Medical Policy
Diagnosis and Treatment of Sacroiliac Joint Pain

Table of Contents
- Policy: Commercial
- Policy: Medicare
- Authorization Information
- Coding Information
- Description
- Policy History
- Information Pertaining to All Policies
- References

Policy Number: 320
BCBSA Reference Number: 6.01.23

Related Policies
- Facet Joint Denervation, #140
- Percutaneous Vertebroplasty and Sacroplasty, 484
- Prolotherapy, Joint Sclerotherapy and Ligamentous Injections with Sclerosing Agents, #183

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Radiofrequency denervation of the sacroiliac joint is INVESTIGATIONAL.

Fusion/stabilization of the sacroiliac joint for the treatment of back pain presumed to originate from the sacroiliac joint is INVESTIGATIONAL, including but not limited to percutaneous and minimally invasive techniques.

Arthrography of the sacroiliac joint is INVESTIGATIONAL.

Injection for the purpose of diagnosing sacroiliac joint pain may be MEDICALLY NECESSARY when the following criteria have been met:
- Pain has failed to respond to 3 months of conservative management, which may consist of therapies such as nonsteroidal anti-inflammatory medications, acetaminophen, manipulation, physical therapy, and a home exercise program; AND
- Dual (controlled) diagnostic blocks with 2 anesthetic agents with differing duration of action are used; AND
- The injections are performed under imaging guidance.

Injection of corticosteroid may be MEDICALLY NECESSARY for the treatment of sacroiliac joint pain when the following criteria have been met:
- Pain has failed to respond to 3 months of conservative management, which may consist of therapies such as nonsteroidal anti-inflammatory medications, acetaminophen, manipulation, physical therapy, and a home exercise program; AND
• The injection is performed under imaging guidance; AND
• No more than 3 injections are given in one year.

Medicare HMO Blue℠ and Medicare PPO Blue℠ Members

Sacroiliac (SI) joint injections would be considered medically reasonable and necessary for the diagnosis and/or treatment of chronic low back pain that is considered to be secondary to suspected sacroiliac joint dysfunction. Diagnostic and therapeutic injections of the SI joint would not likely be performed unless conservative therapy and noninvasive treatments (i.e., rest, physical therapy, NSAIDs, etc.) have failed.

Diagnostic blocks of a sacroiliac joint can be performed to determine whether it is the source of low back pain. Arthropathy (joint disease) is diagnosed through a double-comparative local anesthetic blockade of the joint by the intra-articular injection of a small volume of local anesthetics (2 to 3 ml) of different durations of actions. A positive response should demonstrate initial pain relief greater than or equal to (> /=) 80%-90% and the ability to perform previously painful maneuvers. Steroids may be injected in addition to the local anesthetic.

Therapeutic sacroiliac (SI) joint injections of an anesthetic and/or steroid to block the joint for immediate, and potentially long lasting, pain relief are considered medically reasonable and necessary if it is determined that the SI joint is the source of pain in the lower back. The local anesthetic used for the procedure should not be billed.

SI joint arthrography and/or therapeutic injection of an anesthetic/steroid should only be reported when imaging confirmation of intra-articular needle positioning with applicable radiological and/or fluoroscopic procedures have been performed.

If previous diagnostic or therapeutic SI injections of an anesthetic and/or steroid to block the joint for immediate, and potentially long lasting, pain relief have not effectively relieved the pain, further injections would not be considered medically necessary.

Local Coverage Determination (LCD): Pain Management (L28529):
http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=28529&ContrId=292&ver=63&ContrVer=1&Date=&DocID=L28529&bc=jAAAAAgAIAgAAAA%3d%3d&

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products. See below for situations where prior authorization may be required or may not be required. Yes indicates that prior authorization is required. No indicates that prior authorization is not required.

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<tr>
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<th>Outpatient</th>
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<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>No</td>
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<td>Commercial PPO and Indemnity</td>
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<td>Medicare HMO Blue℠</td>
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<td>Medicare PPO Blue℠</td>
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CPT Codes / HCPCS Codes / ICD-9 Codes
The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.
CPT Codes

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
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<tr>
<td>0334T</td>
<td>Sacroiliac joint stabilization for arthrodesis, percutaneous or minimally invasive (indirect visualization), includes obtaining and applying autograft or allograft (structural or morselized), when performed, includes image guidance when performed (eg, CT or fluoroscopic)</td>
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<tr>
<td>27096</td>
<td>Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed</td>
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HCPCS Codes

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<tr>
<th>HCPCS codes:</th>
<th>Code Description</th>
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<tr>
<td>G0259</td>
<td>Injection procedure for sacroiliac joint; arthrography</td>
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<tr>
<td>G0260</td>
<td>Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography</td>
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Description

Sacroiliac joint arthrography using fluoroscopic guidance with injection of an anesthetic has been explored as a diagnostic test for sacroiliac joint pain. Duplication of the patient's pain pattern with the injection of contrast medium suggests a sacroiliac etiology, as does relief of chronic back pain with injection of local anesthetic. Treatment of sacroiliac joint pain with corticosteroids, radiofrequency ablation (RFA), stabilization, or minimally invasive arthrodesis has also been explored.

Background

Similar to other structures in the spine, it is assumed that the sacroiliac joint may be a source of low back pain. In fact, before 1928, the sacroiliac joint was thought to be the most common cause of sciatica. In 1928, the role of the intervertebral disc was elucidated, and from that point forward, the sacroiliac joint received less research attention.

Research into sacroiliac joint pain has been thwarted by any criterion standard to measure its prevalence and against which various clinical examinations can be validated. For example, sacroiliac joint pain is typically without any consistent, demonstrable radiographic or laboratory features and most commonly exists in the setting of morphologically normal joints. Clinical tests for sacroiliac joint pain may include various movement tests, palpation to detect tenderness, and pain descriptions by the patient. Further confounding study of the sacroiliac joint is that multiple structures, such as posterior facet joints and lumbar discs, may refer pain to the area surrounding the sacroiliac joint.

Because of inconsistent information obtained from history and physical examination, some have proposed the use of image-guided anesthetic injection into the sacroiliac joint for the diagnosis of sacroiliac joint pain. Treatments being investigated for sacroiliac joint pain include prolotherapy, corticosteroid injection, RFA, stabilization, and arthrodesis.

Summary

Sacroiliac joint arthrography using fluoroscopic guidance with injection of an anesthetic has been explored as a diagnostic test for sacroiliac joint pain. Duplication of the patient's pain pattern with the injection of contrast medium suggests a sacroiliac etiology, as does relief of chronic back pain with injection of local anesthetic. Treatment of sacroiliac joint pain with corticosteroids, radiofrequency ablation (RFA), stabilization, or minimally invasive arthrodesis has also been explored.

There is limited prospective or controlled evidence for sacroiliac joint arthrography, injection therapy, RFA, or fixation/fusion. For RFA, there are 2 small randomized controlled trials that report short-term benefit, but these are insufficient to determine the overall effect on health outcomes. Further high-quality controlled trials are needed that compare this procedure in defined populations with placebo and with...
alternative treatments. Clinical input supports the use of controlled diagnostic blocks with at least 75% pain relief for diagnosis of sacroiliac pain. In general, the literature regarding injection therapy on joints in the back is of poor quality, although clinical input supported the use of corticosteroids for the treatment of sacroiliac joint pain. For sacroiliac fusion, 2 large randomized trials are ongoing.

Based on clinical input and the established use of injections to diagnose and treat pain in other joints, controlled diagnostic (2 blocks with anesthetics of different duration) and therapeutic (corticosteroid) injections may be considered medically necessary for the diagnosis and treatment of sacroiliac joint pain. The current evidence on sacroiliac joint arthrography, RFA, and fixation/fusion is insufficient to permit conclusions regarding the effect of these procedures on health outcomes. Therefore, these techniques are considered investigational for the diagnosis and treatment of sacroiliac joint pain.

### Policy History

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### Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:
- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

### References