SI Joint Dysfunction

FACILITY

2026 Coding Guide

SI-BONE®

Sacropelvic Solutions™

SI Joint Dysfunction

Facility Coding Guide – iFuse®, iFuse 3D™, iFuse TORQ® and iFuse INTRA Ti™ Implant Systems or iFuse INTRA® and iFuse INTRA X® Allograft Implant Systems

MINIMALLY INVASIVE SACROILIAC JOINT SURGERY USING TRANSARTICULAR OR INTRA-ARTICULAR IMPLANTS

About iFuse: The *iFuse*, *iFuse 3D, iFuse TORQ, and iFuse INTRA Ti Implant Systems, and the allograft iFuse INTRA* and *iFuse INTRA X Implant Systems* are intended for SI joint fusion for conditions including SI joint dysfunction that is a direct result of SI joint disruption or degenerative sacroiliitis (see full indications on last page). The procedure involves percutaneous placement of implants to stabilize the sacroiliac joint, including either transarticular or intra-articular implants that pierce the lateral and/or medial cortices of the ilium and the lateral cortex of the sacrum, or intra-articular implants placed without cortical piercing.

The following codes may apply to patients undergoing minimally invasive SI joint fusion with the iFuse Implant Systems. Providers must use independent judgment and report codes that most accurately describe the services, items and/or supplies provided, as well as the patient's condition. The following codes may not be an all-inclusive list.

AMBULATORY SURGICAL CENTER (ASC) SETTING[2] (Place of Service Code 24)

CPT® Code[1]	Description	ASC Payment Indicator[2]	Device Off-set %[2]	CY 2026 Medicare Unadjusted Rate[2]
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of transarticular device(s) and/or intra-articular device(s) piercing the lateral or medial cortices of the ilium and the lateral cortex of the sacrum *[For bilateral procedure report 27279 with modifier 50]*	**J8** – Device-intensive procedure; paid at adjusted rate	66.00%	$ 14,518
27278	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of intra-articular device(s), without cortical piercing *[For bilateral procedures, report 27278 with modifier 50]*	**J8** – Device-intensive procedure; paid at adjusted rate	72.65%	$15,048

Additional Guidance

- ISASS Guidance: "Revision and/or removal of the SI joint implant should be coded using Unlisted CPT Code (i.e., 22899 or 27299) depending on the type of approach and procedure performed, whether within the global period of the fusion, or not." SOURCE: Lorio M, Kube R, Araghi A. ISASS Policy 2020 Update—Minimally Invasive Surgical Sacroiliac Joint Fusion (for Chronic Sacroiliac Joint Pain): Coverage Indications, Limitations, and Medical Necessity. Int J Spine Surg. 2020 December; 7156. DOI: 10.14444/7156
- Use CPT 27279 to report hybrid SI joint fusion that consists of placement of both intra-articular and transarticular devices, at least one of which pierces the cortices.[1]

HOSPITAL OUTPATIENT SETTING[2] (Place of Service Code 22)

CPT® Code[1]	Description	APC[2]	Status Indicator[2]	CY 2026 Medicare Unadjusted Rate[2]
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of transarticular device(s) and/or intra-articular device(s) piercing the lateral or medial cortices of the ilium and the lateral cortex of the sacrum *[For bilateral procedure report 27279 with modifier 50]*	**5116** *(Level 6 Musculoskeletal Procedure)*	**J1** – Hospital Part B services paid through a comprehensive APC	$ 17,914
27278	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of intra-articular device(s), without cortical piercing *[For bilateral procedures, report 27278 with modifier 50]*	**5116** *(Level 6 Musculoskeletal Procedure)*	**J1** – Hospital Part B services paid through a comprehensive APC	$ 17,914

HOSPITAL INPATIENT SETTING (Place of Service Code 21)

Hospitals use ICD-10-PCS to report inpatient services. The following ICD-10-PCS codes may be appropriate for a sacroiliac joint fusion procedure with the iFuse Implant System. Please note that Medicare reimbursement varies according to the geographical area in which the services are provided and other applicable adjustments. Actual payments may therefore vary. For this reason, national averages are set forth below.

ICD-10-PCS[4]	Description	Possible MS-DRG*[5]	FY 2026 Medicare Unadjusted Payment Rate[5]
0SG734Z (right) **0SG834Z (left)**	Fusion of (right/left) sacroiliac joint with internal fixation device, percutaneous approach	**450** – Single Level Spinal Fusion Except Cervical with MCC (MCC = Major complications and/or comorbidities)	$38,782
		451 – Single Level Spinal Fusion Except Cervical without MCC (MCC = Major complications and/or comorbidities)	$23,507

**Other MS-DRGs may apply.*

Revenue Code**	Description
0360	Operating Room Services
0278	Medical Surgical Supplies/ Other Implants

***Other Revenue Codes may apply*

HCPCS Codes

HCPCS Code[6]	Description[6]	Status Indicator/Reimbursement[2]
C1889	Implantable/ insertable device for device-intensive procedure, not otherwise classified	N –Items and Services Packaged into APC Rate No separate payment under Medicare (commercial contracts may vary)
C1776	Joint device (implantable)	
L8699	Prosthetic implant, not otherwise specified	

ICD-10-CM Diagnosis Codes[7]

Diagnosis Codes	Code Description
M46.1	Sacroiliitis, not elsewhere classified
M53.2X8	Spinal instabilities, sacral and sacrococcygeal region
M53.3	Sacrococcygeal disorders, not elsewhere classified
S33.6XXS	Sprain of sacroiliac joint, sequela
M43.28	Fusion of spine, sacral and sacrococcygeal region
S39.83XS	Other specified injuries of pelvis, sequela
S33.2XXS	Dislocation of sacroiliac and sacrococcygeal joint, sequela

References

1. CPT© 2025. American Medical Association (AMA). All rights reserved.
2. 2026 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems CMS-1834-FC. Notice of Final Rulemaking with Comment Period (NFRM).
3. CMS, 2026 ICD-10 Procedure Coding System (ICD-10-PCS).
4. FY 2026 Medicare Hospital Inpatient Prospective Payment System, FY 2026 Final Rule, CMS-1833-F.
   The listed rates do not reflect all hospital-specific adjustments that may significantly alter a payment to a particular hospital.
5. AAPC. 2026 HCPCS Level II Expert: Service Supply Codes for Caregivers and Suppliers. American Academy of Professional Coders; 2025.
6. ICD-10-CM Official Guidelines for Coding and Reporting FY 2026 -- UPDATED October 1, 2025 (October 1, 2025 - September 30, 2026) Corporate Authors(s): Centers for Medicare & Medicaid Services (U.S.); National Center for Health Statistics (U.S.)

The ***iFuse Implant System®*** is intended for sacroiliac fusion for the following conditions:

- 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.
- To augment immobilization and stabilization of the sacroiliac joint in skeletally mature patients undergoing sacropelvic fixation as part of a lumbar or thoracolumbar fusion.
- Acute, non-acute, and non-traumatic fractures involving the sacroiliac joint.

If present, a pelvic fracture should be stabilized prior to the use of iFuse implants.

The ***iFuse TORQ®*** Implant System is indicated for sacroiliac joint fusion for:

- Sacroiliac joint dysfunction including sacroiliac joint disruption and degenerative sacroiliitis.
- Augmenting immobilization and stabilization of the sacroiliac joint in skeletally mature patients undergoing sacropelvic fixation as part of a lumbar or thoracolumbar fusion.

The iFuse TORQ Implant System is also indicated for fracture fixation of the pelvis, including acute, non-acute and nontraumatic fractures.

The iFuse TORQ Navigation instruments are intended to be used with the iFuse TORQ Implant System to assist the surgeon in precisely locating anatomical structures in iFuse TORQ Implant System procedures, in which the use of stereotactic surgery may be appropriate, and where reference to a rigid anatomical structure, such as the pelvis or vertebra, can be identified relative to the acquired image (CT, MR, 2D fluoroscopic image or 3D fluoroscopic image reconstruction) and/or an image data based model of the anatomy. iFuse TORQ Navigation instruments are intended to be used with the Medtronic® StealthStation® System.

The TORQ iGPS instruments and iGPS Drill Bits are compatible with Globus ExcelsiusGPS® Instrument Trackers and intended to be used with the iFuse TORQ Implant System and the Globus ExcelsiusGPS® Robotic Navigation System (including the Globus Excelsius3D® Imaging System), which is intended for use as an aid for precisely locating anatomical structures and for spatial positioning and orientation of an instrument holder or guide tube to be used by surgeons for navigating and/or guiding compatible surgical instruments in open or percutaneous procedures provided that the required fiducial markers and rigid patient anatomy can be identified on CT scans or fluoroscopy. Use of the iGPS instruments is limited to use only with 10.0 mm and 11.5 mm fully threaded iFuse TORQ implants.

The **iFuse INTRA Ti™ Implant System** is intended for fusion of the sacroiliac joint for 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 INTRA®*** Allograft Implant System instruments are indicated for placement of the iFuse INTRA Allograft.
The ***iFuse INTRA®*** Allograft Implant System is indicated for homologous use.

The ***iFuse INTRA X®*** Allograft Implant System instruments are indicated for placement of the iFuse INTRA X Allograft.
The ***iFuse INTRA X®*** Allograft Implant System is indicated for homologous use.

Healthcare professionals should refer to the Instructions For Use for indications, contraindications, warnings, and precautions at https://si-bone.com/label.

There are potential risks associated with iFuse procedures. The procedures may not be appropriate for all patients and all patients may not benefit. For information about the risks, visit https://si-bone.com/risks.

SI-BONE's Patient Insurance Coverage Support (PICS)

Our PICS team is available to provide coding, billing, and reimbursement support for procedures performed with *iFuse Systems*.

Phone	Email	Website
1-800-710-8511	**PICS@si-bone.com**	**https://si-bone.com/providers/reimbursement/**

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