Who Performs Sacroiliac Joint Fusion in Medicare? Specialty Shift, Utilization, and Spending, 2019–2023

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INTRODUCTION

Minimally invasive sacroiliac joint (SIJ) fusion has expanded rapidly. A posterior intra-articular approach (CPT 0775T) entered practice in 2022 and has been adopted largely outside surgical specialties. National utilization, spending, and specialty patterns remain incompletely characterized.

AIM

To evaluate national SIJ fusion utilization, Medicare spending, provider's specialty, and state-level trends from 2019–2023..

METHOD

- **CMS Medicare Physician & Other Practitioners Public Use Files, 2019–2023**
- **SIJ fusion identified as percutaneous fusion with transfixing device (27279), open fusion (27280), and percutaneous intra-articular implant fusion (0775T, effective July 2022)**
- **Aggregated by year, CPT code, state, and specialty**
- **Florida vs national trends; 2023 ZIP-level geospatial analysis**
- **Specialty mix assessed using clinician-billed services; analysis in R 4.5.2**

*IRB exemption: publicly available, de-identified, aggregated data.
** AI-assisted code generation (Claude, Anthropic) for data cleaning and workflow development under investigator oversight.

MAIN FINDING

SIJ fusion volume increased **64.0%** from 2019 to 2023, while Medicare spending increased **200.2%.** Interventional pain specialists performed **over one-third** of transfixing fusions and **all intra-articular implant fusions**.

Table 1. SIJ fusion utilization, expenditure, and clinician specialty mix by CPT code, fee-for-service Medicare, 2019–2023.

	27279 Percutaneous transfixing	27280 Open arthrodesis	0775T Percutaneous intra-articular[b]
Utilization			
Services, n (% of total)[a]	18,175 (82.8)	3,273 (14.9)	497 (2.3)
Services, 2019, n	2,238	551	—
Services, 2023, n	3,137	939	497
Change, 2023 vs 2019, %	+40.2	+70.4	—
Expenditure[c]			
Total Medicare payment, $ millions	74.9	3.5	3.5
Payment per service, $	4,121	1,071	7,032
Specialty mix, % of clinician-billed services[d]			
Surgical	45.5	84.9	0.0
Interventional pain	34.6	0.6	100.0
Advanced practice	18.7	14.5	0.0

SIJ volume **+64.0%**

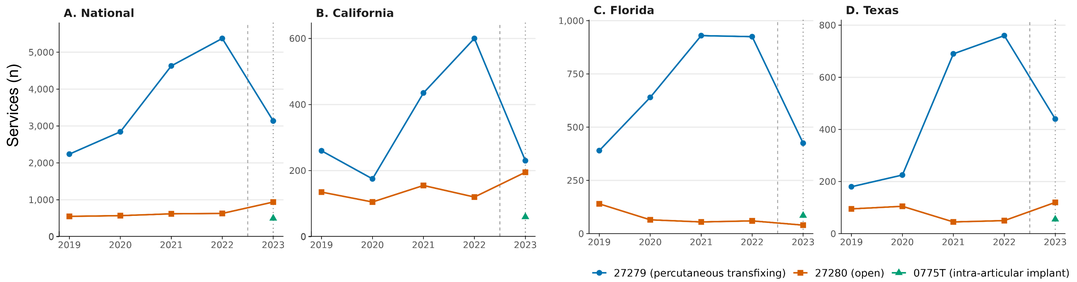
Medicare spending **+200.2%**

Payment/service **+83.1%**

0775T: **100%** interventional pain

[d] **Surgical:** orthopedic surgery, neurosurgery
Interventional pain: interventional pain management, pain management, anesthesiology, physical medicine and rehabilitation.
Advanced practice: nurse practitioner, physician assistant

Figure 1: SIJ fusion services by CPT code, 2019–2023: national and top three utilization states.



KEY RESULTS

- **21,945 SIJ fusion services**: 82.8% transfixing (27279), 14.9% open (27280), and 2.3% intra-articular (0775T).
- Annual volume increased from **2,789 in 2019** → 6,003 in 2022, then fell to **4,573 in 2023 (+64.0% vs 2019)**.
- The 2023 decline (−23.8% vs 2022) was confined to 27279 (−41.6%).
- Medicare payments increased **$6.1M → $18.4M (+200.2%)**; payment per service increased **83.1%**.
- For 27279**, 45.5%** of clinician-billed services were surgical, **34.6%** interventional pain, and **18.7%** advanced practice providers; **100%** of 0775T was billed by interventional pain.
- Florida (**17.0%**), Texas (**13.3%**), and California (**10.7%**) accounted for **41.1% of national volume**.

CONCLUSIONS

SIJ fusion utilization and spending grew substantially through 2022, followed by a 2023 decline driven by transfixing-device fusion. The specialty landscape is shifting, with interventional pain specialists performing over one-third of transfixing fusions and all intra-articular implant fusions. Coverage changes may be reshaping utilization; linked claims and outcome studies are needed to evaluate patient selection and outcomes.

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