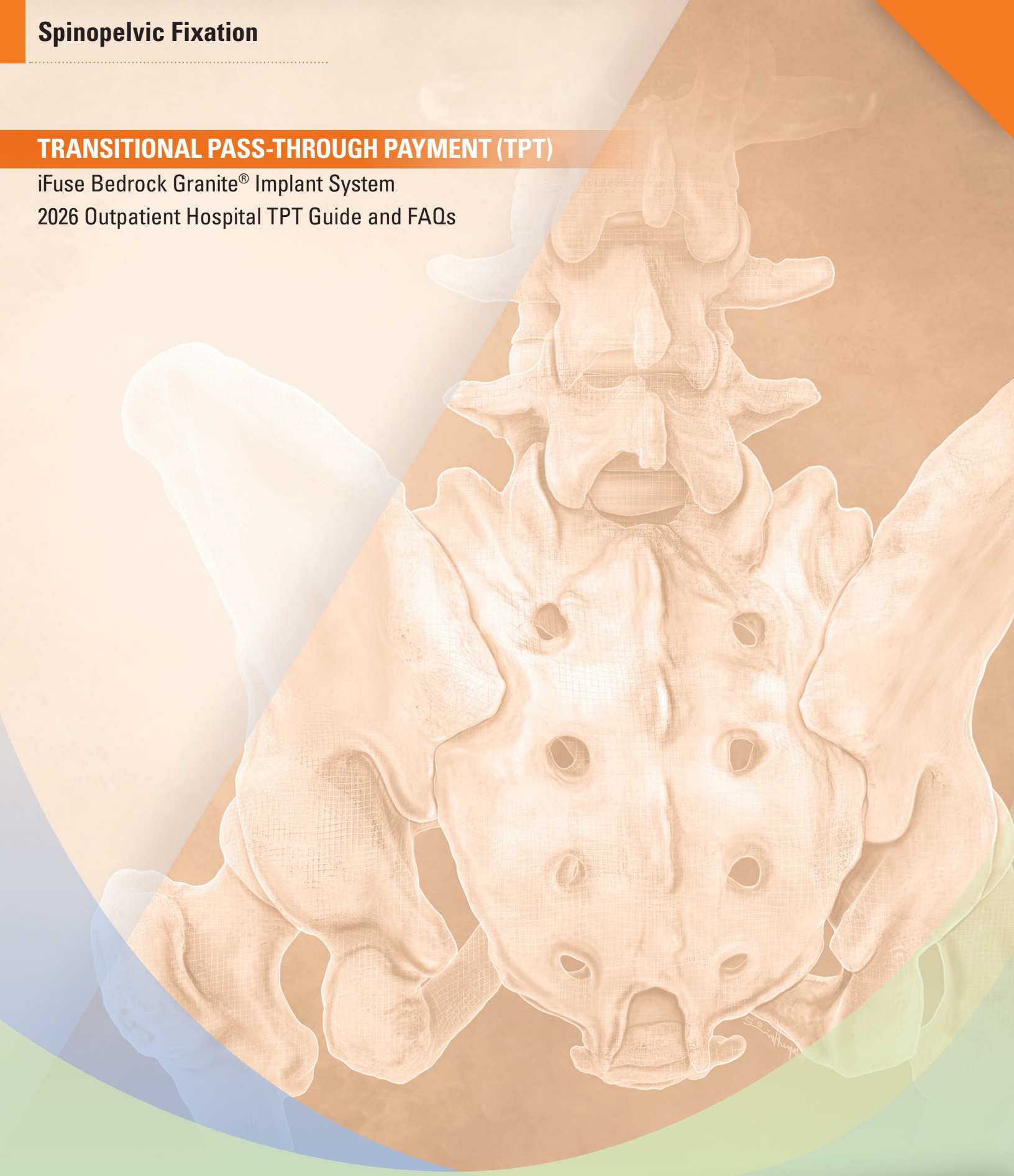
TRANSITIONAL PASS-THROUGH PAYMENT (TPT)

iFuse Bedrock Granite® Implant System

2026 Outpatient Hospital TPT Guide and FAQs



SI-BONE®

Sacropelvic Solutions®

TRANSITIONAL PASS-THROUGH PAYMENT (TPT)
iFuse Bedrock Granite® Implant System
Outpatient Hospital TPT Guide and FAQs

The iFuse Bedrock Granite Implant System (Granite) is FDA-cleared for sacroiliac joint fusion and sacropelvic fixation, serving as a foundational component for segmental spinal fusion. The FDA has given Granite a Breakthrough Device Designation (BDD), highlighting its potential to deliver more effective treatment for irreversibly debilitating conditions compared to the standard of care.

Effective January 1, 2025, the Centers for Medicare and Medicaid Services (CMS) has approved a Transitional Pass-Through (TPT) payment status for Granite, when it is utilized in procedures performed in the outpatient setting. This payment is triggered when the Granite-specific HCPCS code **C1737**, described as a "sacroiliac and pelvis fusion and fixation device," is submitted on a claim.

TPT provides hospitals with an additional Medicare payment, beyond the standard Ambulatory Payment Classification (APC) amount. This program supports new technologies demonstrating substantial clinical improvement, ensuring timely access for Medicare beneficiaries. Granite is the only device awarded TPT for this specific indication, and the HCPCS coding in this guide is exclusive to the iFuse Bedrock Granite Implant System.

How a Hospital-Specific TPT Payment is Calculated

Medicare determines the incremental TPT payment amount for Granite on a case-by-case basis for each hospital; it is not a set payment amount. The TPT payment amount is typically calculated based on:

- A hospital's charges for the Granite implant(s), which includes a hospital's charge adjustment or markup to account for its operating and capital costs;
- A hospital's cost-to-charge ratio (CCR) for Implantable Medical Devices, typically reported under Revenue Center 278, which Medicare publishes in the Federal Register. Medicare applies this CCR to the charges a hospital submits to determine the cost of Granite implants to the hospital; and
- The device related portion of the relevant HCPCS procedure code, which is also referred to as the device offset.

CMS has determined that the costs associated with HCPCS code **C1737** are not already reflected in APC 5116. Thus, no device offset to **C1737** is applied, and hospitals may "pass through" 100% of the costs of Granite reflected on the claim.

iFuse Bedrock Granite Implant System HCPCS Code

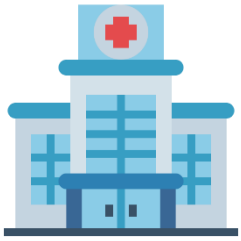
The following HCPCS code is exclusive to Granite, and its use will trigger TPT calculation upon claim submission.

HCPCS Code[1]	Definition
C1737	Sacroiliac and pelvis fixation and fusion device

Calculating a Hospital's Total Payment Amount for TPT

Hospital Charges for Granite Implants (C1737) × **Hospital-Specific CCR** − **Device Offset Amount ($0)** = **Hospital-Specific TPT Payment for Granite Case**

APC 5116 Payment, Adjusted by Locality + **Hospital-Specific TPT Payment for Granite Case** = **Medicare Payment for Hospital Outpatient Case Utilizing Granite**

Granite TPT Reimbursement Example: Sample Hospital Analysis		
	APC 5116 (Hospital-Specific)	**$18,000**
	Cost-to-Charge Ratio (Implantable Devices)	0.25
	Granite Implant Cost (SI-BONE Invoice)	$3,500
	Unit(s)	4.0
	Est. Charges (C1737)	$56,000
	Pass-Through Payment	**$14,000**
	TOTAL	**$32,000**

Codes for Granite in the HOPD Setting

When performing SI joint fusion or pelvic fixation, as an adjunct to thoracolumbosacral fusion, the following CPT and HCPCS codes may apply in an outpatient setting. Physicians should use their clinical judgment to choose codes that best represent the services rendered and align with the patient's condition. Code selection should take into account the surgical approach, technique used, patient diagnosis, and other specific aspects of the case.

Code[1,2]	Code Descriptor	Status Indicator[1]	APC[1]	National Unadjusted Medicare Rate[1]
Either of the following				
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	(J1) *Hospital Part B services paid through a comprehensive APC*	5116	$17,914
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar	(J1) *Hospital Part B services paid through a comprehensive APC*	5117	$27,722
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	(J1) *Hospital Part B services paid through a comprehensive APC*	5117	$27,722
AND the following				
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	(J1) *Hospital Part B services paid through a comprehensive APC*	5116	$17,914
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed.			
AND the following HCPCS Code				
C1737	Sacroiliac and pelvis fixation and fusion device	(H) *Separate cost-based pass-through payment; not subject to copayment.*	TPT Payment	Varies by hospital, $0 device offset

Possible ICD-10-CM Codes

ICD-10-CM Code and Descriptor[3]	ICD-10-CM Code and Descriptor[3]
M40.00 Postural kyphosis, site unspecified	M41.46 Neuromuscular scoliosis, lumbar region
M40.04 Postural kyphosis, thoracic region	M41.47 Neuromuscular scoliosis, lumbosacral region
M40.05 Postural kyphosis, thoracolumbar region	M41.50 Other secondary scoliosis, site unspecified
M40.10 Other secondary kyphosis, site unspecified	M41.54 Other secondary scoliosis, thoracic region
M40.13 Other secondary kyphosis, cervicothoracic region	M41.55 Other secondary scoliosis, thoracolumbar region
M40.14 Other secondary kyphosis, thoracic region	M41.56 Other secondary scoliosis, lumbar region
M40.15 Other secondary kyphosis, thoracolumbar region	M41.57 Other secondary scoliosis, lumbosacral region
M40.204 Unspecified kyphosis, thoracic region	M41.84 Other forms of scoliosis, thoracic region
M40.205 Unspecified kyphosis, thoracolumbar region	M41.85 Other forms of scoliosis, thoracolumbar region
M40.209 Unspecified kyphosis, site unspecified	M41.86 Other forms of scoliosis, lumbar region
M40.294 Other kyphosis, thoracic region	M41.87 Other forms of scoliosis, lumbosacral region
M40.295 Other kyphosis, thoracolumbar region	M42.10 Adult osteochondrosis of spine, site unspecified
M40.35 Flatback syndrome, thoracolumbar region	M42.14 Adult osteochondrosis of spine, thoracic region
M40.36 Flatback syndrome, lumbar region	M42.15 Adult osteochondrosis of spine, thoracolumbar region
M40.37 Flatback syndrome, lumbosacral region	M42.16 Adult osteochondrosis of spine, lumbar region
M40.40 Postural lordosis, site unspecified	M42.17 Adult osteochondrosis of spine, lumbosacral region
M40.45 Postural lordosis, thoracolumbar region	M42.18 Adult osteochondrosis of spine, sacral and sacrococcygeal region
M40.46 Postural lordosis, lumbar region	M42.19 Adult osteochondrosis of spine, multiple sites in spine
M40.47 Postural lordosis, lumbosacral region	M43.15 Spondylolisthesis, thoracolumbar region
M40.55 Lordosis, unspecified, thoracolumbar region	M43.16 Spondylolisthesis, lumbar region
M40.56 Lordosis, unspecified, lumbar region	M43.17 Spondylolisthesis, lumbosacral region
M40.57 Lordosis, unspecified, lumbosacral region	M43.18 Spondylolisthesis, sacral and sacrococcygeal region
M41.124 Adolescent idiopathic scoliosis, thoracic region	M43.19 Spondylolisthesis, multiple sites in spine
M41.125 Adolescent idiopathic scoliosis, thoracolumbar region	M43.8X5 Other specified deforming dorsopathies, thoracolumbar region
M41.126 Adolescent idiopathic scoliosis, lumbar region	M43.8X6 Other specified deforming dorsopathies, lumbar region
M41.127 Adolescent idiopathic scoliosis, lumbosacral region	M43.8X7 Other specified deforming dorsopathies, lumbosacral region
M41.129 Adolescent idiopathic scoliosis, site unspecified	M43.8X8 Other specified deforming dorsopathies, sacral and sacrococcygeal region
M41.20 Other idiopathic scoliosis, site unspecified	M43.8X9 Other specified deforming dorsopathies, site unspecified
M41.24 Other idiopathic scoliosis, thoracic region	M43.9 Deforming dorsopathy, unspecified
M41.25 Other idiopathic scoliosis, thoracolumbar region	M48.26 Kissing spine, lumbar region
M41.26 Other idiopathic scoliosis, lumbar region	M48.27 Kissing spine, lumbosacral region
M41.27 Other idiopathic scoliosis, lumbosacral region	M48.36 Traumatic spondylopathy, lumbar region
M41.30 Thoracogenic scoliosis, site unspecified	M48.37 Traumatic spondylopathy, lumbosacral region
M41.34 Thoracogenic scoliosis, thoracic region	M53.2X6 Spinal instabilities, lumbar region
M41.35 Thoracogenic scoliosis, thoracolumbar region	M53.2X7 Spinal instabilities, lumbosacral region
M41.40 Neuromuscular scoliosis, site unspecified	M53.2X8 Spinal instabilities, sacral and sacrococcygeal region
M41.45 Neuromuscular scoliosis, thoracolumbar region	M53.3 Sacrococcygeal disorders, not elsewhere classified

Frequently Asked Questions

1. **Do new devices commonly qualify for Transitional Pass-Through (TPT) Payment?**
   TPT is a special designation awarded to few technologies. CMS' Transitional Pass-Through Payment program was launched in the early 2000s and was developed to ensure that Medicare beneficiaries have access to innovative medical technology. CMS does this by compensating hospitals for the added costs associated with the early adoption and use of the designated new technologies.

2. **When will TPT for iFuse Bedrock Granite be effective?**
   The TPT for eligible outpatient procedures using iFuse Bedrock Granite is effective as of January 1, 2025. This add-on payment is expected to be available for eligible hospitals and cases through December 31, 2027. Cases are only eligible for TPT when the iFuse Bedrock Granite technology is used. No other technologies for this use or condition are eligible for a TPT payment.

3. **Are sacropelvic implants other than Granite eligible to receive TPT?**
   No, only sacropelvic cases involving the use of iFuse Bedrock Granite are eligible for TPT. CMS awarded this specific add-on payment to support the use of the iFuse Bedrock Granite in the outpatient setting. Implants designed for pelvic fixation and/or SI joint fusion as an adjunct to thoracolumbosacral fusion from other manufacturers do not qualify for TPT.

4. **How do I report the use of iFuse Bedrock Granite when I submit the claim for payment?**
   When CMS grants pass-through status to a device, it assigns a unique Health Care Common Procedure Coding System (HCPCS) code that facilities must use for billing to receive TPT reimbursement. The unique HCPCS code for iFuse Bedrock Granite Implant System is C1737. Please refer to Page 2 of this guide for the code descriptor.

5. **How is TPT Calculated?**
   TPT payment is calculated by using the device charges submitted on the hospital's claim and the hospital's specific cost-to-charge ratio (CCR). This calculation helps CMS determine the appropriate pass-through payment amount based on the hospital's reported costs for the device. For a more detailed explanation and a visual representation of the TPT calculation process, please refer to Page 2 of this guide.

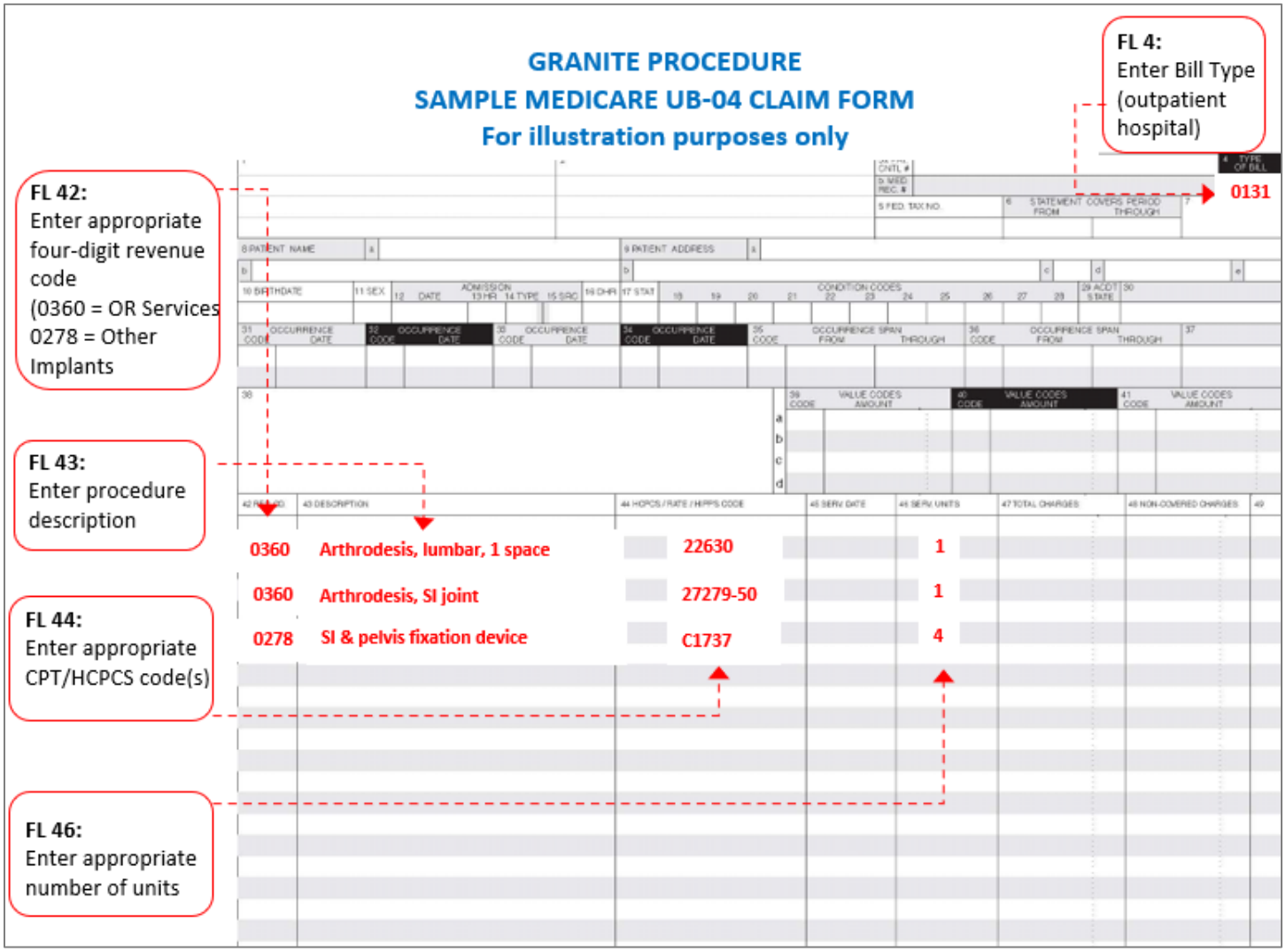
6. **Which hospitals and patient cases will receive TPT?**
   It is likely that a hospital choosing to use iFuse Bedrock Granite in an outpatient procedure will receive some additional reimbursement representing TPT in addition to the typical APC payment. TPT is applicable to Medicare patients (e.g., fee-for-service beneficiaries with or without a supplementary plan). Managed Medicare products, such as Medicare Advantage or HMO plans, will determine TPT on a case-by-case basis

7. **Is the TPT payment for Granite made in addition to the Device Related Portion (DPR) of the APC payment?**
   Yes, the TPT payment for Granite is made in addition to the APC payment and is not impacted by the Device Related Portion (DRP) of the payment. This is because CMS has determined that Granite has a $0 device offset. Since CMS has determined that Granite is additive to the spinal fusion procedure, no device offset is included in the APC payment calculation. As a result, the TPT payment is calculated independently of the DRP within the APC payment.

8. **What resources does SI-BONE have to address additional questions on TPT?**
   SI-BONE has an experienced team of reimbursement professionals to help fully explain how TPT works, and what the hospital can expect in terms of additional estimated payments. Contact us via email (PICS@si-bone.com) or call 1-800-710-8511.

9. On a UB-04 (CMS 1450) form, where do I add the Granite HCPCS code for an Outpatient Claim?

On the UB-04 form applicable to outpatient claims, Box 44[4] (see below) should be used to list the CPT code for SIJ fusion (CPT 27279 or 27280) with modifier-50 indicating bilateral procedure. Granite instrumentation should be coded with HCPCS code C1737. Please sample UB-04 form below.



10. Is it appropriate for physicians to report an SI joint fusion procedure when using iFuse Bedrock Granite implants along with a second fusion promoting device on each side (e.g., iFuse 3D or iFuse TORQ)?

When using iFuse Bedrock Granite along with another fusion-promoting device across the SI joint, physicians should determine whether to report an SIJ fusion with either CPT 27279 or 27280 for the procedure, depending on the specifics of the procedure performed (e.g., stacked Granite, Granite with iFuse 3D, Granite with lateral iFuse 3D). Surgeons should accurately describe the steps of the procedure and select the CPT code that best reflects the surgical work performed.

11. Is it appropriate for physicians to report an SI joint fusion procedure when using a single iFuse Bedrock Granite implant without utilizing a second fusion device (e.g., S2AI screws, or another pelvic fixation device)?

Granite is indicated for pelvic fixation and, when two or more implants are placed across the joint, sacroiliac fusion. SI-BONE recommends billing for fusion only when two or more implants per side are used or when the surgeon undertakes additional procedural steps to achieve a permanent fusion of the joint.[1] These additional steps should be well documented in the operative description of the procedure.

12. Can TORQ be used in the Bedrock approach with Granite implants?

iFuse TORQ® in the Bedrock approach received FDA clearance in September 2022. Using iFuse TORQ in the Bedrock approach is a surgical technique for placing the iFuse TORQ implant as a second point of fixation in the Sacro-Alar-Iliac (SAI) trajectory adjunctive to other devices, including Granite.

References

1. 2026 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems CMS-1834-F. Notice of Final Rulemaking with Comment Period (NFRM).
2. CPT© 2025. American Medical Association (AMA). All rights reserved.
3. 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.)
4. Medicare Claims Processing Manual Chapter 4 - Part B Hospital https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c04.pdf

[1] SI-BONE Regulatory Affairs did not discuss this scenario with FDA.

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 6months.
- 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.

When connected to a pedicle screw system consisting of 5.5 or 6.0mm screws made of titanium alloy or cobalt chrome that are not additively manufactured or coated with additional materials (e.g., hydroxyapatite), 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 (e.g., scoliosis, kyphosis, and/or lordosis)
- Spinal tumor
- Pseudarthrosis
- Failed previous fusion

When connected to compatible pedicle screws 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 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® System.

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.

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 please refer to the Instructions For Use for indications, contraindications, warnings, and precautions at si-bone.com/label.

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

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