MEDICAL POLICY

POLICY TITLE	DIAGNOSIS AND TREATMENT OF SACROILIAC JOINT PAIN
POLICY NUMBER	MP-5.048

Original Issue Date (Created):	**7/1/2012**
Most Recent Review Date (Revised):	**7/18/2019**
Effective Date:	**1/1/2020**

I. POLICY

Sacroiliac Joint Arthrography
Arthrography of the sacroiliac joint is considered **investigational.** There is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure.

Sacroiliac Joint Injections
Sacroiliac joint medication injections may be considered **medically necessary** for pain lasting more than three months despite appropriate conservative treatment. Documentation of fluoroscopy is required with each injection, to ensure correct needle placement. If successful (as documented by the usage of validated patient focused pain intensity assessment scales), it is reasonable to repeat the injection initially in two to four months. It is **not medically necessary** to perform sacroiliac injections more than four per twelve-month period, beginning with the date of the first injection.

Sacroiliac injections are considered **not medically necessary** for indications other than those listed above.

Radiofrequency Ablation
Radiofrequency ablation of the sacroiliac joint is considered **investigational**. There is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure.

This policy does not address the treatment of sacroiliac joint pain due to infection, trauma, or neoplasm.

Conservative nonsurgical therapy for the duration specified should include the following:

- Use of prescription strength analgesics for several weeks at a dose sufficient to induce a therapeutic response

  - Analgesics should include anti-inflammatory medications with or without adjunctive medications such as nerve membrane stabilizers or muscle relaxants AND
- Participation in at least 6 weeks of physical therapy (including active exercise) or documentation of why the patient could not tolerate physical therapy, AND
- Evaluation and appropriate management of associated cognitive, behavioral, or addiction issues
- Documentation of patient compliance with the preceding criteria.

A successful trial of controlled diagnostic lateral branch blocks consists of 2 separate positive blocks on different days with local anesthetic only (no steroids or other drugs), or a placebo-controlled series of blocks, under fluoroscopic guidance, that has resulted in a reduction in pain for the duration of the local anesthetic used (e.g., 3 hours longer with bupivacaine than lidocaine). There is no consensus on whether a minimum of 50% or 75% reduction in pain would be required to be considered a successful diagnostic block, although evidence that supported a criterion standard of 75% to 100% reduction in pain with dual blocks. No therapeutic intra-articular injections (i.e., steroids, saline, other substances) should be administered for a period of at least 4 weeks before the diagnostic The diagnostic blocks should not be conducted under intravenous sedation unless specifically indicated (e.g., the patient is unable to cooperate with the procedure).

Cross-references:
MP-5.049 Facet Joint Denervation
MP-2.061 Prolotherapy

II. PRODUCT VARIATIONS TOP

This policy is only applicable to certain programs and products administered by Capital BlueCross and subject to benefit variations as discussed in Section VI. Please see additional information below.

FEP PPO: The FEP program dictates that all drugs, devices or biological products approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational. Therefore, FDA-approved drugs, devices or biological products may be assessed on the basis of medical necessity.

III. DESCRIPTION/BACKGROUND TOP

SACROILIAC JOINT PAIN

Similar to other structures in the spine, it is assumed that 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, (e.g., 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 evidence review 2.01.26), 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.

REGULATORY STATUS

A number of radiofrequency generators and probes have been cleared for marketing by the U.S. Food and Drug Administration (FDA) through the 510(k) process. In 2005, the SInergy® (Halyard; formerly Kimberly-Clark), a water-cooled single-use probe, was cleared by the FDA, listing the Baylis Pain Management Probe as a predicate device. The intended use is in conjunction with a radiofrequency generator to create radiofrequency lesions in nervous tissue. FDA product code: GXD.

IV. RATIONALE

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Summary of Evidence

For individuals who have SIJ pain who receive therapeutic corticosteroid injections, the evidence includes small 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.

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 that compare this procedure in defined populations with sham control and with alternative treatments. The evidence is insufficient to determine the effects of the technology on health outcomes.

V. DEFINITIONS

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ARTHROGRAPHY is a diagnostic study that involves the injection of contrast media into a joint.

VI. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits and which require preauthorization. There are different benefit plan designs in each product administered by Capital BlueCross. Members and providers should consult the member's health benefit plan for information or contact Capital BlueCross for benefit information.

VII. DISCLAIMER

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Capital BlueCross's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital BlueCross' Provider Services or Member Services. Capital BlueCross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VIII. CODING INFORMATION

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Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Investigational when used to bill for sacroiliac joint arthrography; therefore, not covered:

CPT Codes®								
27096								

HCPCS Code	Description
G0259	Injection procedure for sacroiliac joint; arthrography

Investigational when billed for radiofrequency ablation of the sacroiliac joint; therefore, not covered:

CPT Codes®								
64625	64635							

Covered when medically necessary:

CPT Codes®								
27096								

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

ICD-10-CM Diagnosis Codes	Description
M46.1	Sacroiliitis, not elsewhere classified
M54.18	Radiculopathy, sacral and sacrococcygeal region
M54.31	Sciatica, right side
M54.32	Sciatica, left side
M54.41	Lumbago with sciatica, right side
M54.52	Lumbago with sciatica, left side
M54.5	Low back pain

***Note:** For codes 27279 and 27280 related to arthrodesis, refer to TurningPoint Healthcare policies effective 1/1/2019.*

VIII. REFERENCES

TOP

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IX. POLICY HISTORY

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MP-5.048	**CAC 11/22/11** New policy with criteria previously addressed in MP-4.014 Pain Control. BCBSA guidelines adopted. Arthrography of the sacroiliac joint remains investigational. Injection into the sacroiliac joint for treatment of pain previously considered medically necessary, is now considered investigational. FEP variation added. **2/9/12**- Policy title changed to "Diagnosis and Treatment of Sacroiliac Joint Pain." Radiofrequency ablation of the sacroiliac joint added as investigational.
	3/22/12 Decision to adopt BCBSA revised. The revisions approved 11/22/11 were not posted. Will keep current policy criteria that were in the MP- 4.014 Pain Control. The procedure for sacroiliac joint injection for treatment of pain will remain medically necessary.
	04/22/13- Admin code review
	CAC 7/30/13 Minor. Statement added indicating fusion/stabilization of the sacroiliac joint for the treatment of back pain presumed to originate from the SI joint is considered **investigational**, including but not limited to percutaneous and minimally invasive techniques. Policy coded
	04/29/2014 Added 27280 as investigational
	CAC 5/20/14 Consensus review. References updated. No changes to the policy statements. Rationale added. Codes reviewed.
	8/12/2014 Admin error correction, code 27280 placed again with CPT codes in accordance with language noting as investigational as per CAC 7/30/13
	01/2015 New 2015 CPT code added to policy.
	CAC 6/2/15 Consensus review. No changes to the policy statements. References and rationale updated**.** Coding reviewed.
	CAC 5/31/16 Consensus review. No change to the policy statements. References and rationale updated**.** LCD number changed from L27512 to L34892. Coding reviewed.
	CAC 11/29/16 Consensus review. No change to the policy statements. FEP policy title updated. Variation reformatting completed.

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	Description/Background, Rationale and Reference sections updated. Coding Reviewed.
	1/1/18 Admin Update: Medicare variations removed from Commercial Policies.
	1/3/18 Minor review. SIJ fusion/stabilization was investigational. Titanium triangular implant is now considered medically necessary under the specific conditions outlined by NASS. Coding reviewed.
	10/1/18 Admin Update: 27279 moved to medically necessary in coding section.
	10/11/18 Admin Update: Statements regarding arthrodesis removed. Surgical spinal procedures to be managed by TurningPoint Healthcare effective 1/1/2019.
	7/18/19 Consensus review. No change to policy statements. References updated. Background and summary of evidence reviewed.
	01/01/20 Coding update. New code added, 64625.

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