physician that these three bone graft codes may be reported in addition to the new category III codes (0195T and 0196T).

- **20985**—Guideline change referencing the reinstatement of the Category III codes for 0054T and 0055T and the simultaneous deletion of codes 20986 and 20987. Medicare did not assign relative value units (RVUs) to 20986 and 20987 in 2008 and

See CODING, page 38

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### Table 1 G codes for pelvic fractures under Medicare

<table>
<thead>
<tr>
<th>Code</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0412</td>
<td>Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fractures(s), unilateral or bilateral for pelvic bone fracture patterns which do not disrupt the pelvic ring; includes internal fixation, when performed</td>
</tr>
<tr>
<td>G0413</td>
<td>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)</td>
</tr>
<tr>
<td>G0414</td>
<td>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)</td>
</tr>
<tr>
<td>G0415</td>
<td>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)</td>
</tr>
</tbody>
</table>

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- An anterior pivot at the ACL site replicates the anatomic center of rotation
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