

# Cigna Medical Coverage Policies – Musculoskeletal Sacroiliac Joint Procedures

Effective May 31, 2023



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## Instructions for use

The following coverage policy applies to health benefit plans administered by Cigna. Coverage policies are intended to provide guidance in interpreting certain standard Cigna benefit plans and are used by medical directors and other health care professionals in making medical necessity and other coverage determinations. Please note the terms of a customer's particular benefit plan document may differ significantly from the standard benefit plans upon which these coverage policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a coverage policy.

In the event of a conflict, a customer's benefit plan document always supersedes the information in the coverage policy. In the absence of federal or state coverage mandates, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of:

1. The terms of the applicable benefit plan document in effect on the date of service
2. Any applicable laws and regulations
3. Any relevant collateral source materials including coverage policies
4. The specific facts of the particular situation

Coverage policies relate exclusively to the administration of health benefit plans. Coverage policies are not recommendations for treatment and should never be used as treatment guidelines.

This evidence-based medical coverage policy has been developed by eviCore, Inc. Some information in this coverage policy may not apply to all benefit plans administered by Cigna.

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## **CMM-203: Sacroiliac Joint Procedures**

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## Definitions

- **Intra-Articular Sacroiliac Joint Injection:** the injection of contrast (absent allergy to contrast), followed by the introduction of a corticosteroid **and/or** a local anesthetic into the sacroiliac joint under fluoroscopic or CT guidance.
  - ◆ Sacroiliac joint (SIJ) injections are performed for determining if the sacroiliac joint is the source of the pain are termed 'diagnostic SIJ injections'.
  - ◆ Sacroiliac joint (SIJ) injections performed for the purpose of treating sacroiliac pain are termed 'therapeutic sacroiliac injections'.
- **Sacral Lateral Nerve Block:** an injection of corticosteroid and/or local anesthetic adjacent to the sacral lateral nerve resulting in the temporary interruption of conduction of impulses for analgesia. Sacral lateral nerve blocks attempt to block pain signals and theoretically provide relief from pain. The duration of the block depends on the dose, concentration, and type of pharmacological agent injected.
- **Sacroiliac Joint Pain:** pain originating from the sacroiliac joint as a result of injury, disease, or surgery.
  - ◆ **Note:** The presence of pain over the sacroiliac joint in the absence of radicular findings in and of itself does not substantiate the diagnosis of sacroiliac joint pain. There must also be clinical evidence as described below in the **Indications** section for **Diagnostic Sacroiliac Joint Injection**.

## General Guidelines

### Application of Guideline

- The determination of medical necessity for the performance of sacroiliac joint injections is always made on a case-by-case basis.
- The performance of interventional pain procedures such as a sacroiliac joint injection does not require the need for supplemental anesthesia in addition to local anesthesia.

### Injectates

- This guideline only applies to injections of an anesthetic, corticosteroid, and/or contrast agent and does not include injections of biologics (e.g., platelet rich plasma, stem cells, amniotic fluid, etc.) and/or any other injectates that are not in scope of management.

### Image Guidance

- Intra-articular sacroiliac joint injections should be performed using fluoroscopic or CT guidance with injection of contrast (absent allergy to contrast)

### Frequency & Number of Injections/Procedures

- Only one invasive modality or procedure will be performed on the same date of service (e.g., facet joint block, epidural steroid injection, or lumbar sympathetic chain block).

- When medical necessity criteria is met, up to 2 diagnostic sacroiliac joint (SIJ) injections may be performed to determine if the sacroiliac joint (SIJ) is the source of the pain
- When medical necessity criteria is met, a total of four (4) therapeutic sacroiliac joint (SIJ) injections for the treatment of sacroiliac joint pain may be performed per joint during a rolling 12 month period of time.
  - ◆ For the recurrence of pain, a minimum of two (2) months duration is required between each therapeutic sacroiliac joint injection.

## Indications

### Diagnostic Sacroiliac Joint Injection

#### Initial

- An initial diagnostic sacroiliac joint injection for localized sacroiliac joint pain resulting from disease, injury, or surgery, is considered **medical necessary** when **ALL** of the following criteria are met:
  - ◆ Pain primarily experienced between the upper level of the iliac crests and the gluteal fold (the pain can refer distally, even below the knee)
  - ◆ Clinical findings and imaging studies suggest no other obvious cause of the pain (e.g., central spinal stenosis with neurogenic claudication/myelopathy; foraminal stenosis or disc herniation with concordant radicular pain/radiculopathy; infection; tumor; fracture; pseudarthrosis; or pain related to spinal instrumentation).
  - ◆ Reproduction of pain using at least three (3) of the following provocative tests:
    - Distraction or “Gapping” or FABER/Patrick’s Test
    - Thigh Thrust or Posterior Pelvic Pain Provocational Test
    - Gaenslen’s Test
    - Sacroiliac Joint Compression Test
    - Sacral Thrust or Yeoman’s Test.
  - ◆ Pain persists despite **BOTH** of the following:
    - A minimum of four (4) weeks of noninvasive conservative therapy (e.g., home exercise program, physical therapy, chiropractic care, nonsteroidal anti-inflammatory drugs [NSAIDs], or analgesics)
    - Continued active participation in a rehabilitative or home exercise program.

#### Repeat

- A repeat diagnostic sacroiliac joint injection is considered **medically necessary** when the initial diagnostic sacroiliac joint injection produced a positive response of ≥ 75% reduction in the reported pain for the duration of the local anesthetic.

### Therapeutic Sacroiliac Joint Injection

#### Initial

- An initial therapeutic sacroiliac joint injection for the treatment of sacroiliac joint pain is considered **medically necessary** following a diagnostic injection with ≥ 75% reduction in the reported pain for the duration of the local anesthetic.

## Repeat

- A repeat therapeutic sacroiliac joint injection for the treatment of sacroiliac joint pain is considered **medically necessary** following a therapeutic injection when **ALL** of the following are met:
  - ◆ A minimum of two (2) months since the prior therapeutic injection
  - ◆ Positive reponse to the prior therapeutic sacroiliac joint injection with  $\geq 75\%$  reduction in the reported pain for two (2) or more weeks duration and **EITHER** of the following:
    - Increase in the individual's level of function (i.e., return to work) for at least two (2) weeks
    - Reduction in the use of pain medication and/or additional medical services such as physical therapy/chiropractic care for at least two (2) weeks
- No more than four (4) injections per SI joint are performed within a rolling twelve (12) month period.

## Non-Indications

### Not Medically Necessary

- **ANY** of the following are considered **not medically necessary**:
  - ◆ A diagnostic intra-articular sacroiliac joint injection (SIJ) performed without meeting the requirements listed in the Definitions, the General Guidelines, and the Indications sections
  - ◆ A therapeutic intra-articular sacroiliac joint (SIJ) injection performed without meeting the requirements listed in the Definitions, the General Guidelines, and the Indications sections

### Experimental, Investigational, or Unproven (EIU)

- **ANY** of the following are considered **experimental, investigational, or unproven (EIU)**:
  - ◆ Ultrasound guidance for an intra-articular sacroiliac joint injection, for any indication
  - ◆ An intra-articular sacroiliac joint injection when performed using injectates other than anesthetic, corticosteroid, and/or contrast agent (e.g., biologics [platelet rich plasma, stem cells, amniotic fluid]), administered alone or in combination.
  - ◆ L5 medial nerve branch and sacral lateral nerve branch blocks and/or ablations/neurotomies for the diagnosis and/or treatment of sacroiliac joint mediated pain

## Procedure (CPT®) Codes

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required.

CPT®	Code Description/Definition
<b>27096</b>	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
<b>G0260</b>	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography
CPT®	Codes Considered Experimental, Investigational, or Unproven (EIU)
<b>64451</b>	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
<b>64625</b>	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)

This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the health plan and is based on the individual's policy or benefit entitlement structure as well as claims processing rules.

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