

02-20000-21

Original Effective Date: 11/15/02

Reviewed: 12/08/23

Revised: 01/01/24

Subject: Sacroiliac Joint Injections

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Updates			

DESCRIPTION:

The sacroiliac (SI) joint is a synovial joint formed at the juncture of the sacrum and ilium. The SI joint and its supporting ligaments may be a source of low back pain resulting from injury, disease, or previous surgery. Diagnostic injection into the SI joint with a local anesthetic and/or steroid medication may be performed to determine if the SI joint is the source of the low back pain. Following positive identification of the SI joint as the pain generator, therapeutic injection into the SI joint with a local anesthetic and/or steroid medication may be performed to relieve pain for longer periods of time.

POSITION STATEMENT:

Sacroiliac joint injection performed under fluoroscopy or with [arthrography](#) meets the definition of **medical necessity** when **ALL** the following criteria are met:

- Sacroiliac joint pain for more than 3 months, **AND**
- Sacroiliac joint injections are part of a comprehensive pain treatment plan, **AND**
- Continued pain after 6 weeks with **ALL** of the following treatments:
 - NSAIDS \geq 4 weeks (if not contraindicated), **AND**
 - Activity modification \geq 6 weeks, **AND**
 - Physical therapy, chiropractic therapy or home exercise program \geq 6 weeks, **OR**
- Worsening pain after 2 weeks with **ALL** of the following treatments:
 - NSAIDS (if not contraindicated), **AND**
 - Activity modification, **AND**
 - Physical therapy, chiropractic therapy or home exercise program

- In the diagnostic phase, up to two (2) injections may be administered, at intervals of no sooner than one (1) week
- In the therapeutic phase, each subsequent injection requires that prior injection provided $\geq 50\%$ pain reduction for at least six (6) weeks

Sacroiliac joint injections **do not meet the definition of medical necessity** if medical documentation indicates the injection procedures are not effective.

Sacroiliac joint injection performed with ultrasound guidance is considered **experimental or investigational**. There is insufficient evidence to support conclusions regarding effects on net health outcomes.

NOTE: It is not expected that epidural blocks, multiple facet joint injections, sacroiliac joint injections, and sympathetic nerve blocks in any and all combinations would be administered to the same individual on the same day. If the first procedure used to treat the presumptive diagnosis fails to produce improvement and rules out that possibility, then it may be appropriate to proceed to the next logical treatment.

BILLING/CODING INFORMATION:

CPT Coding:

27096	Injection procedure for sacroiliac joint, anesthetic/ steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
-------	--

HCPCS Coding:

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

ICD-10 Diagnosis Codes That Support Medical Necessity:

M46.1	Sacroiliitis, not elsewhere classified
M47.898	Other spondylosis, sacral and sacrococcygeal region
M48.08	Spinal stenosis, sacral and sacrococcygeal region
M53.2X8	Spinal instabilities, sacral and sacrococcygeal region
M54.18	Radiculopathy, sacral and sacrococcygeal region
M54.30 – M54.32	Sciatica
M54.40 – M54.42	Lumbago with sciatica
M54.50, M54.51, M54.59	Low back pain, including vertebrogenic low back pain
M54.6	Pain in thoracic spine
S33.2XXA, D, S	Dislocation of sacroiliac and sacrococcygeal joint
S33.6XXA, D, S	Sprain of sacroiliac joint

REIMBURSEMENT INFORMATION:

Total number of sacroiliac joint injections is limited to three (3) injections per sacroiliac joint in six (6) months.

NOTE: Services in excess of the limitations shown above are subject to medical review of documentation for determination of medical necessity. The following information may be required documentation to support medical necessity: physician history and physical, radiology study reports, physician progress notes, with documentation of conservative treatment, treatment plan including narrative, and physician operative report.

LOINC Codes:

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Attending physician progress notes	18741-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Radiology report	18726-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physician operative report	28573-4	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Treatment plan, plan of treatment	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physical therapy initial assessment	18735-1	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physical therapy progress note	11508-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Current, discharge, or	34483-8	18805-2	Include all data of the selected type that represents observations made six months or

administered medications			fewer before starting date of service for the claim.
--------------------------	--	--	--

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage Products: No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline review date.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#)

DEFINITIONS:

Arthrography: a diagnostic study of the joint structures. X-ray contrast is injected, as the dye disperses, the radiologist documents whether the dye is contained or is leaking (indicates the stability and integrity of the joint and reveals cartilage tears and other injuries).

RELATED GUIDELINES:

None applicable

OTHER:

None applicable

REFERENCES:

1. AHRQ National Guideline Clearinghouse. Guideline Summary NGC-8515: Hip & pelvis (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2011.
2. AHRQ National Guideline Clearinghouse. Guideline Summary NGC-9327: Low back disorders. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 333-796.
3. AHRQ National Guideline Clearinghouse. NGC-9842: Practice guidelines for chronic pain management. An updated report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. *Anesthesiology*. 2010 Apr;112(4):810-33.
4. AHRQ National Guideline Clearinghouse. Guideline Summary NGC-10121: Low back - lumbar & thoracic (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 Dec 4.
5. Artner J, Cakir B, Reichel H, Lattig F. Radiation dose reduction in CT-guided sacroiliac joint injections to levels of pulsed fluoroscopy: a comparative study with technical considerations. *Journal of Pain Research* 2012;5 265–269.
6. Ashman B, Norvell DC, Hermsmeyer JT. Chronic sacroiliac joint pain: fusion versus denervation as treatment options. *Evid Based Spine Care J*. 2010 Dec;1(3):35-44.

7. Blue Cross Blue Shield Association Evidence Positioning System®. 6.01.23 - Diagnosis and Treatment of Sacroiliac Joint Pain, 12/21.
8. Boswell MV, Trescot AM, Datta S, Schultz DM, Hansen HC, Abdi S, Sehgal N, Shah RV, Singh V, Benyamin RM, Patel VB, Buenaventura RM, Colson JD, Cordner HJ, Epter RS, Jasper JF, Dunbar EE, Atluri SL, Bowman RC, Deer TR, Swicegood JR, Staats PS, Smith HS, Burton AW, Kloth DS, Giordano J, Manchikanti L; American Society of Interventional Pain Physicians. Interventional techniques: evidence-based practice guidelines in the management of chronic spinal pain. *Pain Physician*. 2007 Jan; 10(1): 7-111.
9. Bronsard N, Pelletier Y, Andréani O, de Peretti F, Trojani C. O-arm-guided sacroiliac joint injection: New techniques with reflux test [published online ahead of print, 2019 Nov 28]. *Orthop Traumatol Surg Res*. 2019;S1877-0568(19)30365-2. doi:10.1016/j.otsr.2019.09.031. PMID: 31787556.
10. Buchanan P, Mehta A, Gerstman B. Interventional Treatments for Sacroiliac Joint Pain. *Current physical medicine and rehabilitation reports* 2.1 (2014): 66-69.
11. Centers for Medicare & Medicaid Services (CMS). LCD for Sacroiliac Joint Injection (L33957) (10/01/15) (Retired 03/27/20).
12. Chou R, Huffman LH. Evidence Review: Guideline for the Evaluation and Management of Low Back Pain. American Pain Society, Publisher; Glenview, IL. Accessed at <http://www.americanpainsociety.org/>.
13. Chou R, Qaseem A, Snow V, Casey, D, Cross, Jr JT, Shekelle P, Owens DK. Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society. *Ann Intern Med* October 2, 2007 vol. 147 no. 7 478-491.
14. Chou, R, Loeser, J, Owens, D, Rosenquist, R, Atlas, S, Baisden, J, Carragee, E, Grabois, M, Murphy, D, Resnick, D, Stanos, S, Shaffer, W, Wall, E. Interventional Therapies, Surgery, and Interdisciplinary Rehabilitation for Low Back Pain: An Evidence-Based Clinical Practice Guideline From the American Pain Society. *Spine*: 1 May 2009 – Volume 34 – Issue 10 – pp 1066-1077.
15. ClinicalTrials.gov. Unguided Sacroiliac Injection: Effect on Refractory Buttock Pain in Patients With Spondyloarthropathies. NCT 00829543. Tabriz Medical University, Rheumatology Department. Islamic Republic of Iran. February 2009.
16. ClinicalTrials.gov. Effect of Sedation on Diagnostic Injections. NCT01472835. Johns Hopkins University. April 2012.
17. ClinicalTrials.gov. NCT01719081: Sacroiliac Joint Injection: Comparison of Xray Versus Ultrasound. University Health Network, Toronto; October 2012.
18. ClinicalTrials.gov. Fluoroscopically-guided Versus Landmark-guided Sacroiliac Joint Injections. NCT02096653. Centers for Rehabilitation Sciences Research: Walter Reed National Military Medical Center. March 2014.
19. Cui Y, Xiao Z, Shuxia W, Zhenjun Z, Hengguo Z, Liangyi F, Weicheng G, Li L, Guangfeng Z, Yunzhen S, Guangfu D. Computed tomography guided intra-articular injection of etanercept in the sacroiliac joint is an effective mode of treatment of ankylosing spondylitis. *Scand J Rheumatol*. 2010 May;39(3):229-32.
20. Datta S, Derby R, Falco FJE, Erhart S, Diwan S, Hayek SM, Helm II S, Parr AT, Schultz DM, Smith HS, Wolfer LR, Hirsch JA. Comprehensive Evidence-Based Guidelines for Interventional Techniques in the Management of Chronic Spinal Pain. *Pain Physician* 2009; 12:699-802.
21. ECRI Health Technology Assessment Information Services. Custom Hotline Response. Sacroiliac Joint Injections for Back and Lower Extremity Pain. Updated 06/05/07.
22. Gupta S. Double Needle Technique: An Alternative Method for Performing Difficult Sacroiliac Joint Injections. *Pain Physician* 2011; 14:281-284.

23. Hansen H, Manchikanti L, MD2, Simopoulos TT, Christo PJ, Gupta S, Smith HS, Hameed H, Cohen, SP. Systematic Evaluation of the Therapeutic Effectiveness of Sacroiliac Joint Interventions. *Pain Physician* 2012; 15:E247-E278.
24. Hartung W, Ross CJ, Straub R, Feuerbach S, Schölmerich J, Fleck M, Herold T. Ultrasound-guided sacroiliac joint injection in patients with established sacroiliitis: precise IA injection verified by MRI scanning does not predict clinical outcome. *Rheumatology (Oxford)*. 2010 Aug;49(8):1479-82.
25. Hayes, Inc. Hayes Search & Summary. Sacroiliac and Ligamentous Injections with Corticosteroids for Treatment of Back and Leg Pain. Lansdale, PA: Hayes, Inc.; May 2007.
26. Institute for Clinical Systems Improvement (ICSI). Health Care Guideline: Assessment and Management of Chronic Pain. Fifth Edition. November 2011.
27. Jee H, Lee JH, Park KD, Ahn J, Park Y. Ultrasound-guided versus fluoroscopy-guided sacroiliac joint intra-articular injections in the noninflammatory sacroiliac joint dysfunction: a prospective, randomized, single-blinded study. *Arch Phys Med Rehabil*. 2014 Feb;95(2):330-7.
28. Klauser A, De Zordo T, Feuchtner G, Sögner P, Schirmer M, Gruber J, Sepp N, Moriggl B. Feasibility of ultrasound-guided sacroiliac joint injection considering sonoanatomic landmarks at two different levels in cadavers and patients. *Arthritis Rheum*. 2008 Nov 15;59(11):1618-24.
29. Kokar S, Kayhan Ö, Şencan S, Gündüz OH. The Role of Sacroiliac Joint Steroid Injections in the Treatment of Axial Spondyloarthritis. *Arch Rheumatol*. 2021 Jan 14;36(1):80-88. doi: 10.46497/ArchRheumatol.2021.8043.
30. Longo UG, et al. Degenerative changes of the sacroiliac joint after spinal fusion: an evidence-based systematic. *British Medical Bulletin* 112 (2014): 47-56.
31. Manchikanti L, et. al. An Update of Comprehensive Evidence-Based Guidelines for Interventional Techniques in Chronic Spinal Pain. Part II: Guidance and Recommendations. *Pain Physician* 2013; 16:S49-S283.
32. Manchikanti L, Boswell MV, Singh V, Benyamin RM, Fellows B, Abdi S, Buenaventura RM, Conn A, Datta S, Derby R, Falco FJE, Erhart S, Diwan S, Hayek SM, Helm II S, Parr AT, Schultz DM, Smith HS, Wolfer LR, Hirsch JA. Comprehensive Evidence-Based Guidelines for Interventional Techniques in the Management of Chronic Spinal Pain. *Pain Physician* 2009; 12:699-802.
33. Manchikanti L, Datta S, Derby R, Wolfer LR, Benyamin RM, Hirsch JA. A Critical Review of the American Pain Society Clinical Practice Guidelines for Interventional Techniques: Part 1. Diagnostic Interventions. *Pain Physician* 2010; 13:E141-E174.
34. Manchikanti L, Datta S, Gupta S, Munglani R, Bryce DA, Ward SP, FFPMRCA6 , Benyamin RM, Sharma ML, Helm II S, Fellows B, Hirsch JA. A Critical Review of the American Pain Society Clinical Practice Guidelines for Interventional Techniques: Part 2. Therapeutic Interventions. *Pain Physician* 2010; 13:E215-E264.
35. Matthew P. Rupert, MD, MS, Marion Lee, MD, Laxmaiah Manchikanti, MD, Sukdeb Datta, MD, and Steven P. Cohen, MD. Evaluation of Sacroiliac Joint Interventions: A Systematic Appraisal of the Literature. *Pain Physician*. March/ April 2009. Vol12; 399-418.
36. Nacey NC, Patrie JT, Fox MG. Fluoroscopically Guided Sacroiliac Joint Injections: Comparison of the Effects of Intraarticular and Periarticular Injections on Immediate and Short-Term Pain Relief. *AJR Am J Roentgenol*. 2016;207(5):1055–1061. doi:10.2214/AJR.15.15779.
37. Rathmell, J. The Promise of an Effective Treatment for Sacroiliac-related Low Back Pain. *Anesthesiology*: August 2008 – Volume 109 – Issue 2 – pp 167-168.
38. Rosenquist RW, Benzon HT, Connis RT, De Leon-Casasola OA, Glass DD, Korevaar WC, Cynwyd B, Mekhail NA, Merrill DG, Nickinovich DG, Rathmell JP, Nai-Mei Sang C, Simon DL, Deer TR. Practice Guidelines for Chronic Pain Management: An Updated Report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. *Anesthesiology*: April 2010 – Volume 112 – Issue 4 – pp 810-833.

39. Sardar K, et al. Sacroiliac joint arthropathy and low back pain. *Journal of BSA*, 2009; 22(2): 78-83.
40. Savigny P, Kuntze S, Watson P, Underwood M, Ritchie G, Cotterell M, Hill D, Browne N, Buchanan E, Coffey P, Dixon P, Drummond C, Flanagan M, Greenough C, Griffiths M, Halliday-Bell J, Hettinga D, Vogel S, Walsh D. *Low Back Pain: early management of persistent non-specific low back pain*. London: National Collaborating Centre for Primary Care and Royal College of General Practitioners.
41. Schneider BJ, Rosati R, Zheng P, McCormick ZL. Challenges in Diagnosing Sacroiliac Joint Pain: A Narrative Review. *PM R*. 2019;11 Suppl 1:S40–S45. doi:10.1002/pmjr.12175. PMID: 31020770.
42. Simopoulos TT, Manchikanti L, Singh V, Gupta S, Hameed H, Diwan S, MD6, Cohen SP. A Systematic Evaluation of Prevalence and Diagnostic Accuracy of Sacroiliac Joint Interventions. *Pain Physician* 2012; 15:E305-E344.
43. Spiker WR, et. al. Surgical versus injection treatment for injection-confirmed chronic sacroiliac joint pain. *Evidence-Based Spine-Care Journal* Volume 3/Issue 4 — 2012.
44. Taljanovic MS, Daffner RH, Weissman BN, Appel M, Arnold E, Bancroft LW, Bennett DL, Blebea JS, Bruno MA, Fries IB, Hayes CW, Kransdorf MJ, Luchs JS, Morrison WB, Palestro CJ, Roberts CC, Stoller DW, Tuite MJ, Ward RJ, Wise JN, Zoga AC, Expert Panel on Musculoskeletal Imaging. *ACR Appropriateness Criteria® chronic hip pain. Guideline Summary NGC-8862*. American College of Radiology (ACR); 2011.
45. Thawrani DP, Agabegi SS, Asghar F. Diagnosing Sacroiliac Joint Pain. *J Am Acad Orthop Surg*. 2019;27(3):85–93. doi:10.5435/JAAOS-D-17-00132. PMID: 30278010.
46. UpToDate. Approach to the adult with unspecified hip pain. 2021. Accessed at [uptodate.com](https://www.uptodate.com).
47. Yoshihara H. Sacroiliac joint pain after lumbar/lumbosacral fusion: current knowledge. *Eur Spine J*. 2012 Sep;21(9):1788-96.
48. Zacchino M, Almolla J, Canepari E, Merico V, Calliada F. Use of ultrasound-magnetic resonance image fusion to guide sacroiliac joint injections: a preliminary assessment. *J Ultrasound*. 2013 Jul 31;16(3):111-8.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 12/08/23.

GUIDELINE UPDATE INFORMATION:

11/15/02	New Medical Coverage Guideline.
02/15/03	Program Exception added for Medicare & More due to previously being omitted.
05/15/03	Revised Billing & Coding section to include clarification for sacroiliac joint injections; 27096 are considered investigational.
08/15/03	Revised When Services Are Covered and Billing/Coding sections.
07/15/04	Review and revision to guideline consisting of updated references and various changes.
11/15/04	MCG archived per MPCC recommendation.
11/15/07	Review and revision of guideline consisting of updated references and addition of diagnosis codes.
05/15/09	Scheduled review; revise description section to include medical necessity management statement, update position statement to include coverage criteria, update ICD 9 coding by adding 846.0, remove CPT code 73542, remove HCPCS code G0259, and updated reimbursement information. Update references.

01/01/10	Annual HCPCS coding update: revise descriptor for CPT code 77003.
05/15/10	Review with revision to position statement and reimbursement statement consisting of the addition of CPT code 73542 for arthrography.
10/01/10	4th Quarter HCPCS coding update: ICD-9 diagnosis code 724.02 revised; ICD-9 diagnosis code 724.03 added.
10/15/10	Revision; related ICD-10 codes added.
01/01/11	Annual HCPCS coding update. Revised descriptor for code 77003.
04/15/11	Scheduled review; revised description, position statement and reimbursement sections; added Medicare program exception; updated references; reformatted guideline.
07/01/11	Revision; formatting changes.
01/01/12	Annual HCPCS coding update. Revised 27096 and 77003 descriptors. Deleted 73542.
07/15/12	Scheduled review; position statement maintained. Revised description section, CPT coding, ICD9 coding and Medicare Advantage program exception. Updated references. Reformatted guideline.
07/15/13	Scheduled review; position statement maintained. Revised Medicare Advantage program exception.
07/15/14	Scheduled review. Revised position statement and HCPCS coding, Updated references. Reformatted guideline.
06/15/15	Scheduled review. Position Statement maintained. Updated references and reformatted guideline.
10/01/15	Revision; updated ICD9 and ICD10 coding sections.
11/01/15	Revision: ICD-9 Codes deleted.
10/01/17	Quarterly CPT/HCPCS coding update: deleted M48.06; added M48.061, M48.062.
10/01/18	Revision: updated ICD10 coding section.
01/01/20	Annual CPT/HCPCS coding update. Added 64451.
02/15/20	Scheduled review. Revised description, maintained position statement, and updated references.
10/01/21	ICD10 coding update: added codes M54.50, M54.51, M54.59; deleted code M54.5.
02/15/22	Scheduled review. Revised description, maintained position statement, and updated references.
09/15/22	Deleted code 64451 (refer to MCG 02-61000-29 Nerve Block Injections).
05/23/23	Update to Program Exceptions section.
01/01/24	Position statements maintained.