Sacroiliac joint pain treatment procedures

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

Administrative Process

Prior authorization is required for each sacroiliac joint injection. A completed medical review form must be submitted with documentation as outlined for prior authorization.

Prior authorization is required for minimally invasive sacroiliac joint fusion surgery.

Prior authorization is not applicable for open sacroiliac joint fusion surgery for treatment of unspecified chronic sacroiliac joint dysfunction or pain, as it is considered experimental/investigational and therefore not a covered service.

Prior authorization is not required for open sacroiliac joint fusion for cases of acute trauma, fracture, tumor, infection, or in conjunction with a multi-segmental fusion for spinal deformity.

Prior authorization is not applicable for radiofrequency ablation (RFA) for sacroiliac joint pain as it considered experimental/investigational and therefore not a covered service. Refer to the Radiofrequency ablative (RFA) denervation procedures for chronic facet-mediated neck, and back and sacroiliac joint pain policy. See link in Related Content.

Coverage

Sacroiliac joint injections are generally covered subject to the indications listed below and per your plan documents.

Minimally invasive sacroiliac joint fusion surgery is generally covered subject to the indications listed below and per your plan documents.

Indications that are covered

Initial sacroiliac joint injection

Sacroiliac joint injections (unilateral or bilateral) are considered medically necessary to diagnose or treat sacroiliac (SI) joint pain when the following criteria are met:

1. Pain limiting activities of daily living for at least 3 months despite physical therapy and other conservative treatments (such as exercise, activity modification or chiropractic care). Documentation of conservative treatments must correspond to the current episode of pain (within 6 months).
   - Conservative treatments must include physical therapy (PT), at least 4 visits over a course of 6 weeks or less, completed within the current episode of pain (i.e., within the last six months, as noted above). Active muscle conditioning is required as part of physical therapy.
   - Physical therapist’s notes must be submitted, or there must be a physician’s statement in the clinical documents that explains why physical therapy is contraindicated.
   - If a member is unable to complete physical therapy due to progressively worsening pain and disability, documentation in the physical therapist’s notes demonstrating this is required.
   - The requirement for physical therapy will not be met if there is a failure to complete prescribed physical therapy for non-clinical reasons.

2. Pain is below the L5 level – low back and buttock pain with or without groin pain.

Repeat sacroiliac joint injection

1. If fewer than twelve months have lapsed since the most recent previous sacroiliac joint injection, repeat injection is considered medically necessary when the two criteria below are met:
   A. The previous injection provided 50 % or greater relief for a period of at least six weeks, as reported by the member.
   B. Buttock and low back pain below L5 level has reoccurred.
2. A maximum of four injections per side, per 12 month period will be authorized if coverage criteria are met.
3. When it has been longer than twelve months since the most recent previous sacroiliac joint injection, the criteria for initial sacroiliac joint injection (see above) must be met.

Minimally invasive sacroiliac joint fusion

Minimally invasive or percutaneous sacroiliac joint fusion is covered when all of the following criteria are met:
1. There is a positive response to at least three provocative tests (e.g. hip posterior/ thigh thrust test, compression test, Gaenslen’s test, distraction test of pelvis/sacroiliac, Patrick’s (Fabere) sign); and
2. Absence of generalized pain behavior (e.g., somatoform disorder) and generalized pain disorders (e.g., fibromyalgia); and
3. Member reports of non-radiating, unilateral pain that is caudal to the lumbar spine (L5 vertebrae), localized over the posterior SIJ, and consistent with SIJ pain; and
4. Physical examination demonstrates localized tenderness with palpation over the sacral sulcus (Fortin’s point) in the absence of tenderness of similar severity elsewhere (e.g., greater trochanter, lumbar spine, coccyx) and other obvious sources for their pain do not exist; and
5. Diagnostic imaging studies (plain radiographs and/or MRI or CT) obtained in the last 12 months that include all the following:
   A. Imaging of the SI joint that excludes the presence of destructive lesions (e.g., tumor, infection), fracture, traumatic SIJ instability or inflammatory arthropathy that would not be properly addressed by percutaneous SIJ fusion; and
   B. Imaging of the ipsilateral hip to rule out osteoarthritis; and
   C. Imaging of the lumbar spine to rule out neural compression or another degenerative condition causing the low back or buttock pain intended to be treated with the sacroiliac joint fusion; and
6. Reported reduction in pain from SIJ injection on two separate occasions for the requested side and
7. Six months of failed conservative treatment that includes all the following: activity modification, pharmacological management with nonsteroidal anti-inflammatory drugs (NSAIDS) or other analgesic medications and physical therapy.
   • **Conservative treatments must include physical therapy (PT), at least 4 visits over a course of 6 weeks or less.** Active muscle conditioning is required as part of physical therapy.
   • Physical therapist’s notes must be submitted, or there must be a physician’s statement in the clinical documents that explains why physical therapy is contraindicated.
   • If a member is unable to complete physical therapy due to progressively worsening pain and disability, documentation in the physical therapist's notes demonstrating this is required.
   • The requirement for physical therapy will not be met if there is a failure to complete prescribed physical therapy for non-clinical reasons

Indications that are not covered

1. Sacroiliac joint injections are not covered when performed without guidance by real-time fluoroscopic or CT guided imaging.
2. Open sacroiliac joint fusion surgery is considered experimental and investigational treatment for unspecified chronic sacroiliac joint dysfunction or pain and not covered because there is not published peer reviewed scientific evidence to establish the safety and efficacy of this treatment or its effect on health care outcomes.

Codes

*If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive.*

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
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<tbody>
<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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<tr>
<td>G0259</td>
<td>Injection procedure for sacroiliac joint; arthrography</td>
</tr>
<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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Products

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-983-7979 or 1-800-233-9645.


References

year outcomes from a randomized controlled trial of minimally invasive sacroiliac joint fusion vs. non-surgical management for sacroiliac joint dysfunction. *International Journal of Spine Surgery*, 10.


19. Putukian, M., Miller, M., Musculoskeletal examination of the hip and groin, In: UpToDate, Fields, K. (Ed), UpToDate, Waltham, MA. (Accessed on March 8, 2021)


