

Cigna Medical Coverage Policies – Musculoskeletal Sacroiliac Joint Injections

Effective August 15, 2020



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 Injections

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CMM-203.1: Definitions

- 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.
- **Intra-articular sacroiliac joint injection** refers to 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 guidance.
- **Peri-articular injection** refers to the introduction of a corticosteroid and/or a local anesthetic to one or more sections of the posterior ligamentous structures of the sacroiliac joint.
- **Sacral lateral nerve block** refers to 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** is defined as pain originating from the sacroiliac joint and/or its supporting ligamentous structures as a result of injury, disease or surgery.

CMM-203.2: General Guidelines

- The determination of medical necessity for the performance of sacroiliac joint injections is always made on a case-by-case basis.
- A sacroiliac joint injection involves the use 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.
- Intra-articular sacroiliac joint injections should be performed using fluoroscopy with injection of contrast (absent allergy to contrast) for guidance, as it is considered the standard of care.
- Peri-articular sacroiliac joint injections may be performed with or without the use of fluoroscopic guidance.
- When sacroiliac joint injections are performed (anesthetic only) for the purpose of diagnosing sacroiliac pain, a positive diagnostic response is defined as $\geq 50\%$ pain relief for the duration of the local anesthetic.
- Sacroiliac injections performed for the purpose of treating sacroiliac pain are termed therapeutic sacroiliac injections. When medical necessity criteria is met, a total of four therapeutic sacroiliac injections for the treatment of sacroiliac pain may be performed per joint during a 12 month period of time, with a minimum of two months duration between each injection, for the recurrence of pain.
- 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.

CMM-203.3: Indications

- The performance of a 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, 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., exercise, physical therapy, chiropractic care, nonsteroidal anti-inflammatory drugs [NSAIDs], analgesics)
 - Ongoing, active participation in a rehabilitative/therapeutic exercise program.
- A therapeutic sacroiliac injection for the treatment of sacroiliac joint pain is considered **medically necessary** following a diagnostic injection with ≥ 50% reduction in the reported pain.
- A repeat therapeutic sacroiliac joint injection for the treatment of sacroiliac joint pain is considered **medically necessary** following a therapeutic injection with ≥ 50% reduction in the reported pain and **BOTH** of the following are met:
 - ◆ **EITHER** of the following:
 - Increase in the individual’s level of function (i.e., return to work)
 - Reduction in the use of pain medication and/or additional medical services such as physical therapy/chiropractic care for at least four (4) weeks.
 - ◆ A minimum of two months since the prior injection
- No more than four injections per SI joint are performed within a 12 month period.

CMM 203.4: Non-Indications

- Ultrasound guidance for a sacroiliac joint injection, for any indication, is considered **experimental, investigational or unproven**.
- Sacral lateral nerve branch blocks and/or ablations/neurotomies for the diagnosis and/or treatment of sacroiliac joint mediated pain is considered **experimental, investigational or unproven**.
- A sacroiliac joint injection is considered **not medically necessary** for **ANY** of the following:
 - ◆ Sacroiliac joint injections performed without fluoroscopic or other alternative guidance, with the exception of ultrasound as noted above
 - ◆ When performed on the same day of service as a facet joint block, epidural steroid injection, or lumbar sympathetic chain block
 - ◆ When performed in isolation (i.e., without the individual participating in an active rehabilitation program, home exercise program, or functional restoration program)
 - ◆ As a subsequent diagnostic block when the initial diagnostic block does not produce a positive response of $\geq 50\%$ pain reduction
 - ◆ Therapeutic sacroiliac joint injections performed at a frequency greater than once every two (2) months for the treatment of sacroiliac pain
 - ◆ More than four (4) injections per SI joint performed within a 12 month period
- A sacroiliac joint injection is considered **experimental, investigational or unproven** 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.

CMM-203.5: Procedure 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
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography

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.

CMM-203.6: References

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