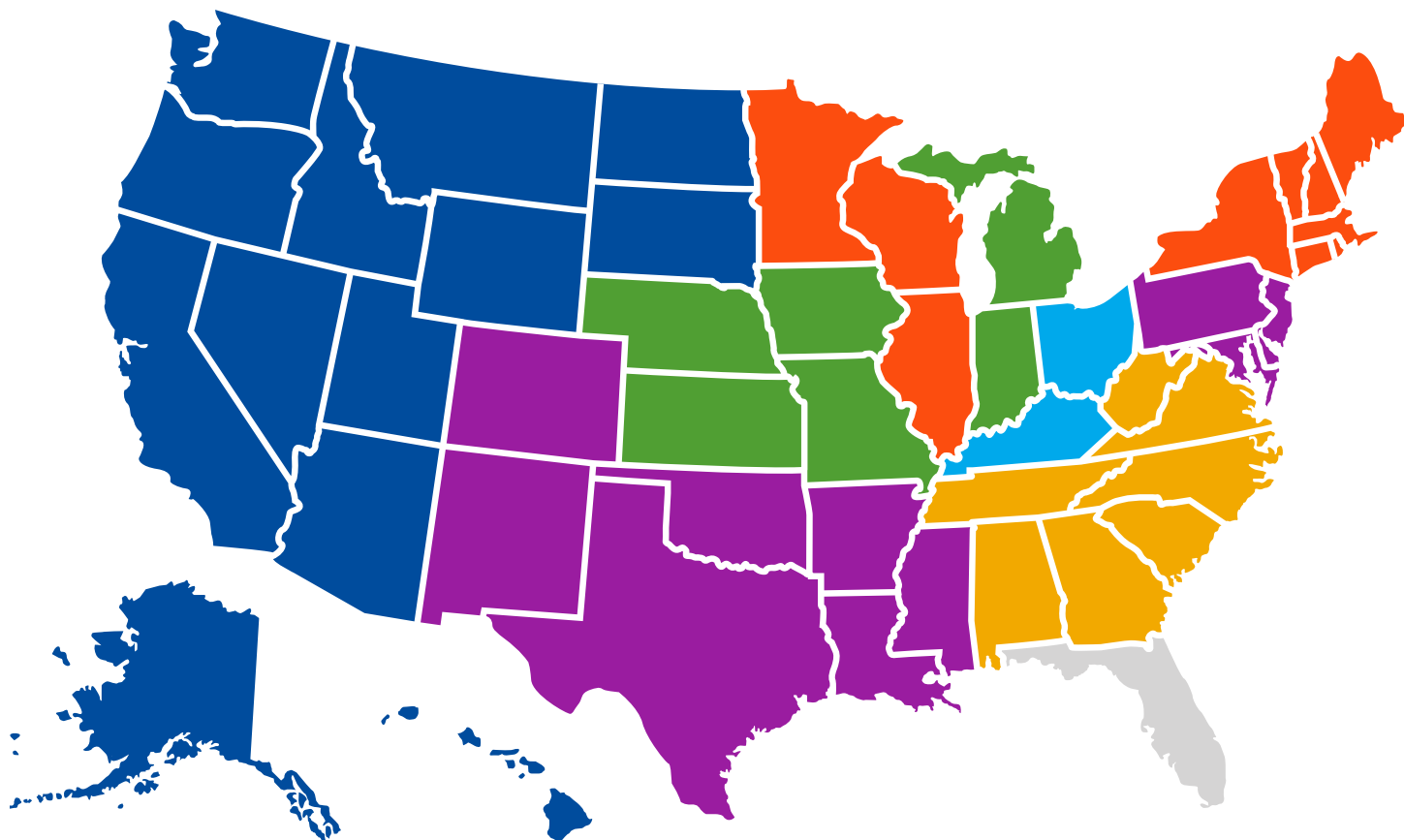
NevroPro™:

The NevroPro™ orthopedic manual surgical instruments are intended for use in surgical procedures to manipulate tissue, bone, or for use with other devices in orthopedic surgery. MTF tissue are supplied in a variety of standard sized units designed for surgical use by qualified healthcare professionals (e.g., physicians, dentists, and/or podiatrist). Processed human bone and soft tissue have been used in a variety of surgical applications in combination with prosthetic devices. The amount and size of allograft necessary for the surgical procedure is based upon an individual surgeon's preference and the size type and type of defect.



Sacroiliac Joint Dysfunction (2025)

MAC Coverage Map - SIJF



Noridian*

LCD: L35136/L36204
LCA: A54981/A57792



CGS*

LCD: L36494
LCA: A56535



Palmetto*

LCD: L39025
LCA: A58739



NGS*

LCD: L36406
LCA: A57431



WPS*

LCD: L36000
LCA: A57596



If you have any questions, please contact Nevro Market Access at MarketAccess@Nevro.com

Sacroiliac Joint Dysfunction (2025)

ICD-10-CM Coding for SI Joint Fusion

The International Classification of Diseases, Tenth Revision, Clinical Modification – more commonly known as ICD-10-CM – is a classification system of diagnosis codes representing conditions and diseases, related to health problems, abnormal findings, signs and symptoms, injuries, and external causes of injuries and diseases. The following is a list of examples of ICD-10-CM diagnosis codes that may relate to indications associated with sacroiliac joint dysfunction. This is not an all-inclusive list and the codes reported should have accurate documentation appropriate to the patient’s condition(s). Coding is left to the discretion of the provider.

ICD-10-CM Code	Code Description
M46.1	Sacroiliitis, not elsewhere classified
M53.2X8	Spinal instabilities, sacral and sacrococcygeal region
M53.3	Sacrococcygeal disorders, not elsewhere classified
S33.6XXS	Sprain of sacroiliac joint, sequela
M43.28	Fusion of spine, sacral and sacrococcygeal region
S39.83XS	Other specified injuries of pelvis, sequela
S33.2XXS	Dislocation of sacroiliac and sacrococcygeal joint, sequela

Sacroiliac Joint Dysfunction (2025)

The following CPT codes may apply to patients undergoing minimally invasive sacroiliac (SI) joint procedures. The codes are provided as a guide for physician and practitioner reporting. Actual code(s) billed should reflect the services provided to each individual patient in the office (non-facility) or outpatient hospital/ambulatory surgery center (facility) setting. Final coding is up to the physician’s discretion based on what procedures were performed and properly documented.

CPT Code	Code Description
27278	Arthrodesis, sacroiliac joint, percutaneous, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive includes obtaining bone graft when performed, and placement of transfixing device

RVU Breakdown Table

CPT Code	Procedure	Work RVU	Non-Facility PE RVU	Facility PE RVU	Malpractice RVU
27278	Arthrodesis without transfixation device	7.86	356.28	5.69	0.82
27279	Arthrodesis with transfixation device	12.13	NA	9.84	2.46

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions apply to government use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Sacroiliac Joint Dysfunction (2025)

Physician Coding

The following CPT codes are provided as a guide for physician and practitioner reporting. Actual code(s) billed should reflect the services provided to each individual patient in the office (non-facility) or hospital/ASC (facility) setting. The Medicare fee schedules listed reflect the 2025 fee schedule amount and have not been geographically wage-adjusted. Providers may use Medicare’s Physician Fee Schedule Search Look-up Tool, available at [CMS.gov](https://www.cms.gov), for payment information by locality.

The tables below provide a brief description of the procedure and CPT plus the following: Description; 2025 Medicare Non- Facility (Office) Payment; 2025 Medicare Facility (Hospital/ASC) Payment; Global Period.

CPT Code	Description	2025 Medicare Non-Facility	2025 Medicare Facility	Global Period
27278	Arthrodesis, sacroiliac joint, percutaneous, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	\$11,805	\$465	90
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive includes obtaining bone graft when performed, and placement of transfixing device	N/A	\$790	90
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	N/A	\$1,343	90

Ambulatory Surgery Center (ASC) (Place of Service 24)

The following CPT codes are provided as a guide for Ambulatory Surgery Center (ASC) reporting. Actual code(s) billed should reflect the services provided to each individual patient. The Medicare Payment Rates below reflect the 2025 fee schedule amount and have not been geographically or wage adjusted.

The table below provides a brief description of the procedure and CPT code plus the following: Subject to Multiple Procedure Discounting; Payment Indicator; 2025 Payment Rate.

CPT Code	Description	Subject to Multiple Procedure Discounting	*Payment Indicator	2025 Medicare Payment
27278	Arthrodesis, sacroiliac joint, percutaneous, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	Y	J8	\$15,671
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive includes obtaining bone graft when performed, and placement of transfixing device	Y	J8	\$15,177

Information provided by Nevro is presented for illustrative purposes only and is not intended to and does not constitute coding, reimbursement, legal, business, or other advice. Furthermore, it is not intended to increase or maximize reimbursement by any payer. It is always the provider's responsibility to determine the medical necessity and proper site of service for the procedure, and to submit appropriate codes, charges and modifiers for services rendered. The information contained in this document is gathered from third-party sources and is subject to change without notice as a result of the complexity of laws, regulations, rules, and policies.

CY 2025 Medicare Physician Fee Schedule Final Rule, Federal Register (Regulation #CMS-1809-FC), Addendum B - Relative Value Units and Related Information Used in CY 2025 Final Rule, Addendum E - Final CY 2024 Geographic Practice Cost Indices (GPCIs) by State and Medicare Locality.

2025 Payment Rate published in Addendum AA–Final ASC Covered Surgical Procedures for CY 2025, Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems Final Rule (CMS-1809-FC)

Sacroiliac Joint Dysfunction (2025)

Hospital Outpatient Setting (Place of Service 22)

The following CPT codes are provided as a guide for hospital outpatient department (HOPD) reporting. Actual code(s) billed should reflect the documented services provided to each individual patient. The Medicare Outpatient Prospective Payment System (OPPS) payment rates listed are a national average and have not been geographically adjusted.

The table below provides a brief description of the procedure and the CPT code plus the following: HCPCS short description; Medically Unlikely Edit (MUE) date of service unit limit; OPPS Status Indicator (SI); Applicable APC ; 2025 Medicare Payment Rate.

CPT Code	Description	MUE	SI	APC	2025 Medicare Payment
27278	Arthrodesis, sacroiliac joint, percutaneous, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	N/A	J1	5116	\$18,390
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive includes obtaining bone graft when performed, and placement of transfixing device	1	J1	5116	\$18,390

Hospital Inpatient Setting (Place of Service 21)

The following ICD-10 Procedure Coding System (PCS) codes are provided as a guide for hospital inpatient reporting. These codes in combination with other services provided in the inpatient site of care result in a Medicare Severity Diagnosis Related Group (MS-DRG). Actual code(s) billed should reflect the documented services provided to each individual patient. The Medicare Inpatient Prospective Payment System (IPPS) non-adjusted payment rates listed are a blended average of various MS-DRG scenarios and have not been geographically adjusted.

ICD-10-PCS	Description	Possible MS-DRG	2025 Medicare U.S. Non-Adjusted Payment Rate
0SG734Z (right)	Fusion of (right/left) sacroiliac joint with internal fixation device, percutaneous approach	450 – Spinal Fusion Except Cervical with MCC	\$36,754
0SG834Z (Left)	Fusion of (right/left) sacroiliac joint with internal fixation device, percutaneous approach	460 – Spinal Fusion Except Cervical with MCC	\$22,023

(MCC = major complications and/or comorbidities)

Revenue Code	Description
0360	Operating Room Services
0278	Medical Surgical Supplies/Other Implants

2025 Payment Rate published in Addendum B Update - OPPS Payment by HCPCS Code for CY 2025, Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems Final Rule (CMS-1809-FC)

2025 Payment Rate published in Table 5 - MS-DRGs, Relative Weighting Factors and Geometric and Arithmetic Mean Length of Stay, Hospital Inpatient Prospective Payment System Final Rule (CMS-1809-FC)