



# CLINICAL GUIDELINES

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## CMM-611: Sacroiliac Joint Fusion or Stabilization Guidelines

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eviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or individual's Primary Care Physician (PCP) may provide additional insight.

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Clinical guidelines for medical necessity review of Comprehensive Musculoskeletal Management Services.

## **CMM-611: Sacroiliac Joint Fusion or Stabilization**

### **CMM-611.1: General Guidelines**

### **CMM-611.2: Minimally Invasive Sacroiliac Joint Fusion or Stabilization Indications**

### **CMM-611.3: Open Sacroiliac Joint Fusion Indications**

### **CMM-611.4: Non-Indications**

### **CMM-611.5: Procedure (CPT®) Codes**

### **CMM-611.6: References**

## **CMM-611.1: General Guidelines**

- The determination of medical necessity for the performance of sacroiliac joint fusion or stabilization is always made on a case-by-case basis.
- For prior authorization requirements, see **CMM-600.1: Prior Authorization Requirements**.

## **CMM-611.2: Minimally Invasive Sacroiliac Joint Fusion or Stabilization Indications**

Minimally invasive sacroiliac joint (SIJ) fusion using titanium triangular implants (SI BONE [iFuse Implant™ or iFuse-3D Implant™]) for the treatment of lumbopelvic pain originating from the SIJ is considered **medically necessary** when **ALL** of the following are met:

- Performed by an orthopedic surgeon or neurosurgeon with specific training and expertise in percutaneous sacroiliac joint fusion surgical techniques and regularly use image-guidance for placement of implants
- Diagnostic findings include **ALL** of the following:
  - ◆ Diagnostic confirmation of the SIJ as a pain generator through  $\geq 75\%$  reduction in pain for the expected duration of effect of the anesthetic agent used upon two separate contrast-enhanced fluoroscopically or CT-guided intra-articular SIJ blocks using a local anesthetic performed
  - ◆ Recent (within 6 months) diagnostic imaging studies that include **ALL** of the following:
    - Plain X-rays and/or cross sectional imaging (CT or MRI) that excludes the presence of destructive lesions (e.g. tumor, infection), acute fracture or inflammatory arthropathy that would not be properly addressed by SIJ fusion
    - Plain X-rays of the pelvis including the ipsilateral hip to evaluate potential concomitant hip pathology
    - Cross-sectional imaging (e.g. CT or MRI) of the lumbar spine to evaluate potential concomitant neural compression or other degenerative conditions
- Subjective findings include **ALL** of the following:
  - ◆ Presence of non-radiating lumbopelvic pain caudal to L5, buttock, hip, and/or groin pain without radiation into the leg(s) that impairs physical activities
  - ◆ SIJ pain interfering with activities of daily living
  - ◆ Individual localizes posterior pain to the posterior superior iliac spine (Fortin's point)

- Objective physical exam findings include **ALL** of the following:
  - ◆ Localized tenderness to palpation over the sacral sulcus and posterior SIJ
  - ◆ Absence of localized tenderness to palpation of similar severity to palpation of the sacral sulcus and posterior SIJ over the greater trochanter, lumbar spine, and coccyx
  - ◆ Elicitation of typical pain on three (3) or more of the following provocative physical examination maneuvers/tests that stress the SIJ:
    - Thigh thrust test
    - Compression test
    - Gaenslen's maneuver
    - Distraction test
    - FABER/Patrick's sign
    - Posterior provocation test
- Conservative treatment for a minimum of a consecutive six (6) months that includes **ALL** of the following (unless contraindicated):
  - ◆ Non-steroidal anti-inflammatory drugs (NSAIDs)
  - ◆ Prescription medication optimization
  - ◆ Activity modification
  - ◆ Physician supervised/prescribed active physical therapy (including home exercise program) targeting lumbopelvic (core) area
  - ◆ Chiropractic care
- Absence of generalized pain behavior (e.g. somatoform disorder) or generalized pain disorders (e.g. fibromyalgia)
- Absence of unmanaged significant mental and/or behavioral health disorders (e.g. major depressive disorder, chronic pain syndrome, secondary gain, opioid and alcohol use disorders)
- Absence of alternative diagnoses that are a more likely cause of the patient's ongoing pain or disability
- Documentation of nicotine-free status with **EITHER** of the following:
  - ◆ Patient is a never-smoker
  - ◆ Patient has refrained from smoking, use of smokeless tobacco, and/or nicotine replacement therapy for at least 6 weeks prior to planned surgery as evidenced by blood cotinine lab results of  $\leq 10$  ng/mL

### **CMM-611.3: Open Sacroiliac Joint Fusion Indications**

Open sacroiliac joint (SIJ) fusion is considered **medically necessary** when **ALL** of the following are met:

- Recent (within 6 months) plain X-rays and/or cross-sectional imaging (CT or MRI) identifies localized SIJ pathology
- Performed for **ANY** of the following:
  - ◆ Post-traumatic injury of the SIJ (e.g. following pelvic ring fracture)
  - ◆ As an adjunctive treatment for SIJ infection
  - ◆ Management of sacral tumor (e.g. partial sacrectomy)
  - ◆ When performed as part of a multisegmental long fusion constructs for the correction of spinal deformity (e.g. idiopathic scoliosis, neuromuscular scoliosis)
  - ◆ Failed prior percutaneous (minimally invasive) SIJ fusion
- Documentation of nicotine-free status with **EITHER** of the following:
  - ◆ Patient is a never-smoker
  - ◆ Patient has refrained from smoking, use of smokeless tobacco products, and/or nicotine replacement therapy for at least 6 weeks prior to planned surgery as evidenced by blood cotinine lab results of  $\leq 10$  ng/mL

### **CMM-611.4: Non-Indications**

#### **Not Medically Necessary**

##### **Minimally Invasive or Percutaneous Sacroiliac Joint (SIJ) Fusion or Stabilization**

- Minimally invasive or percutaneous sacroiliac joint (SIJ) fusion or stabilization using titanium triangular implants performed without meeting the requirements in the **General Guidelines** and **Indications** sections is considered **not medically necessary**.
- Minimally invasive or percutaneous sacroiliac joint (SIJ) fusion or stabilization using titanium triangular implants performed with the presence of generalized pain behavior (e.g. somatoform disorder) or generalized pain disorder (e.g. fibromyalgia) is considered **not medically necessary**.
- Open sacroiliac joint (SIJ) fusion performed without meeting the requirements in the **General Guidelines** and **Indications** sections is considered **not medically necessary**.

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

##### **Minimally Invasive or Percutaneous SIJ Fusion or Stabilization**

- Minimally invasive or percutaneous SIJ fusion or stabilization using titanium triangular implants is considered **experimental, investigational, or unproven (EIU)**, when performed for **ANY** of the following:
  - ◆ Systemic arthropathy (e.g. ankylosing spondylitis, psoriatic arthritis, rheumatoid arthritis)
  - ◆ Presence of infection, tumor, or fracture

- ◆ Acute traumatic instability of the SIJ
  - ◆ Presence of neural compression as seen on an MRI or CT that correlates with the patient's symptoms or other more likely source for the patient's pain
  - ◆ Any condition that would prevent insertion of the implants
  - ◆ Bilateral procedures on the same date of service
- The use of minimally invasive fusion products/implants other than SI BONE (iFuse Implant™ or iFuse-3D Implant™) System is considered **experimental, investigational, or unproven (EIU)**.

### Open Sacroiliac Joint (SIJ) Fusion

- Open sacroiliac joint (SIJ) fusion is considered **experimental, investigational, or unproven (EIU)**, for **ANY** of the following conditions:
- ◆ Mechanical low back pain
  - ◆ Sacroiliac joint syndrome
  - ◆ Degenerative sacroiliac joint
  - ◆ Radicular pain syndromes

### CMM-611.5: 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/Definitions                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>27279</b>                                                                                                                                                                                                                                                                                        | Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device |
| <b>27280</b>                                                                                                                                                                                                                                                                                        | Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed                                                                                      |
| <b>0775T</b>                                                                                                                                                                                                                                                                                        | Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s])                                    |
| 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-611.6: References

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