



MASSACHUSETTS

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## Medical Policy

### Diagnosis and Treatment of Sacroiliac Joint Pain

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#### Policy Number: 320

BCBSA Reference Number: 6.01.23

NCD/LCD:

- Local Coverage Determination (LCD): Pain Management (L33622)
- Local Coverage Determination (LCD): Minimally-invasive Surgical (MIS) Fusion of the Sacroiliac (SI) Joint (L36406)

#### Related Policies

- Facet Joint Denervation, #[140](#)
- Percutaneous Vertebroplasty and Sacroplasty, #[484](#)
- Prolotherapy, Joint Sclerotherapy and Ligamentous Injections with Sclerosing Agents, #[183](#)

#### Policy

##### Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

**Prior Authorization Request Form: Diagnosis and Treatment of Sacroiliac Joint Pain**

This form **must** be completed and faxed to: **Medical and Surgical: 1-888-282-0780; Medicare Advantage: 1-800-447-2994**

Click here for [Diagnosis and Treatment of Sacroiliac Joint Pain Prior Authorization Request Form, #927](#)

Arthrography of the sacroiliac joint is **INVESTIGATIONAL**.

Injection of anesthetic for diagnosing sacroiliac joint pain may be considered **MEDICALLY NECESSARY** when the following criteria have been met:

- Pain has failed to respond to 3 months of conservative management, which may consist of therapies such as nonsteroidal anti-inflammatory medications, acetaminophen, manipulation, physical therapy, and a home exercise program; AND
- Dual (controlled) diagnostic blocks with 2 anesthetic agents with differing duration of action are used; AND
- The injections are performed under imaging guidance.

Injection of corticosteroid may be considered **MEDICALLY NECESSARY** for the treatment of sacroiliac joint pain when the following criteria have been met:

- Pain has failed to respond to 3 months of conservative management, which may consist of therapies such as nonsteroidal anti-inflammatory medications, acetaminophen, manipulation, physical therapy, and a home exercise program; AND
- The injection is performed under imaging guidance; AND
- No more than 3 injections are given in 1 year.

Minimally invasive fusion/stabilization of the sacroiliac joint using a titanium triangular implant may be considered **MEDICALLY NECESSARY** when **ALL** of the following criteria have been met:

- Pain is at least 5 on a 0 to 10 rating scale that impacts quality of life or limits activities of daily living; AND
- There is an absence of generalized pain behavior (eg, somatoform disorder) or generalized pain disorders (eg, fibromyalgia); AND
- Patients have undergone and failed a minimum 6 months of intensive nonoperative treatment that must include medication optimization, activity modification, bracing, and active therapeutic exercise targeted at the lumbar spine, pelvis, sacroiliac joint, and hip, including a home exercise program; AND
- Pain is caudal to the lumbar spine (L5 vertebra), localized over the posterior sacroiliac joint, and consistent with sacroiliac joint pain; AND
- A thorough physical examination demonstrates localized tenderness with palpation over the sacral sulcus (Fortin's point) in the absence of tenderness of similar severity elsewhere; AND
- There is a positive response to a cluster of 3 provocative tests (eg, thigh thrust test, compression test, Gaenslen sign, distraction test, Patrick test, posterior provocation test); AND
- Diagnostic imaging studies include **ALL** of the following:
  - Imaging (plain radiographs and computed tomography or magnetic resonance imaging) of the sacroiliac joint excludes the presence of destructive lesions (eg, tumor, infection) or inflammatory arthropathy of the sacroiliac joint; AND
  - Imaging of the pelvis (anteroposterior plain radiograph) rules out concomitant hip pathology; AND
  - Imaging of the lumbar spine (computed tomography or magnetic resonance imaging) is performed to rule out neural compression or other degenerative condition that can be causing low back or buttock pain; AND
  - Imaging of the sacroiliac joint indicates evidence of injury and/or degeneration; AND
- There is at least a 75% reduction in pain for the expected duration of the anesthetic used following an image-guided, contrast-enhanced intra-articular sacroiliac joint injection on 2 separate occasions; AND
- A trial of a therapeutic sacroiliac joint injection (ie, corticosteroid injection) has been performed at least once.

**Note:** This technically demanding procedure **should only be done by surgeons** who have specific training and expertise in minimally invasive sacroiliac joint fusion surgery for chronic sacroiliac joint pain and who regularly use image-guidance for implant placement.

Fusion/stabilization of the sacroiliac joint for the treatment of back pain presumed to originate from the sacroiliac joint is considered **INVESTIGATIONAL** under all other conditions and with any other devices not listed above.

Radiofrequency denervation of the sacroiliac joint is considered **INVESTIGATIONAL**.

**Medicare HMO Blue<sup>SM</sup> and Medicare PPO Blue<sup>SM</sup> Members**

Medical necessity criteria and coding guidance for **Medicare Advantage members living in Massachusetts** can be found through the links below.

[Local Coverage Determinations \(LCDs\) for National Government Services, Inc.](#)

- Local Coverage Determination (LCD): Pain Management (L33622)
- Local Coverage Determination (LCD): Minimally-invasive Surgical (MIS) Fusion of the Sacroiliac (SI) Joint (L36406)

**Note:** To review the specific LCD, please remember to click “accept” on the CMS licensing agreement at the bottom of the CMS webpage.

For medical necessity criteria and coding guidance for **Medicare Advantage members living outside of Massachusetts**, please see the Centers for Medicare and Medicaid Services website at <https://www.cms.gov> for information regarding your specific jurisdiction.

### Prior Authorization Information

#### Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

#### Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
<b>Commercial Managed Care (HMO and POS)</b>	<p>Prior authorization is <b>required</b> for minimally invasive fusion/stabilization of the sacroiliac joint. *</p> <p>Prior authorization is <b>not required</b> for injection of anesthetic for diagnosing sacroiliac joint pain.</p> <p>Prior authorization is <b>not required</b> for injection of corticosteroid for treatment of sacroiliac joint pain.</p>
<b>Commercial PPO and Indemnity</b>	<p>Prior authorization is <b>not required</b> for minimally invasive fusion/stabilization of the sacroiliac joint.</p> <p>Prior authorization is <b>not required</b> for injection of anesthetic for diagnosing sacroiliac joint pain.</p> <p>Prior authorization is <b>not required</b> for injection of corticosteroid for treatment of sacroiliac joint pain.</p>
<b>Medicare HMO Blue<sup>SM</sup></b>	<p>Prior authorization is <b>not required</b> for minimally invasive fusion/stabilization of the sacroiliac joint.</p> <p>Prior authorization is <b>not required</b> for injection of anesthetic for diagnosing sacroiliac joint pain.</p> <p>Prior authorization is <b>not required</b> for injection of corticosteroid for treatment of sacroiliac joint pain.</p>
<b>Medicare PPO Blue<sup>SM</sup></b>	<p>Prior authorization is <b>not required</b> for minimally invasive fusion/stabilization of the sacroiliac joint.</p> <p>Prior authorization is <b>not required</b> for injection of anesthetic for diagnosing sacroiliac joint pain.</p>

	Prior authorization is <b>not required</b> for injection of corticosteroid for treatment of sacroiliac joint pain.
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**\*Prior Authorization Request Form: Diagnosis and Treatment of Sacroiliac Joint Pain**  
This form **must** be completed and faxed to: **Medical and Surgical: 1-888-282-0780; Medicare Advantage: 1-800-447-2994**  
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### CPT Codes / HCPCS Codes / ICD Codes

*Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.*

*Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.*

*The following codes are included below for informational purposes only; this is not an all-inclusive list.*

**The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO and Indemnity:**

#### CPT Codes

CPT codes:	Code Description
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device

#### HCPCS Codes

HCPCS codes:	Code Description
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography

#### ICD-10 Procedure Codes

ICD-10-PCS procedure codes:	Code Description
0SG734Z	Fusion of Right Sacroiliac Joint with Internal Fixation Device, Percutaneous Approach
0SG744Z	Fusion of Right Sacroiliac Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SG834Z	Fusion of Left Sacroiliac Joint with Internal Fixation Device, Percutaneous Approach
0SG844Z	Fusion of Left Sacroiliac Joint with Internal Fixation Device, Percutaneous Endoscopic Approach

**The following HCPCS code is considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:**

#### HCPCS Codes

HCPCS codes:	Code Description
G0259	Injection procedure for sacroiliac joint; arthrography

## DESCRIPTION

### SACROILIAC JOINT PAIN

Similar to other structures in the spine, it is assumed the sacroiliac joint (SIJ) may be a source of low back pain. In fact, before 1928, the SIJ was thought to be the most common cause of sciatica. In 1928, the role of the intervertebral disc was elucidated, and from that point forward, the SIJ received less research attention.

### Diagnosis

Research into SIJ pain has been plagued by lack of a criterion standard to measure its prevalence and against which various clinical examinations can be validated. For example, SIJ pain is typically without any consistent, demonstrable radiographic or laboratory features and most commonly exists in the setting of morphologically normal joints. Clinical tests for SIJ pain may include various movement tests, palpation to detect tenderness, and pain descriptions by the patient. Further confounding study of the SIJ is that multiple structures, (eg, posterior facet joints, lumbar discs) may refer pain to the area surrounding the SIJ.

Because of inconsistent information obtained from history and physical examination, some have proposed the use of image-guided anesthetic injection into the SIJ for the diagnosis of SIJ pain. Treatments being investigated for SIJ pain include prolotherapy (see policy #183), corticosteroid injection, radiofrequency ablation, stabilization, and arthrodesis. Some procedures have been referred to as SIJ fusion but may be more appropriately called fixation (this is because there is little to no bridging bone on radiographs). Devices for SIJ fixation/fusion that promote bone ingrowth to fixate the implants include a triangular implant (iFuse Implant System) and cylindrical threaded devices (Rialto, SImmetry, Silex, SambaScrew, SI-LOK). Some devices also have a slot in the middle where autologous or allogeneic bone can be inserted. This added bone is intended to promote fusion of the SIJ.

### Summary

Sacroiliac joint (SIJ) arthrography using fluoroscopic guidance with an injection of an anesthetic has been explored as a diagnostic test for SIJ pain. Duplication of the patient's pain pattern with the injection of contrast medium suggests a sacroiliac etiology, as does relief of chronic back pain with injection of local anesthetic. Treatment of SIJ pain with corticosteroids, radiofrequency ablation (RFA), stabilization, or minimally invasive SIJ fusion has also been explored.

### Diagnostic

For individuals who have suspected SIJ pain who receive a diagnostic sacroiliac block, the evidence includes systematic reviews. Relevant outcomes are test validity, symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. Current evidence is conflicting on the diagnostic utility of SIJ blocks. The evidence is insufficient to determine the effects of the technology on health outcomes.

Clinical input obtained in 2014 supported the use of controlled diagnostic blocks with at least 75% pain reduction for diagnosis of sacroiliac pain. Based on clinical input and the established use of injections to diagnose pain in other joints, controlled diagnostic (2 blocks with anesthetics of different duration) may be considered medically necessary for the diagnosis of SIJ pain.

### Therapeutic

For individuals who have SIJ pain who receive therapeutic corticosteroid injections, the evidence includes small randomized controlled trials (RCTs) and case series. Relevant outcomes are symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. In general, the literature on injection therapy of joints in the back is of poor quality. Results from 2 small RCTs showed that therapeutic SIJ steroid injections were not as effective as other active treatments. Larger trials, preferably

using sham injections, are needed to determine the degree of benefit of corticosteroid injections over placebo. The evidence is insufficient to determine the effects of the technology on health outcomes.

Clinical input obtained in 2014 supported the use of corticosteroids for the treatment of SIJ pain. Based on clinical input and the established use of injections to treat pain in other joints, therapeutic (corticosteroid) injections may be considered medically necessary for the treatment of SIJ pain.

For individuals who have SIJ pain who receive RFA, the evidence includes 4 small RCTs using different radiofrequency applications and case series. Relevant outcomes are symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. For RFA with a cooled probe, the 2 small RCTs reported short-term benefits, but these are insufficient to determine the overall effect on health outcomes. The RCT on palisade RFA of the SIJ did not include a sham control. Another sham-controlled randomized trial showed no benefit of RFA. Further high-quality controlled trials are needed to compare this procedure in defined populations with sham control and alternative treatments. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have SIJ pain who receive SIJ fixation/fusion with a triangular implant, the evidence includes 2 nonblinded RCTs of minimally invasive fusion and 2 case series with more than 85% follow-up at 2 to 3 years. Relevant outcomes are symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. Both RCTs reported superior short-term results for fusion, however, a preferable design for assessing pain outcomes would be independent, blinded assessment of outcomes or, when feasible, a sham-controlled trial. Longer term follow-up from these RCTs has indicated that the results obtained at 6 months persist to 2 years. An additional cohort study and case series, with sample sizes ranging from 45 to 149 patients and low dropout rates (<15%), have also shown reductions in pain and disability at 2 years. One small case series showed outcomes that persisted to 5 years. The cohort studies and case series are consistent with the durability of treatment benefit. Analysis of an insurance database reported an overall incidence of complications to be 16.4% at 6 months and the cumulative revision rate at 4 years of 3.54%. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

Clinical input obtained in 2017 supports that the following indication provides a clinically meaningful improvement in net health outcome and is consistent with generally accepted medical practice:

- Use of fusion/stabilization of the sacroiliac joint using percutaneous and minimally invasive techniques for carefully selected patients as outlined in statements from the North American Spine Society.

For individuals who have SIJ pain who receive SIJ fusion/fixation with a cylindrical threaded implant, the evidence includes a prospective cohort. Relevant outcomes are symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. The prospective cohort study will follow patients for 2 years following implantation of slotted screws filled with autologous bone. Results at 1 year are consistent with findings from the studies using a triangular implant. However, longer follow-up and controlled trials are needed to evaluate this type of implant. The evidence is insufficient to determine the effects of the technology on health outcomes.

## Policy History

Date	Action
1/2019	BCBSA National medical policy review. Description, summary and references updated. Policy statements unchanged.
6/2018	BCBSA National medical policy review. New medically necessary indications described for SIJ fusion/stabilization with a titanium triangular implant under the specific conditions. Clarified coding information. Effective 6/1/2018.
12/2016	New references added from BCBSA National medical policy.
11/2016	New references added from BCBSA National medical policy.



10/2016	BCBSA National medical policy review. First medically necessary policy statement clarified. 10/1/2016
1/2016	New references added from BCBSA National medical policy.
6/2015	New references added from BCBSA National medical policy.
1/2015	Clarified coding information.
10/2014	BCBSA National medical policy review. New medically necessary and investigational indications described. Coding information clarified. Effective 10/1/2014.
6/2014	BCBSA National medical policy review. New medical policy describing investigational indications. Effective 6/1/2014.

## Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

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