

Excellence Backed by Evidence



# CODING GUIDE 2024 LinQ® Implant and Surgical Instruments

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.<sup>1,2</sup>

### **Description:**

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. These devices must be inspected, cleaned, and sterilized before each use and are not implantable. 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.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)]
- 2.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.







## CY 2024 Medicare Unadjusted National Payments

СРТ	Description <sup>1</sup>	Professional <sup>2, 5</sup> (Place of Service Code = 11)		Hospital Outpatient <sup>3, 5</sup> (Place of Service Code = 22)		ASC <sup>4, 5</sup> (Place of Service Code = 24)
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 Payment: \$459	Non-Facility (Office) Payment: \$11,934	<b>APC:</b> 5116  Level 6  Musculoskeletal  Procedures	Payment: \$17,775  Status Indicator - J1 (Comprehensive APC)	\$11,690  Payment Indicator- J8 (Device- intensive procedure)

## Commonly Associated ICD-10-CM Diagnosis Codes<sup>5</sup>

ICD 10 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			

#### Sources

- 1.AMA CPT 2023, 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]
- 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]
- 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]
- 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)