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CENTRAL HEALTH MEDICARE PLAN

Medical Policy

Sacroiliac Joint Pain Management	
MEDICAL POLICY NUMBER	MED_Clin_Ops_040
CURRENT VERSION EFFECTIVE DATE	January 1, 2024
APPLICABLE PRODUCT AND MARKET	*Individual Family Plan:* All Plans *Small Group*: All Plans *Medicare Advantage:* All Plans

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PURPOSE

The purpose of this policy is to establish the clinical review criteria that support the determination of medical necessity for sacroiliac joint injections and sacroiliac joint fusion surgery.

POLICY/CRITERIA

Treatment for sacroiliac joint dysfunction or sacroiliac joint pain focuses on alleviating pain and restoring normal function of the joint. Most cases of sacroiliac joint pain are effectively managed by using non-surgical treatments.

The procedures below may be authorized when medically necessary for patients who have failed to respond to conservative therapy, including:

1. Diagnostic and therapeutic intraarticular sacroiliac joint injections (CPT 27096).
2. Peri-articular sacroiliac joint injections (CPT 20552, 20553).
3. Percutaneous minimally invasive sacroiliac joint fusion (CPT 27279).

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I. DIAGNOSTIC AND THERAPEUTIC INTRAARTICULAR SACROILIAC JOINT INJECTIONS

A. Diagnostic intraarticular sacroiliac joint injections

One diagnostic sacroiliac joint injection for sacroiliac joint pain may be considered medically necessary when **ALL** of the following criteria is met:

1. Nonradicular low back pain below the level of L5 vertebra that interferes with activities of daily living (ADLs) for at least 3 months.
2. Tenderness by palpation present over sacroiliac joint.
3. There is a positive response to at least three sacroiliac joint pain provocation tests (distraction, compression, thigh thrust, Gaenslen's, or sacral thrust).
4. The member has failed to respond to conservative therapy including **ALL** of the following:
   a) ≥ 6 weeks chiropractic, physical therapy or prescribed home exercise program in the past 6 months.
   b) Nonsteroidal anti-inflammatory drugs (NSAIDs) ≥ 3 weeks or NSAIDs contraindicated or not tolerated.
   c) ≥ 6 weeks of activity modification.
5. Clinical findings and imaging studies lack evidence for disc related or facet joint pain;
6. There is no evidence of acute or subacute radicular pain/radiculopathy or neurogenic claudication.

A second confirmatory injection is indicated if the first injection results in at least 75% relief of pain and the onset and duration of relief is consistent with the agent employed. The second block confirms that the tested sacroiliac joint is the source of pain if pain is reduced by at least 75% and the onset and duration of relief is consistent with the agent employed.

B. Therapeutic intraarticular sacroiliac joint injections

1. A therapeutic sacroiliac joint injection for the treatment of sacroiliac joint pain may be considered medically necessary following 2 diagnostic injections with ≥ 75% reduction in the reported pain after each injection.
2. Therapeutic intraarticular sacroiliac joint injections are performed using corticosteroid with or without the use of anesthetic;

C. Subsequent Sacroiliac Joint Injections

Subsequent sacroiliac joint injections for recurrence of pain, might be considered medically necessary when **ALL** of the following criteria is met:

1. Initial injection(s) led to ≥ 50% relief and functional improvement for at least 2 months
2. Request is for sacroiliac joint injection administered in conjunction with other noninvasive treatment methods (such as to participate in physical therapy), and not as a stand-alone therapy

3. Sacroiliac joint injections are given at intervals at least 2 months apart.
4. No more than 3 injections per sacroiliac joint are performed within a 12 month period.
5. The performance of sacroiliac joint injections doesn't require supplemental anesthesia (sedation) in addition to local anesthesia.

Exclusions for Sacroiliac Joint Injections:

1. Intraarticular sacroiliac joint performed on the same day as other injection procedures.
2. The following procedures are considered not medically necessary because effectiveness has not been established:
   a) Sacroiliac joint injections performed with any injectable other than anesthetic and/or corticosteroid (e.g. platelet rich plasma, stem cells, amniotic fluid, etc.)
   b) Sacroiliac nerve blocks.
   c) Radiofrequency neurotomy (conventional, cooled, and pulsed) of the sacroiliac joint.
   d) Ultrasound guidance for sacroiliac joint injections.

II. SACROILIAC JOINT FUSION OR STABILIZATION

A. Percutaneous Minimally-Invasive Fusion

Percutaneous minimally invasive fusion/stabilization of the sacroiliac joint using triangular titanium implant for the treatment of sacroiliac joint pain might be considered medically necessary for patients who meet **ALL** of the following criteria:

1. Patient reports non-radiating, unilateral pain that is caudal to the lumbar spine (L5 vertebrae), localized over the posterior sacroiliac joint and consistent with sacroiliac joint pain.
2. Pain is at least 5 on a 0 to 10 rating scale and is associated with functional impairment involving the inability to perform at least 2 age-appropriate daily activities.
3. Positive finger Fortin test (localized tenderness with palpation over the sacral sulcus).
4. Absence of tenderness of similar severity elsewhere in the pelvic region (e.g., greater trochanter, lumbar spine, coccyx)
5. There is a positive response to a cluster of 3 provocative tests (e.g thigh thrust test, compression test, Gaenslen sign, distraction test, Patrick test, posterior provocation test).
6. Absence of generalized pain behavior (e.g., somatoform disorder) or generalized pain disorders.
7. Failure of at least 6 months of conservative management that must include:
   a) Prescription strength analgesics.
   b) Activity modification
   c) Active physical therapy: at least 4 visits over a course of 6 weeks (physical therapist's notes must be included).

8. Diagnostic imaging studies obtained in the last 12 months that include **ALL** of the following:
   a) Imaging (plain radiographs and a CT or MRI) of the sacroiliac joint that excludes the presence of destructive lesions (e.g., tumor, infection) or inflammatory arthropathy (ankylosing spondylitis or rheumatoid arthritis).
   b) Imaging of the pelvis (AP plain radiograph) to rule out concomitant hip pathology.
   c) Imaging of the lumbar spine (CT or MRI) to rule out neural compression or other degenerative condition that can be causing low back or buttock pain.
   d) Imaging of SI joint that indicates evidence of injury and/or degeneration.
9. At least 75 percent reduction of pain for the expected duration of the anesthetic used following an image-guided, contrast-enhanced sacroiliac joint injection on two separate occasions.
10. A trial of a therapeutic sacroiliac joint injection (e.g., corticosteroid injection) has been performed at least once but was ineffective.

Exclusions for Percutaneous Minimally Invasive Fusion:

1. Infection, tumor, or fracture;
2. Acute traumatic instability of the sacroiliac joint
3. Neural compression as seen on imaging that correlates with patient's symptoms or other more likely source of pain such as hip arthritis.
4. Systemic arthropathy such as ankylosing spondylitis or rheumatoid arthritis.
5. Generalized pain behavior (e.g., somatoform disorder) or generalized pain disorder.

B. <u>Open Sacroiliac Joint Fusion</u>

Sacroiliac joint fusion performed by an open procedure (CPT 27280) may be considered medically necessary for **ANY** of the following indications:

1. Stabilization of a traumatic, severe disruption, or fracture of the pelvic ring.
2. As an adjunct to sacrectomy or partial sacrectomy for the treatment of sacral tumors.
3. As an adjunct to the medical treatment of sacroiliac joint infection or sepsis (e.g., osteomyelitis, pyogenic sacroiliitis).
4. During multisegment spinal constructs (e.g., correction of deformity in scoliosis or kyphosis surgery, extending to the ilium).

Exclusions for Open Sacroiliac joint Fusion

Any sacroiliac joint fusion performed by an open procedure for any other indication not listed above is considered not medically necessary and investigational.

BACKGROUND

Sacroiliac joint pain might be responsible for chronic back pain in some patients.
There are no absolute historical, physical, or radiological features to provide definitive diagnosis of sacroiliac joint pain.

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Diagnostic sacroiliac joint injections are used to determine if the sacroiliac joint pain originates with the sacroiliac joint. Diagnostic blocks can reveal (or fail to reveal) that the source of pain is originating from the sacroiliac joint, and then an appropriate treatment plan can be developed.

Therapeutic sacroiliac joint injections may be used to treat sacroiliac joint pain once it has been determined that the sacroiliac joint is the origin of the pain. A therapeutic injection typically includes a corticosteroid and a local anesthetic that can be injected directly into the joint (intra-articular) or into the tissues surrounding the joint (periarticular).

Several studies without control groups have concluded that sacroiliac joint injections improve pain in the short term. However, most studies have small sample sizes and most lack comparison to standard interventions such as physical therapy.

Several studies have assessed the effect of treatment with radiofrequency denervation on sacroiliac joint pain, with mixed results. One study found no difference between conventional radiofrequency ablation (RFA) and a sham treatment on pain relief. A 2017 publication of 3 randomized controlled trials of 681 participants with chronic low back pain found no statistically significant improvement in pain from treatment with a standardized exercise program plus RFA, versus the standardized exercise program alone. The American Society of Interventional Pain Physicians' 2013 guidelines rate the evidence for cooled RFA as fair and limited for conventional and pulsed RFA.

While evidence supports that sacroiliac joint injection is an effective method of determining the source of pain, evidence supporting the efficacy of sacroiliac joint in the treatment of sacroiliac joint pain syndrome is limited. There are limited controlled or prospective clinical studies to support sacroiliac joint injection for therapeutic purposes. Despite the limited quality of the clinical studies supporting sacroiliac joint injection for the treatment of sacroiliac joint pain, the procedure is recommended by the American Society of Anesthesiologists (ASA) and the American Society of Regional Anesthesia and Pain Management (ASRAPM) Practice Guidelines.

The indications for coverage have been established from the 2013 *An Update of Comprehensive Evidence-Based Guidelines for Interventional Techniques in Chronic Spinal Pain. Part II: Guidance and Recommendations.*

Sacroiliac joint fusion

Sacroiliac joint fusion is a surgical procedure which fuses the iliac bone (pelvis) to the spine (sacrum) for stabilization. Sacroiliac joint fusion may be performed as a minimally invasive procedure or as an open surgical procedure requiring a larger incision and subsequent increased recovery time.

Percutaneous sacroiliac joint fusion is a minimally invasive approach in which instrumentation involving cages or screws, with or without bone graft, are placed percutaneously to achieve a fusion.

According to a Hayes Health technology report, there is moderate quality evidence

demonstrating that minimally invasive fusion/stabilization of the sacroiliac joint using a titanium triangular implant improves health outcomes. This conclusion was based on two non-blinded randomized studies, and seven poor quality prospective and retrospective cohort studies. However, uncertainty remains regarding longer-term outcomes, lack of comparisons with other minimally invasive procedures, optimal patient selection criteria, and appropriate diagnostic techniques.

CODING

Applicable CPT® codes:

CPT	**27096**	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
HCPCS	**G0260**	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography
CPT	**27279**	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device
CPT	**27280**	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed

CPT **20522, 20553** Peri-articular sacroiliac joint injections

EVIDENCE-BASED REFERENCES

Manchikanti L, Abdi S, Atluri S, et al. An update of comprehensive evidence-based guidelines for interventional techniques in spinal pain. Part II: guidance and recommendations. Pain Physician 2013; 16: S49-S283.

Manchikanti L et al. A Critical Review of the American Pain Society Clinical Practice Guidelines for Interventional Techniques: Part 1. Diagnostic Interventions. Pain Physician 2010; 13:E141-E174

Manchikanti L et al. A Critical Review of the American Pain Society Clinical Practice Guidelines for Interventional Techniques: Part 2. Therapeutic Interventions. Pain Physician 2010; 13:E215-E264.

Chou R, et al. Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society. Ann Intern Med. 2007;147:478-491.

Chou R. Subacute and chronic low back pain: Nonsurgical interventional treatment. In: UpToDate, Atlas SJ (Ed), UpToDate, Waltham, MA. Accessed 02/15/21.

Chou R et al. Interventional therapies, surgery, and interdisciplinary rehabilitation for low back pain. An evidence-based clinical practice guideline from the American Pain Society. Spine 2009; 34: 1066-1077

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Visser LH, Woudenberg NP, de Bont J, et al. Treatment of the sacroiliac joint in patients with leg pain: a randomized-controlled trial. Eur Spine J. 2013 Oct;22(10):2310-7

Van Tilburg CW, Schuurmans FA, Stronks DL, Groeneweg JG, Huygen FJ. Randomized sham-controlled double-blind multicenter clinical trial to ascertain the effect of percutaneous radiofrequency treatment for sacroiliac joint pain: three-month results. Clin J Pain. 2016; 32(11):921-926.

Juch JNS, Maas ET, Ostelo RWJG, et al. Effect of radiofrequency denervation on pain intensity among patients with chronic low back pain: the MINT randomized clinical rials. JAMA. 2017 Jul 4; 318(1): 68–81.

Hayes Medical Technology Directory. Radiofrequency ablation for sacroiliac joint denervation for chronic low back pain. February 9, 2017. Annual review May 14, 2020.

Maas ET, Ostelo RW, Niemisto L, et al. Radiofrequency denervation for chronic low back pain. Cochrane Database Syst Rev. 2015; Oct 23; (10)

Simopoulos TT, Manchikanti L, Gupta S. Systematic review of the diagnostic accuracy and therapeutic effectiveness of sacroiliac joint interventions. Pain Physician 2015; 18: E7133-E756.

Qaseem A, Wilt TJ, McLean RM, Forciea MA, for the Clinical Guidelines Committee of the American College of Physicians. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians.
Ann Intern Med. 2017 Apr 4;166(7):514-530. Doi10.7326/M16-2367.

Hayes Health Technology Assessment Sep 3, 2020
Minimally Invasive Sacroiliac Joint Fusion Using Triangular Titanium Implants (iFuse Implant System, SI-Bone Inc.)

North American Spine Society (NASS). Coverage Policy Recommendations. Percutaneous Sacroiliac Joint Fusion. 6/9/2015

Polly DW, Cher DJ, Wine KD, et al. Randomized controlled trial of minimally invasive sacroiliac joint fusion using triangular titanium implants vs nonsurgical management for sacroiliac joint dysfunction: 12-month outcomes. Neurosurgery 2015 Nov;77(5)674-90.

Whang P, Cher D, Polly D, et al. Sacroiliac joint fusion using triangular titanium implants vs.non-surgical management: six-month outcomes from a prospective randomized controlled trial. Int J Spine Surg. 2015; 9:6.

Zaidi HA, Montoure AJ, Dickman CA, et al. Surgical and clinical efficacy of sacroiliac joint fusion: a systematic review of the literature. J Neurosurg Spine. 2015 Jul;23 (1):59-66. doi: 10.3171/2014.10.SPINE14516

Hayes Health technology Assessment Sep22,2020
Minimally Invasive Sacroiliac Joint Fusion Using Cylindrical Threaded Implants

Lorio, MP, Rashbaum, R. ISASS policy statement - minimally invasive sacroiliac joint fusion. Updated July 5, 2016 https://www.isass.org/isass-policy-statement-minimally-invasive-sacroiliac-joint-fusion-july-2016/

Dengler, J et al. Randomized Trial of Sacroiliac Joint Arthrodesis Compared with Conservative Management for Chronic Low Back Pain Attributed to the Sacroiliac JointJ Bone Joint Surg Am. 2019 Mar 6; 101(5): 400–411. doi: 10.2106/JBJS.18.00022

POLICY HISTORY

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Revised Date	**Version Notes** V2 March 24, 2022 Annual review V3 March 1, 2023 - Adopted by MA UM Committee (no policy revisions made) January 1, 2024 - Updated to Brand New Day/Central Health Medicare Plan (no policy revisions made)

Approved by the Utilization Management Committee 3/24/2022