



CLINICAL GUIDELINES

CMM-611: Sacroiliac Joint Fusion or Stabilization 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-611.1: General Guidelines

Application of Guideline

- The determination of medical necessity for the performance of sacroiliac joint fusion or stabilization is always made on a case-by-case basis.
- For additional timing and documentation 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 is considered **medically necessary** when **ALL** of the following criteria have been met:

- Performed for the treatment of lumbopelvic pain originating from the sacroiliac joint (SIJ)
- Performed using structural devices/implants that traverse the sacroiliac joint (i.e., intending to fuse the SIJ)
- Diagnostic confirmation of the SIJ as a pain generator as evidenced by a positive response to two separate diagnostic fluoroscopic- or CT-guided SIJ injections
 - ◆ A positive response to a diagnostic SIJ injection is considered $\geq 75\%$ reduction in the reported pain for the duration of the local anesthetic
- Imaging studies include **ALL** of the following:
 - ◆ Plain X-rays and/or cross-sectional imaging (CT or MRI) have been performed to exclude the presence of **ANY** of the following that would not be properly addressed by SIJ fusion:
 - Destructive lesions (e.g., tumor, infection)
 - Acute traumatic fracture and/or instability of the SI joint
 - ◆ Plain X-rays of the pelvis (including the ipsilateral hip) have been performed to evaluate potential concomitant hip pathology as a potential more likely source for the individual's pain
 - ◆ Cross-sectional imaging (e.g., CT or MRI) of the lumbar spine have been performed to evaluate potential concomitant neural compression or other degenerative conditions as a potential more likely source for the individual's pain
- Diagnostic testing has been performed to exclude the presence of systemic inflammatory arthropathy (e.g., ankylosing spondylitis, psoriatic arthritis, rheumatoid arthritis)
- Subjective findings include **ALL** of the following:
 - ◆ Individual localizes posterior pain to the posterior superior iliac spine (Fortin's point)
 - ◆ Presence of non-radiating lumbopelvic pain caudal to L5, buttock, hip, and/or groin pain
 - ◆ SIJ pain interfering with activities of daily living
- Objective physical exam findings include **ALL** of the following:

- ◆ Localized tenderness to palpation over the sacral sulcus and posterior SIJ
- ◆ Absence of localized tenderness 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 exam 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 includes **ALL** of the following (unless contraindicated):
 - ◆ A trial of at least one (1) therapeutic intra-articular SIJ injection
 - For therapeutic intra-articular SIJ injection, see **CMM-203: Sacroiliac Joint Procedures**
 - ◆ All of the following non-invasive treatments for a minimum of a consecutive six (6) months (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
 - **Note:** Chiropractic adjustments may be performed as an additional treatment option, but chiropractic adjustments are **NOT** required and are **NOT** considered a substitute for physical therapy.
- 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 individual's ongoing pain or disability
- Documentation of nicotine-free status with **EITHER** of the following:
 - ◆ Individual is a never-smoker
 - ◆ Individual 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 ≤ 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 criteria have been met:

- Plain X-rays and/or cross-sectional imaging (CT or MRI) identifies localized SIJ pathology concordant with the individual's history and physical exam

- 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 multi-segmental 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:
 - ◆ Individual is a never-smoker
 - ◆ Individual 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 ≤ 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 criteria in the **General Guidelines** and the criteria in **Minimally Invasive Sacroiliac Joint (SIJ) Fusion or Stabilization Indications** is considered **not medically necessary**.
- Minimally invasive or percutaneous SIJ fusion or stabilization using titanium triangular implants is considered **not medically necessary** for **ANY** of the following:
 - ◆ Any condition that would prevent insertion of the implants
 - ◆ Bilateral SIJ fusion or stabilization procedures on the same date of service
- The use of minimally invasive fusion products/implants that do NOT traverse the sacroiliac joint (SIJ) is considered **not medically necessary**.

Open Sacroiliac Joint (SIJ) Fusion

- Open sacroiliac joint (SIJ) fusion performed without meeting the criteria in the **General Guidelines** and the criteria in **Open Sacroiliac Joint Fusion Indications** is considered **not medically necessary**.
- Open sacroiliac joint (SIJ) fusion is considered **not medically necessary** for **ANY** of the following conditions:
 - ◆ Mechanical low back pain
 - ◆ Sacroiliac joint syndrome
 - ◆ Degenerative sacroiliac joint
 - ◆ Radicular pain syndromes

Procedure (CPT®) Codes (CMM-611)

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
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (e.g., bone allograft[s], synthetic device[s]), without placement of transfixation device
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed
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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