

OHCA Guideline

Medical Procedure Class:	Sacroiliac Joint Fusion
Initial Implementation Date:	10/15/2019
Last Review Date:	3/27/2024
Effective Date:	1/1/2024
Next Review/Revision Date:	July 2025
<p>* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.</p>	
<input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria	
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
Definitions	
<p>Ankylosing spondylitis – a chronic inflammatory disease marked by pain and stiffness that affects the spine and sacroiliac joints. Arthrodesis – the surgical immobilization of a joint so that the bones grow solidly together. Carboxyhemoglobin – the combination of hemoglobin and carbon monoxide that is formed in the blood when carbon monoxide is inhaled. Cotinine – the principal metabolite of nicotine that can indicate a recent exposure to nicotine. Percutaneous – effected or performed through the skin. Provocative tests – physical examination maneuvers intended to provoke pain in order to localize the pain generator. Rheumatoid arthritis – a typically chronic autoimmune disease that is characterized by pain, stiffness, inflammation, swelling and sometimes destruction of joints. Sacroiliac (SI) joint fusion – an elective, non-emergent surgical procedure that fuses the iliac bone to the sacrum for stabilization.</p>	
Description	
<p>Conservative Management (must include ALL points below):</p> <ul style="list-style-type: none"> • Activity modification • Physician-supervised therapeutic exercise program (home exercise program), physical therapy or manual therapy • Prescription strength anti-inflammatory medications and analgesics • Corticosteroid injection 	
CPT Codes Covered Requiring Prior Authorization (PA)	
27278, 27279, and 27280	
** Please see CPT codebook for full definition of codes**	
Approval Criteria	
<p>I. GENERAL</p> <p>A. Medical necessity must be met. All documentation submitted to request services or substantiate previously provided services must demonstrate through adequate</p>	

objective medical records, evidence sufficient to justify the member's needs for the service, in the most cost-effective manner, in accordance with the OAC 317:30-3-1.

- B. Documentation requirements must include the actual reports from the medical record:
 - 1. Conservative management provided by the provider; **AND**
 - 2. Physical exam indicating the SI joint is the cause of pain; must also include other possible pain-generating structures such as lumbosacral spine and hip.
- C. Tobacco cessation:
 - 1. Adherence to a tobacco cessation program resulting in abstinence from tobacco for at least six weeks prior to surgery.
 - 2. Documentation of lab-tested cotinine or carboxyhemoglobin is recommended.
- D. Diabetic members:
 - 1. Maintain a hemoglobin A1C (HbA1C) level of 8% or less.
- E. Body Mass Index (BMI):
 - 1. It is recommended that any member with a BMI \geq 40 should attempt weight reduction prior to surgery.

****For the purposes of this guideline, a provider may be a physician (MD, DO), physician assistant (PA), or advanced practice registered nurse (APRN).**

II. INDICATIONS

- A. Persistent pain for more than six months that interferes with activities of daily living; **AND**
- B. Failure of at least six months of conservative management; **AND**
- C. Confirmation of the SI joint as the pain generator as demonstrated by the following:
 - 1. Pain pattern consistent with SI joint pain (typically unilateral); **AND**
 - 2. Positive finger Fortin test; **AND**
 - 3. Absence of tenderness of similar severity elsewhere in the pelvic region (e.g. greater trochanter, lumbar spine, coccyx); **AND**
 - 4. Positive response from at least three of the following provocative tests:
 - a. Long ligament test
 - b. Faber's test/Patrick's sign
 - c. Active straight leg raise test
 - d. Compression test
 - e. Distraction test
 - f. Thigh thrust test
 - g. Gaenslen's test
- D. Diagnostic imaging studies with corresponding reports that include all of the following:
 - 1. X-ray and CT or MRI of the SI joint that excludes the presence of destructive lesions (e.g. tumor, infection); **AND**
 - 2. AP x-ray of the pelvis to rule out concomitant hip pathology; **AND**
 - 3. CT or MRI of the lumbar spine to rule out neural compression or another degenerative condition.
- E. Diagnostic confirmation of the SI joint as the pain generator demonstrated by at least 75% reduction of pain for the expected duration of the anesthetic used following an image-guided, contrast-enhanced SI joint injection on two separate visits.

Additional Information

- The SI joint must be free from infection, tumor, fracture, and acute traumatic instability.
- The member must be free from ankylosing spondylitis, rheumatoid arthritis, generalized pain behavior, and generalized pain disorders.

- Requests for SI joint fusion outside of this guideline will be referred for Medical Director review.

References

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6. Polly, D.W., Swofford, J., Whang, P.G., Frank, C.J., Glaser, J.A., Limoni, R.P.... Sembrano, J.N. (2016). Two-year outcomes for a randomized controlled trial of minimally invasive sacroiliac joint fusion vs. non-surgical management for sacroiliac joint dysfunction. *International Journal of Spine Surgery*, 10(28). Doi: 10.14444/3028