



CLINICAL GUIDELINES

CMM-203: Sacroiliac Joint Procedures Guidelines

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EviCore
By **EVERNORTH**

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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CMM-203: Sacroiliac Joint Procedures

Definitions**General Guidelines****Indications****Non-Indications****Procedure (CPT®) Codes (CMM-203)****References (CMM-203)**

Definitions

- **Intra-Articular Sacroiliac Joint (SIJ) 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 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 joint pain are termed 'therapeutic sacroiliac joint (SIJ) 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 (SIJ):** the synovial joint formed at the junction of the sacrum and ilium.
- **Sacroiliac Joint (SIJ) 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 apply to 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 **medically necessary** when **ALL** of the following criteria have been 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; pseudoarthrosis; 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 program 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 have been met:
 - ◆ A minimum of two (2) months since the prior therapeutic injection
 - ◆ Positive response to the prior therapeutic sacroiliac joint injection with ≥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) therapeutic injections per SI joint are performed within a rolling 12 month period.

Non-Indications

Not Medically Necessary

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

Experimental, Investigational, or Unproven (EIU)

- L5 medial nerve branch and sacral lateral nerve branch blocks and/or ablations/neuromotomies used for the diagnosis and/or treatment of sacroiliac joint mediated pain are considered **experimental, investigational, or unproven (EIU)**.

Procedure (CPT®) Codes (CMM-203)

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
G0259	Injection procedure for sacroiliac joint; arthrography
G0260	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)
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (i.e., fluoroscopy or computed tomography)
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (i.e., 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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