Pelvic Trauma

2026 CODING GUIDE



SI-BONE®

Sacropelvic Solutions™

Pelvic Trauma

Coding Guide – iFuse, iFuse 3D™, and iFuse TORQ® Implant Systems

PELVIC BONE FRACTURE REPAIR SURGERY WITH SACROILIAC FIXATION/FUSION

Procedure: The iFuse, iFuse 3D, and iFuse TORQ Implant Systems are intended for sacroiliac (SI) joint fusion for certain painful chronic conditions and/or pelvic fracture fixation. SI joint fusion with iFuse, iFuse 3D, or iFuse TORQ may be performed in conjunction with or adjunctive to sacral fracture repair. Please see each device's Indications for Use (IFU) statement. The code(s) selected by the physician to describe the procedure(s) performed will depend on surgical approach, fracture reduction and stabilization technique, patient diagnosis and other case specifics. Providers must use independent judgment and report codes that most accurately describe the services provided.

PHYSICIAN

Commonly Reported CPT Codes When Performing Pelvic Fracture Repair

CPT® Code[1]	Description	Total RVUs[2]	2026 Medicare Unadjusted Rate[2]
27215	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture patterns that do not disrupt the pelvic ring, includes internal fixation, when performed.	16.23 *(wRVUs = 10.19)*	$544
27216	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum) *[For bilateral procedure report 27216 with modifier -50]*	23.90 *(wRVUs = 15.34)*	$801
27217	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes pubic symphysis and/or ipsilateral superior/inferior rami) *[For bilateral procedure report 27217 with modifier -50]*	22.51 *(wRVUs = 14.28)*	$754
27218	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum) *[For bilateral procedure report 27218 with modifier -50]*	30.63 *(wRVUs = 20.41)*	$1,027
G0412[3]	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral or bilateral for pelvic bone fracture patterns which do not disrupt the pelvic ring, includes internal fixation, when performed.	22.11 *(wRVUs = 10.19)*	$672
G0413[3]	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, (includes ilium, sacroiliac joint and/or sacrum)	29.41 *(wRVUs = 15.34)*	$983
G0414[3]	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation when performed (includes pubic symphysis and/or superior/inferior rami)	27.76 *(wRVUs = 14.28)*	$928

CPT® Code[1]	Description	Total RVUs[2]	2026 Medicare Unadjusted Rate[2]
G0415[3]	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation, when performed (includes ilium, sacroiliac joint and/or sacrum)	37.27 *(wRVUs = 20.41)*	$1,245
27299	Unlisted procedure, pelvis, or hip joint	N/A	N/A

Commonly Reported CPT Codes When Performing Sacroiliac Joint Fusion

CPT® Code[1]	Description	Total RVUs[2]	2026 Medicare Unadjusted Rate[2]
27279[4,6]	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]*	23.21 *(wRVUs = 11.83)*	$762
27280[5,6]	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
22899	Unlisted procedure, spine	N/A	N/A
27299	Unlisted procedure, pelvis, or hip joint	N/A	N/A

HOSPITAL INPATIENT SETTING

ICD-10-PCS Procedure Codes[7]: This table may be utilized to construct ICD-10-PCS codes relevant to procedures involving the iFuse, iFuse 3D, or iFuse TOR, Implant Systems during pelvic trauma and adjunctive sacroiliac joint fusion cases.

Character Category	Character Definition		
Character 1: Section	0 Medical and Surgical	0 Medical and Surgical	0 Medical and Surgical
Character 2: Body System	Q Lower Bones	Q Lower Bones	Q Lower Joints
Character 3: Operation	**S Reposition**	**H Insertion**	**G Fusion**
Character 4: Body Part	1 Sacrum 2 Pelvic Bone, Right 3 Pelvic Bone, Left 4 Acetabulum, Right 5 Acetabulum, Left	1 Sacrum 2 Pelvic Bone, Right 3 Pelvic Bone, Left 4 Acetabulum, Right 5 Acetabulum, Left	7 Sacroiliac Joint, Right 8 Sacroiliac Joint, Left
Character 5: Approach	0 Open 3 Percutaneous	0 Open 3 Percutaneous	0 Open 3 Percutaneous
Character 6: Device	4 Internal Fixation	4 Internal Fixation	4 Internal Fixation
Character 7: Qualifier	Z No Qualifier	Z No Qualifier	Z No Qualifier

Medicare Severity Diagnosis Related Groups (MS-DRGs): The following table presents the MS-DRGs associated with pelvic trauma and/or adjunctive sacroiliac joint fusion procedures. Hospitals and physicians should use independent judgment when selecting codes that most appropriately describe the services or supplies provided to a patient.

Commonly Reported MS-DRGs for Pelvic Trauma and Sacroiliac Joint Fusion			
MS-DRG[8]	**Description[8]**	**Severity**	**2026 Medicare Unadjusted Rate[8]**
450	Single Level Spinal Fusion Except Cervical	with MCC	$38,782
451		Without CC/MCC	$23,507
447	Multiple Level Spinal Fusion Except Cervical	With MCC	$48,620
448		Without CC/MCC	$30,859
515	Other Musculoskeletal System and Connective Tissue O.R. Procedures	With MCC	$23,190
516		With CC	$15,122
517		Without CC/MCC	$11,182
907	Other O.R. Procedures for Injuries	With MCC	$27,938
908		With CC	$14,519
909		Without CC/MCC	$9,552
957	Other O.R. Procedures for Multiple Significant Trauma	With MCC	$55,448
958		With CC	$30664
959		Without CC/MCC	$21,424

MS-DRG Assignment Example: MS-DRG assignment is determined by the combination of ICD-10-PCS and ICD-10-CM codes assigned to a case. The table below illustrates the possible DRG assignment for a pelvic trauma case involving both pelvic fixation and sacroiliac joint fusion.

ICD-10-PCS Code[8]	Description[8]
0SG734Z (right) 0SG834Z (left) *AND* 0QS234Z (right) 0QS334Z (left)	Fusion of (Right/Left) Sacroiliac Joint with Internal Fixation Device, **Percutaneous Approach** Reposition (Right/Left) Pelvic Bone with Internal Fixation Device, **Percutaneous Approach**
OR	
0SG704Z (right) 0SG804Z (left) *AND* 0QS204Z (right) 0QS304Z(left)	Fusion of (Right/Left) Sacroiliac Joint with Internal Fixation Device, **Open Approach** Reposition (Right/Left) Pelvic Bone with Internal Fixation Device, **Open Approach**

MS-DRG[8]	2026 Medicare Unadjusted Rate[8]
450 **(Single level spinal fusion except cervical w/MCC)**	$38,782
451 **(Single level spinal fusion except cervical w/o MCC)**	$23,507

HOSPITAL OUTPATIENT SETTING

Fracture Fixation and Fusion				
CPT® Code[1]	**Description**	**APC**[9]	**Status Indicator**[9]	**CY 2026 Medicare Unadjusted Rate**[9]
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 procedures, report 27279 with modifier 50]*	**5116** *(Level 6 Musculoskeletal Procedure)*	**J1** – Hospital Part B services paid through a comprehensive APC	$17,914
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed. *[For bilateral procedure report 27280 with modifier -50]*			
G0412[3]	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral or bilateral for pelvic bone fracture patterns which do not disrupt the pelvic ring, includes internal fixation, when performed.	**5114** *(Level 4 Musculoskeletal Procedure)*	**J1** – Hospital Part B services paid through a comprehensive APC	$7,144
G0413[3]	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, (includes ilium, sacroiliac joint and/or sacrum)			
G0414[3]	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation when performed (includes pubic symphysis and/or superior/inferior rami)			
G0415[3]	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation, when performed (includes ilium, sacroiliac joint and/or sacrum)	**5113** *(Level 3 Musculoskeletal Procedure)*	**J1** – Hospital Part B services paid through a comprehensive APC	$3,343
27299	Unlisted procedure, pelvis, or hip joint	**5111** *(Level 1 Musculoskeletal Procedure)*	**T** - Procedure or service, multiple procedure reduction applies; paid under OPPS; separate APC payment.	$240

AMBULATORY SURGERY CENTER SETTING

CPT® Code[1]	Description	ASC Payment Indicator[9]	Device Offset %[9]	CY 2026 Medicare Unadjusted Rate[9]
G0412[3]	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral or bilateral for pelvic bone fracture patterns which do not disrupt the pelvic ring, includes internal fixation, when performed.	**J8** – Device-intensive procedure; paid at adjusted rate	56.47%	$5,493
G0413[3]	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, (includes ilium, sacroiliac joint and/or sacrum)		30.11%	$4,654
G0414[3]	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation when performed (includes pubic symphysis and/or superior/inferior rami)		52.71%	$5,373
G0415[3]	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation, when performed (includes ilium, sacroiliac joint and/or sacrum)		24.43%	$1,645

HCPCS Codes

HCPCS Code[10]	Description	Status Indicator/Reimbursement
C1776	Joint device (implantable)	N –Items and Services Packaged into APC Rate No separate payment under Medicare (commercial contracts may vary)

References

1. CPT© 2025. American Medical Association (AMA). All rights reserved.
2. CY 2026 Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2026, CMS-1832-F. The listed rates do not reflect all provider-specific adjustments that may significantly alter a payment to a particular provider.
3. G Codes: In 2009, CMS created HCPCS G-codes (G0413-G0415) which mirror the fracture/dislocation codes. These codes are used for either unilateral or bilateral procedures performed in Medicare beneficiaries in place of the CPT codes 27216-27218. Other payors (e.g., Medicaid) may also require the G codes to be reported so check with the specific payor to determine billing and coverage.
4. Typically, 27216 and 27279 procedures are not billed on the same date of service but are allowed when each is medically necessary and when appropriate modifier(s) detail that separate services and diagnoses are present. No National Correct Coding Initiative (NCCI) bundling edits or AMA guidance exists which prohibit billing them together.
5. AMA CPT Assistant September 2013, Volume 23, Issue 9. 27280 is reported for a sacroiliac joint fusion using an open approach requiring direct visualization.
6. 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.
7. CMS, 2026 ICD-10 Procedure Coding System (ICD-10-PCS).
8. 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.
9. CY 2026 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems - Notice of Final Rulemaking with Comment Period (NFRM), CMS-1834-F. The listed rates do not reflect all provider-specific adjustments that may significantly alter a payment to a particular provider.
10. AAPC. 2026 HCPCS Level II Expert: Service Supply Codes for Caregivers and Suppliers. American Academy of Professional Coders; 2025.

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

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

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

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 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 the iFuse procedures. They may not be appropriate for all patients and all patients may not benefit. For indications, risk, and safety information about the risks visit https://si-bone.com/risks.

DISCLOSURE: This document is for informational purposes only and is not legal advice or official guidance from payors. It is not intended to increase or maximize reimbursement by any payor. Hospitals and physicians are solely responsible for being in compliance with Medicare and other payor rules and requirements for the information submitted with all claims and appeals. SI-BONE does not warrant or guarantee that the use of this information will result in coverage or payment for SI joint fusion. Before any claims or appeals are submitted, hospitals and physicians should review official payor instructions and requirements, should confirm the accuracy of their coding or billing practices with these payors and should use independent judgment when selecting codes that most appropriately describe the services or supplies provided to a patient. CPT five-digit numeric codes, descriptions, and numeric modifiers are ©2025 AMA. All rights reserved.

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