TriCor™ Sacroiliac Joint Fusion System Coding Reference Guide

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The TriCor Sacroiliac Joint Fusion System was developed as a minimally invasive or open surgical option for patients who have failed conservative treatment options for some causes of sacroiliac (SI) joint pain. The TriCor System is intended for sacroiliac joint fusion for conditions including sacroiliac joint disruptions and degenerative sacroiliitis.

Physician	
CPT® 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
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed

Hospital Inpatient: ICD-10-PCS Code and Description

Ø Medical and Surgical
S Lower Joints
G Fusion

Body Part	Approach	Device	Qualifier
7 Sacroiliac Joint, Right **8** Sacroiliac Joint, Left	**Ø** Open **3** Percutaneous	**4** Internal Fixation Device **7** Autologous Tissue Substitute **K** Nonautologous Tissue Substitute	**Z** No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	**Description**
459	Spinal Fusion Except Cervical with MCC
460	Spinal Fusion Except Cervical without MCC

CC – Complication and/or Comorbidity. MCC – Major Complication and/or Comorbidity.
*Other MS-DRGs may apply.
MS-DRG will be determined by the patient's diagnosis and any procedure(s) performed.

Hospital Outpatient and Ambulatory Surgical Center (ASC)				
CPT® Code	**Description**	**OPPS Status Indicator**	**Ambulatory Payment Classification**	**ASC Payment Indicator**
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed and placement of transfixing device	J1	5116	J8
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	C	--	NA

OPPS - Medicare's Outpatient Prospective Payment System.
Status Indicator: J1 – Hospital Part B services paid through a comprehensive APC. Paid under OPPS; all covered Part B services on the claim are packaged with the primary "J1" service, with limited exceptions. C – Inpatient Procedure; Not paid under OPPS
APC 5116: Level 6 Musculoskeletal Procedures
Payment Indicator: J8 – Device-intensive procedure; paid at adjusted rate; NA – This procedure is not on Medicare's ASC Covered Procedures List (CPL).

HCPCS (Healthcare Common Procedure Coding System)	
Code	**Description**
C1889	Implantable/insertable device for device intensive procedure, not otherwise classified

C-codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare OPPS

For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or reimbursement@zimmerbiomet.com, or visit our reimbursement web site at zimmerbiomet.com/reimbursement.

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