Spinopelvic Fixation

2027 CODING GUIDE



SI-BONE®

Sacropelvic Solutions™

Spinal Fusion with or without Spinopelvic Fixation

iFuse Bedrock Granite®, iFuse Granite Onyx™, iFuse 3D™, and iFuse TORQ® Implant Systems

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]	CY2026 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]*	22.71 *(wRVUs = 11.83)*	**$762**
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed. *[For bilateral procedure report 27280 with modifier -50]*	38.69 *(wRVUs = 19.50)*	**$1,290**
22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	37.83 *(wRVUs = 16.85)*	**$1,271**
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	44.11 *(wRVUs = 22.91)*	**$1,482**
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	10.51 *(wRVUs = 6.27)*	**$353**
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar;	51.15 *(wRVUs = 26.13)*	**$1,708**
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	13.00 *(wRVUs = 7.76)*	**$434**
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	39.52 *(wRVUs = 19.01)*	**$1,320**
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	58.07 *(wRVUs = 31.31)*	**$1,946**
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	66.69 *(wRVUs = 36.56)*	**$2,233**
+22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	20.09 *(wRVUs = 12.21)*	**$672**
+22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	20.46 *(wRVUs = 12.25)*	**$683**
+22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	21.92 *(wRVUs = 13.10)*	**$732**

CPT Code[1]	Description	Total RVUs[2]	CY2026 Medicare Unadjusted Rate[2]
+22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	26.32 *(wRVUs = 16.01)*	**$879**
+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)	9.56 *(wRVUs = 5.84)*	**$319**
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

The following ICD-10-PCS codes may be appropriate for pelvic fixation, sacroiliac joint fusion, or spinal fusion procedures with the iFuse, iFuse TORQ, iFuse Bedrock Granite, or iFuse Granite Onyx Implant Systems. Medicare reimbursement varies based on the geographic location where services are furnished and other applicable payment adjustments. Actual reimbursement may therefore differ from the amounts shown. For reference, the national average payment amounts are provided below.

ICD-10-PCS Coding for Sacroiliac Joint Fusion and Pelvic Fixation

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	Perc. insertion, internal fixation device with Tulip connector into left pelvic bone, New Tech. Group 8
XNH6358	Perc. insertion, internal fixation device with Tulip connector into right pelvic bone, New Tech. Group 8
XRGF358	Perc. left sacroiliac joint fusion with internal fixation device with Tulip connector, New Tech. Group 8
XRGE358	Perc. right sacroiliac joint fusion with internal fixation device with Tulip connector, New Tech. Group 8
XNH7058	Open insertion, internal fixation device with Tulip connector into left pelvic bone, New Tech. Group 8
XNH6058	Open insertion, internal fixation device with Tulip connector into right pelvic bone, New Tech. Group 8
XRGF058	Open left sacroiliac joint fusion with internal fixation device with Tulip connector, New Tech. Group 8
XRGE058	Open right sacroiliac joint fusion with internal fixation device with Tulip connector, New Tech. Group 8

ICD-10-PCS Coding for Spinal Fusion[3]

ICD-10-PCS[3]	Description[3]
0RG60**	Fusion of thoracic vertebral joint, open approach
0RG70**	Fusion of 2–7 thoracic vertebral joints, open approach
0RG80**	Fusion of 8 or more thoracic vertebral joints, open approach
0RGA0**	Fusion of thoracolumbar vertebral joint, open approach
0SG00**	Fusion of lumbar vertebral joint, open approach
0SG10**	Fusion of 2 or more lumbar vertebral joints, open approach
0SG30**	Fusion of lumbosacral joint, open approach

Code families shown for reference. Specific ICD-10-PCS code assignment depends on the number of vertebral joints fused, device or tissue substitute used, and surgical approach. Refer to CMS' current ICD-10-PCS Tables and Index for complete code selection.

Commonly Reported DRGs[4]		Description[4]	Severity[4]	FY2027 Medicare Unadjusted Rate[4]
Extensive or complex fusion	**523**	Extensive or Complex Spinal Fusion Procedures Except Cervical	w/ MCC	**$101,542**
	524		w/ CC	**$72,672**
	525		without CC/MCC	**$53,919**
360 fusion (anterior + posterior arthrodesis)	**426**	Multiple level combined anterior/posterior spinal fusion except cervical	w/ MCC	**$73,282**
	427		w/ CC	**$49,535**
	428		without CC/MCC	**$43,753**
	402	Single level combined anterior/posterior spinal fusion except cervical	N/A	**$30,266**
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	**$56,329**
	457		w/ CC	**$39,650**
	458		without CC/MCC	**$29,838**
Thoracolumbar fusion	**450**	Single level spinal fusion except cervical	w/ MCC	**$38,669**
	451		without CC/MCC	**$24,085**
	447	Multiple level spinal fusion except cervical	w/ MCC	**$51,470**
	448		without CC/MCC	**$32,142**

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*

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© 2026. American Medical Association (AMA). All rights reserved.
2. CMS-1832-F. Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2026. The listed rates do not reflect all provider-specific adjustments that may significantly alter a payment to a particular provider.
3. CMS, 2027 ICD-10 Procedure Coding System (ICD-10-PCS).
4. FY 2027 Medicare Hospital Inpatient Prospective Payment System, FY 2027 Final Rule, CMS-1849-CN. 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.

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.

The iFuse Bedrock Granite Navigation instruments are intended to be used with the iFuse Bedrock Granite Implant System and the Medtronic StealthStation 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.

The Granite iGPS instruments and iGPS Drill Bits are compatible with Globus ExcelsiusGPS® Instrument Trackers and intended to be used with the iFuse Bedrock Granite 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 the 9.5 mm and 10.5 mm iFuse Bedrock Granite implants.

When connected to compatible pedicle screw systems with 5.0-, 5.5- or 6.0-mm posterior rods made from either titanium alloy or cobalt chrome alloys, the ***iFuse Granite Onyx™ Implant System*** is intended to provide immobilization and stabilization of spinal segments in skeletally mature patients as an adjunct to fusion in the treatment of 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, and/or
- failed previous fusion.

When connected to compatible pedicle screw systems with 5.0- , 5.5- or 6.0- mm posterior rods made from either titanium alloy or cobalt chrome alloys, the iFuse Granite Onyx Implant System is intended to provide immobilization and stabilization of spinal segments in skeletally immature patients as an adjunct to 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 Granite Onyx Navigation instruments are intended to be used with the iFuse Granite Onyx Implant System and the Medtronic StealthStation System to assist the surgeon in precisely locating anatomical structures in iFuse Granite Onyx 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.

The Onyx iGPS instruments are compatible with Globus ExcelsiusGPS® Instrument Trackers and intended to be used with the iFuse Granite Onyx 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 procedures provided that the required fiducial markers and rigid patient anatomy can be identified on CT scans or fluoroscopy.

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.

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.

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.

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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