State of South Carolina

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Workers' Compensation Commission

May 2, 2024

Advisory Notice

Clarification - Billing for CPT 27278

When the Centers for Medicare & Medicaid Services (CMS) developed the Non-facility professional rate for CPT 27278, *Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intraarticular implant(s) (e.g., bone allograft[s], synthetic device[s]), without placement of transfixation device,* the cost of the implant used in conjunction with this procedure was included in the Medicare fee. Because the maximum allowable payment (MAP) amounts in the South Carolina Medical Provider Services Manual are based on Medicare rates, the Non-facility MAP for CPT 27278 also includes the cost of the implant. Accordingly, when billing or reimbursing for this procedure code when it is provided in an office, freestanding radiology center or other Non-facility setting, the implant should *not* be paid separately. Reimbursement for the implant used in this procedure is already included in the Non-facility MAP for CPT 27278.