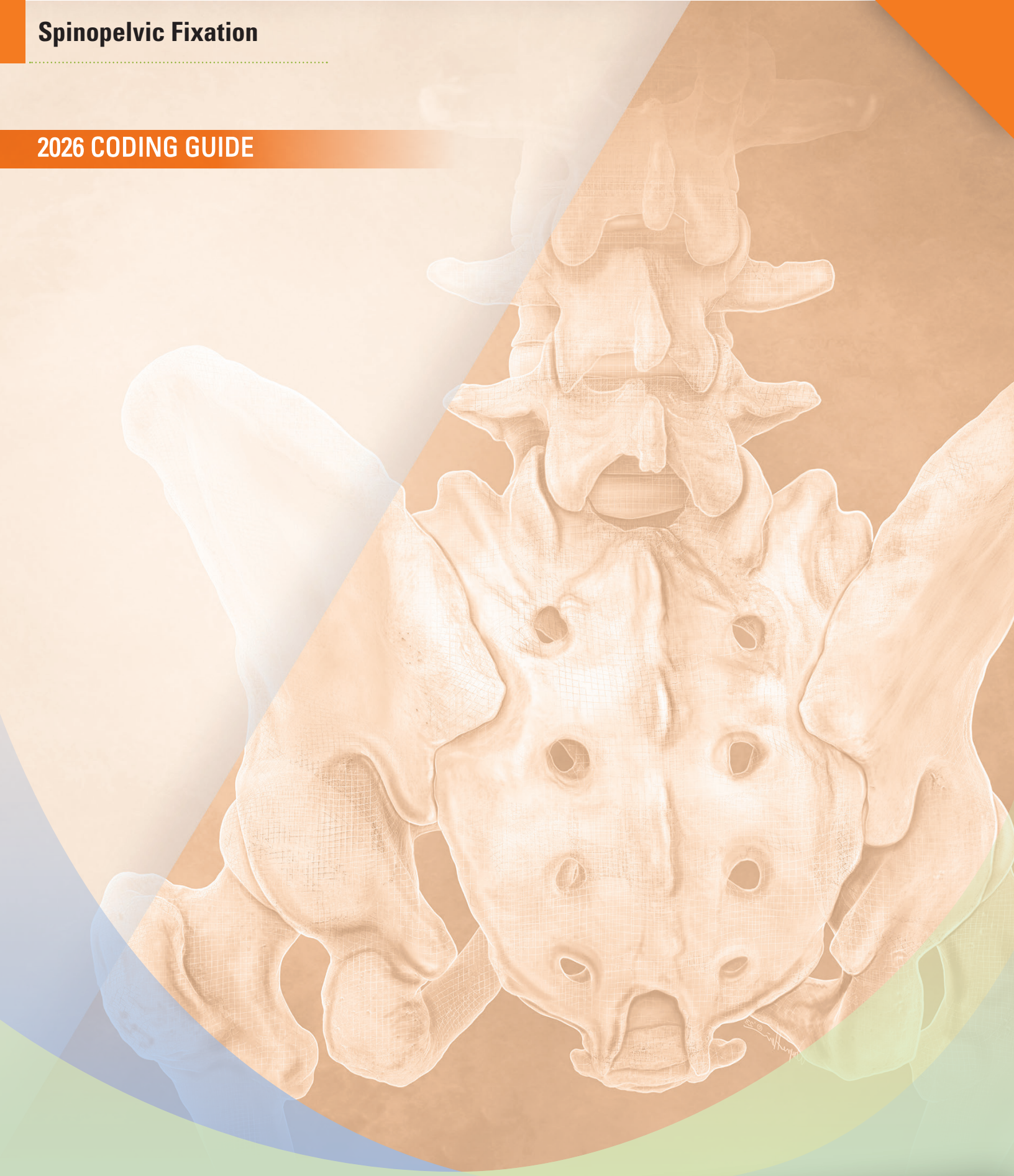
Spinopelvic Fixation

2026 CODING GUIDE



SI-BONE®

Sacropelvic Solutions™

Sacropelvic Fixation

Sacropelvic Fixation Coding Guide – iFuse Bedrock Granite®, iFuse 3D™, and iFuse TORQ® Implant Systems

SACROILIAC FIXATION/FUSION WITH LUMBAR OR THORACOLUMBAR FUSION

PHYSICIAN

The following CPT Codes may apply. Physicians must use independent judgment and report codes that most accurately describe the services provided and the patient's condition. The coding selection will depend on approach, technique, patient diagnosis and other case specifics.

CPT Code[1]	Description	Total RVUs[2]	2025 Medicare Unadjusted Rate[2]
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device. *[For bilateral procedure report 27279 with modifier -50]*	24.43 *(wRVUs = 12.13)*	$ 790
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed. *[For bilateral procedure report 27280 with modifier -50]*	41.52 *(wRVUs = 20.00)*	$ 1,343
+ 22848 (Add on code)	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	10.81 *(wRVUs = 5.99)*	$ 349
22899	Unlisted procedure, spine	N/A	Carrier priced

- Pelvic fixation (*e.g.*, rods and connectors in a Galveston technique configuration) is commonly reported with add-on CPT code 22848. This may include placement of bolts and screws to fixate the pelvis.
- Long construct deformity procedures with pelvic fixation may be performed in conjunction with open (CPT 27280) or minimally invasive SI joint fusion (27279).
- Code 27280 is reported for a sacroiliac joint fusion using an open approach requiring direct visualization. AMA CPT Assistant September 2013, Volume 23, Issue 9.
- When multiple surgeries or procedures are performed by a single physician or physicians in the same group practice on the same patient at the same operative session, reduction in reimbursement for secondary and subsequent procedures may occur. Appropriate use of modifiers will facilitate claims processing.
- Modifier -51 is reported for secondary procedures in accordance with CPT guidelines. Both CPT code 27279 and CPT 27280 are unilateral procedures. If performed bilaterally, some payors require that the service be reported twice with modifier -50 appended to the second code while others require identification of the service only once with modifier -50 appended. Check with individual payors.

INPATIENT HOSPITAL

ICD-10-PCS[3]	Description[3]
0SG834Z	Fusion of Left Sacroiliac Joint with Internal Fixation Device, Percutaneous Approach
0SG734Z	Fusion of Right Sacroiliac Joint with Internal Fixation Device, Percutaneous Approach
0SG804Z	Fusion of Left Sacroiliac Joint with Internal Fixation Device, Open Approach
0SG704Z	Fusion of Right Sacroiliac Joint with Internal Fixation Device, Open Approach
XNH7358	Percutaneous insertion, internal fixation device with Tulip connector into left pelvic bone, New Technology Group 8
XNH6358	Percutaneous insertion, internal fixation device with Tulip connector into right pelvic bone, New Technology Group 8
XRGF358	Percutaneous left sacroiliac joint fusion with internal fixation device with Tulip connector, New Technology Group 8
XRGE358	Percutaneous right sacroiliac joint fusion with internal fixation device with Tulip connector, New Technology Group 8
XNH7058	Open insertion, internal fixation device with Tulip connector into left pelvic bone, New Technology Group 8
XNH6058	Open insertion, internal fixation device with Tulip connector into right pelvic bone, New Technology Group 8
XRGF058	Open left sacroiliac joint fusion with internal fixation device with Tulip connector, New Technology Group 8
XRGE058	Open right sacroiliac joint fusion with internal fixation device with Tulip connector, New Technology Group 8

Commonly Reported DRGs[4]		Description[4]	Severity[4]	FY2026 Medicare Unadjusted Rate[4]
360 fusion (anterior + posterior arthrodesis)	**426**	Multiple level combined anterior/posterior spinal fusion except cervical	w/ MCC	$80,199
	427		w/ CC	$52,528
	428		without CC/MCC	$40,910
	402	Single level combined anterior/posterior spinal fusion except cervical	N/A	$29,256
Other deformity fusion (*e.g.*, posterior only or anterior only)	**456**	Spinal fusion except cervical with spinal curvature/ malignancy/ infection or extensive fusions	w/ MCC	$61,150
	457		w/ CC	$43,392
	458		without CC/MCC	$30,363
Thoracolumbar fusion	**450**	Single level spinal fusion except cervical	w/ MCC	$38,782
	451		without CC/MCC	$23,507
	447	Multiple level spinal fusion except cervical	w/MCC	$48,620
	448		without CC/MCC	$30,859

Other possible MS-DRGs include 028, 029, 252, 496, 515, 516, 517, 518, 519, 628, 853, 854, 856, 907, 908, 957 and 981.[4]

Possible Revenue Codes

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

*Other Revenue Codes may apply

Possible HCPCS Codes

HCPCS[5]	Description	Medicare Payment Rate
C1737	Si and pelvis fusion and fixation device	N – Items and Services Packaged into Rate No separate payment made under Medicare Commercial Contracts may vary
C1889	Implantable/ insertable device for device-intensive procedure, not otherwise classified	
C1776	Joint device (implantable)	
L8699	Prosthetic implant, not otherwise specified	

References

1. CPT© 2025. American Medical Association (AMA). All rights reserved.
2. CMS-1807-F. Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2025. The listed rates do not reflect all provider-specific adjustments that may significantly alter a payment to a particular provider.
3. CMS, 2025 ICD-10 Procedure Coding System (ICD-10-PCS).
4. FY 2026 Medicare Hospital Inpatient Prospective Payment System, FY 2026 Final Rule, CMS-1883-F. The listed rates do not reflect all hospital-specific adjustments that may significantly alter a payment to a particular hospital.
5. AAPC. 2025 HCPCS Level II Expert: Service Supply Codes for Caregivers and Suppliers. American Academy of Professional Coders; 2024.

Additional questions? Connect with our Area Reimbursement Management Team.

Phone **1-800-710-8511**

Email **HealthPolicy@SI-BONE.com**

Website **https://si-bone.com/providers/reimbursement/**

The ***iFuse Bedrock Granite ® Implant System*** is intended for sacroiliac joint fusion in skeletally mature patients 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 patients undergoing sacropelvic fixation as part of a lumbar or thoracolumbar fusion.
- Acute, non-acute, and non-traumatic fractures involving the sacroiliac joint

When connected to compatible pedicle screw systems with 5.5- or 6.0-mm posterior rods made from either titanium alloy or cobalt chrome alloys, the iFuse Bedrock Granite Implant System is intended to provide immobilization and stabilization of spinal segments in skeletally mature patients as an adjunct to thoracolumbosacral fusion for the following acute and chronic instabilities or deformities of the thoracic, lumbar, and sacral spine:

- Degenerative disc disease (DDD) as defined by back pain of discogenic origin with degeneration of the disc confirmed by patient history and radiographic studies
- Spondylolisthesis
- Trauma (i.e., fracture or dislocation)
- Spinal stenosis
- Deformities or curvatures (i.e., scoliosis, kyphosis, and/or lordosis)
- Spinal tumor
- Pseudarthrosis
- Failed previous fusion

When connected to compatible pedicle screw systems with 5.5- or 6.0-mm posterior rods made from either titanium alloy or cobalt chrome alloys, the iFuse Bedrock Granite Implant System is intended to provide immobilization and stabilization of spinal segments in skeletally immature patients as an adjunct to thoracolumbar fusion for the treatment of progressive spinal deformities (i.e., scoliosis, kyphosis, or lordosis) including idiopathic scoliosis, neuromuscular scoliosis, and congenital scoliosis, as well as the following conditions: spondylolisthesis/spondylolysis, fracture caused by tumor and/or trauma, pseudarthrosis, and/or failed previous fusion. These devices are to be used with autograft and/or allograft. Pediatric pedicle screw fixation is limited to a posterior approach.

Please refer to the additional information section in the Instructions for Use on compatible pedicle screw system rods.

The iFuse Bedrock Granite Navigation instruments are intended to be used with the iFuse Bedrock Granite Implant System to assist the surgeon in precisely locating anatomical structures in iFuse Bedrock Granite 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 Bedrock Granite Navigation instruments are intended to be used with the Medtronic® StealthStation®.

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 a part of a lumbar or thoracolumbar fusion. In addition, the iFuse Implant System is intended for sacroiliac fusion in 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 non-traumatic 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.

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.

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