SI-BONE Announces Medicare Physician Payment Increase of 27% for Minimally Invasive SI Joint Fusion

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New Payment Rates Based on Increased RVUs to Reflect More Appropriate Compensation for Surgeons

SANTA CLARA, Calif., Nov. 04, 2019 (GLOBE NEWSWIRE) -- SI-BONE, Inc. (Nasdaq: SIBN), a Silicon Valley-based medical device company dedicated to solving musculoskeletal disorders of the sacropelvic anatomy, today announced the Centers for Medicare and Medicaid Services (CMS) has updated the Medicare Physician Fee Schedule for CPT® Code 27279, used to report minimally invasive sacroiliac (SI) joint fusion procedures, which are commonly performed with the iFuse Implant System®. Effective January 1, 2020 the Work Relative Value Units (wRVUs) associated with CPT 27279 will increase from 9.03 to 12.13. CMS based its decision in part on comments from surgeons around the U.S., providing extensive evidence that the wRVUs associated for procedures performed from 2015 to 2019 had understated the physician time and work effort required to perform the procedure.

"Since the FDA clearance of iFuse, more than 40,000 procedures have been performed by 1,900 surgeons, helping patients with SI joint dysfunction experience significantly less pain and improved quality of life," said Jeffrey Dunn, President, CEO and Chairman at SI-BONE. "We applaud this decision by CMS to increase the physician fee for CPT 27279 based on the greater work effort and intensity involved when performing these minimally invasive SI joint fusion procedures."

As part of this rulemaking, Medicare is finalizing an increase to the CPT code's overall surgeon payment from $720 to $915, an increase of 27%. The Fee Schedule will be updated to reflect this new amount effective January 1, 2020.

About SI-BONE
SI-BONE is a medical device company that pioneered minimally invasive surgery of the SI joint with the iFuse Implant System. Studies have shown that the SI joint can be a source of pain in 15% to 30% of chronic low back pain. The iFuse Implant™, commercially available since 2009, is the only SI joint fusion device supported by multiple prospective clinical studies, including two RCTs, showing improved pain, patient function and quality of life resulting from treatment. There are over 75 peer-reviewed publications demonstrating the safety, durable effectiveness, and biomechanical and economic benefits unique to the iFuse Implant (www.si-bone.com/results). This body of evidence has enabled multiple government and private insurance payors to establish coverage of the SI joint fusion procedure exclusively when performed with the iFuse Implant System.

The iFuse Implant System is intended for sacroiliac fusion for conditions including sacroiliac joint dysfunction that is a direct result of sacroiliac joint disruption and degenerative sacroiliitis. This includes conditions whose symptoms began during pregnancy or in the peripartum period and have persisted postpartum for more than 6 months. The iFuse Implant System is also intended for sacroiliac fusion to augment immobilization and stabilization of the sacroiliac joint in skeletally mature patients undergoing sacropelvic fixation as part of a lumbar or thoracolumbar fusion. There are potential risks associated with the iFuse Implant System. It may not be appropriate for all patients and all patients may not benefit. Rx Only. For indications, risks, and safety information visit: www.si-bone.com/risks.

For more information, visit www.si-bone.com and follow us on Twitter at @siboneinc.

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