

02-20000-21

Original Effective Date: 11/15/02

Reviewed: 01/23/20

Revised: 02/15/20

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.

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DESCRIPTION:

The sacroiliac (SI) joint connects the sacrum with the pelvis. The SI joint lies between the sacrum and the ilium, and functions more for stability than for movement. Similar to other structures in the spine, it is assumed that the sacroiliac joint may be a source of low back pain. The sacroiliac joint transmits all the forces of the upper body to the pelvis and legs. The joint's stability is maintained in part by several large ligaments and muscle groups. Dysfunctions of the sacroiliac joint may be described as sacral, iliac, pubic and sacroiliac joint pain. They are typically without consistent, demonstrable radiographic, or laboratory findings, and most commonly exist in the setting of morphologically normal joints. Pain may arise in the joint itself or in the related muscles and ligaments. Pain may be felt in the lower back or may radiate to one or both hips and/or one or both legs. Clinical tests for sacroiliac joint pain may include various movement tests, palpation to detect tenderness, and pain descriptions by the individual. Conservative treatment for sacroiliac joint dysfunction generally centers on restoring motion in the joint and may include:

- Medications
- Physical therapy
- Chiropractic manipulation
- Home exercise program

Sacroiliac joint injections are divided into two phases, the **diagnostic phase** and the **therapeutic phase**. In the diagnostic phase, an injection is given and if there is pain relief (positive block), additional injections are given as part of the therapeutic phase. A second injection may be needed in the diagnostic phase. If there is no pain relief after the diagnostic injection (s) (negative block), the therapy is not continued.

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 ≥ 4 weeks (if not contraindicated); **AND**
 - Activity modification ≥ 6 weeks; **AND**
 - Physical therapy, chiropractic therapy or home exercise program ≥ 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 ≥ 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
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)

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
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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
M54.5	Lower 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 administered medications	34483-8	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.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage Products: The following Local Coverage Determination (LCD) was reviewed on the last guideline reviewed date: Sacroiliac Joint Injection (L33957) located at fcso.com.

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:

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 01/23/20.

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.