

The Percentage of Sacroiliac Fusions Done in the U.S. by Non-Surgical Specialties Has Increased

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INTRODUCTION: Surgical fusion of the sacroiliac (SI) joint is often performed to manage chronic lower back or buttock pain. When Current Procedural Terminology (CPT) codes were introduced, SI joint fusion procedures were done primarily by orthopaedic surgeons and neurosurgeons. The purpose of this study was to utilize CPT codes to examine which specialties have been billing for surgical SI joint fusions.

METHODS: A retrospective cohort study was conducted using the PearlDiver database. The database was queried using CPT codes to identify patients who underwent SI joint fusion via percutaneous, open, or trauma codes. Specialties queried included surgical specialties (orthopaedic surgery and neurosurgery) and non-surgical specialties (PM&R, neurology, anesthesiology, pain medicine). Total number and number per year of SI joint fusion procedures were identified for each specialty group. Trends of SI fusion was compared between surgical specialties and non-surgical specialties.

RESULTS: Comparing 2015 and 2021, the SI fusion codes submitted across all three groups (percutaneous, open, and trauma) increased for non-surgical specialties compared to surgical specialties. Between 2015 and 2021, the total number of percutaneous procedures submitted by all specialties increased by 294%, while the number of procedures being submitted by non-surgical specialties increased by 25,050%.

DISCUSSION AND CONCLUSION: Our study demonstrated how quickly and to what degree the procedure market can react to higher work RVU value codes. Despite requiring less overall time and utilizing an intra-articular rather than a transfixing approach, non-surgical specialties submitted the same CPT code as surgical specialties performing the transfixing procedure at an increasing rate during the study period. With the introduction of new technologies to perform SI fixation and a new code to capture the intra-articular procedure, future studies could examine whether the number of SI fusion procedures performed by the various physician specialties stabilizes over time.

Figure 1: Sacroiliac Fusion Procedures by Specialty Group, 2015-2021

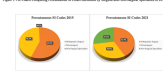


Table 1: Comparison of SI Fusion Codes Submitted

	Surgical Specialties (Orthopaedic Surgery & Neurosurgery)	Non-Surgical Specialties (PM&R, Neurology, Anesthesiology, Pain Medicine)	Aggregate
PERCUTANEOUS			
2015	126 (95.0%)	6 (5.0%)	132
2021	1,877 (95.0%)	103 (5.0%)	1,980
OPEN			
2015	425 (95.0%)	25 (5.0%)	450
2021	671 (95.0%)	39 (5.0%)	710
TRAUMA			
2015	100 (95.0%)	5 (5.0%)	105
2021	118 (95.0%)	7 (5.0%)	125
TOTAL CODES			
2015	651 (95.0%)	36 (5.0%)	687
2021	2,666 (95.0%)	157 (5.0%)	2,823

Table 2: Work RVU by CPT Codes for 2015 and 2021

	CPT Code	Work RVU	2015 Work RVU	2021 Work RVU
PERCUTANEOUS	CPT 22710	14.00	14.00	14.00
OPEN	CPT 22710	14.00	14.00	14.00
TRAUMA	CPT 22710	14.00	14.00	14.00

Figure 2: Trend of SI Fusion Codes Submitted by Specialty Over Time

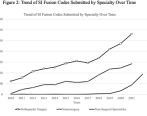


Figure 3: Pelvic Cross Section Showing Transfixing versus Non-Transfixing Devices



Table 3: Statistical Comparison of SI Fusion Codes Submitted by Specialty Group

	Surgical Specialties (Orthopaedic Surgery & Neurosurgery)	Non-Surgical Specialties (PM&R, Neurology, Anesthesiology, Pain Medicine)	p-value
PERCUTANEOUS			
2015	126 (95.0%)	6 (5.0%)	0.0001
2021	1,877 (95.0%)	103 (5.0%)	0.0001
OPEN			
2015	425 (95.0%)	25 (5.0%)	0.0001
2021	671 (95.0%)	39 (5.0%)	0.0001
TRAUMA			
2015	100 (95.0%)	5 (5.0%)	0.0001
2021	118 (95.0%)	7 (5.0%)	0.0001
TOTAL CODES			
2015	651 (95.0%)	36 (5.0%)	0.0001
2021	2,666 (95.0%)	157 (5.0%)	0.0001