Clinical Policy: Sacroiliac Joint Fusion

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Effective Date: 01/18
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Coding Implications
Revision Log

Description
Sacroiliac joint fusion, or arthrodesis, is a surgical technique that fuses the iliac bone to the sacrum for stabilization. This procedure may be performed in a minimally invasive manner or as an open surgical procedure requiring a larger incision and subsequent increased recovery time.

Policy/Criteria

I. It is the policy of Pennsylvania Health and Wellness® (PHW) that sacroiliac joint fusion is **medically necessary** for any of the following indications:
   A. Stabilization of a traumatic, severe disruption, or fracture of the pelvic ring; or
   B. As an adjunct to sacrectomy or partial sacrectomy for the treatment of sacral tumors; or
   C. As an adjunct to the medical treatment of sacroiliac joint infection or sepsis (e.g., osteomyelitis, pyogenic sacroiliitis); or
   D. During multisegment spinal constructs (e.g., correction of deformity in scoliosis or kyphosis surgery, extending to the ilium).

II. It is the policy of PWH that sacroiliac joint fusion procedures, either open or minimally invasive (e.g., iFuse), are investigational for treating mechanical low back pain due to sacroiliac joint syndrome, radicular pain syndromes, degenerative sacroiliac joint, sacral insufficiency fractures, and pelvic girdle pain, because long-term safety and effectiveness has not been established.

Background
Low back pain may become chronic and disabling for about 5-10% of the adults in the United States. When the sacroiliac joint is the source of this pain, and all appropriate conservative measures fail to relieve symptoms of trauma associated with fracture, infection/sepsis, tumors involving the sacrum, cancer, or spinal instability, options may include fusion of this joint or implantation of devices that stabilize this joint with minimally invasive surgery. To stabilize the sacroiliac joint, the iliac crest bone and the sacrum are held together by plates and/or screws or an interbody fusion cage, until the two bones fuse.

There are a number of FDA-approved implants that have been proposed for sacroiliac joint disorders, but the majority of clinical trials and studies have been done on the iFuse implant system. This was initially called the SI Joint Fusion and received the original 510(k) clearance from the Food and Drug Administration in November 2008, for fracture fixation of long bones, large bone fragments of the pelvis and for conditions including sacroiliac joint disruptions and degenerative sacroiliitis. Additional FDA clearances were given on April 21, 2011 and on April 17, 2015. The iFuse system involves the fluoroscopically guided insertion of titanium implants across the sacroiliac joint. Under general anesthesia, a 2 to 3 centimeter incision is created, and after determining the appropriate size of the implant, a cannulated delivery system is used to insert the implants into the proper position. While the number varies, most patients receive 3 implants to stabilize the joint.[13] [14]

Wang and Polly completed two randomized controlled trials with a six month and one year follow up, respectively, on sacroiliac joint fusion using iFuse verses non-surgical management. The iFuse led to better outcomes and similar safety compared with nonsurgical management, and to better operative outcomes and at least comparable efficacy compared with open surgery. However, uncertainty remains due to the lack of longer-term efficacy and safety follow-up with radiologic confirmation, and to the lack of comparisons with other minimally invasive approaches. [15, 10]

The sacroiliac joint remains a controversial source of primary low back pain, and surgery is rarely performed for sacroiliac joint dysfunction. Although there are ongoing published peer-reviewed studies, there is a paucity of long-term, scientific literature to support sacroiliac joint fusion for low back pain. Additional randomized, controlled trials or comparison studies are needed to compare sacroiliac joint fusion for low back pain to non-surgical treatments to determine the impact on health outcomes and long-term efficacy and safety. [17]

State of Colorado, Department of Labor and Employment, Division of Workers' Compensation, recommends: sacroiliac (SI) joint fusion may be indicated for stabilization of a traumatic severe disruption of the pelvic ring. This procedure has limited use in minor trauma and would be considered only on an individual, case-by-case basis. In patients with typical, mechanical low back pain, this procedure is considered to be investigational. Until the efficacy of this procedure for mechanical low back pain is determined by an independent, valid, prospective outcome study, this procedure is not recommended for mechanical low back pain. [12]

American Association of Neurological Surgeons (AANS)
At the Current Procedural Terminology (CPT®) Editorial Panel meeting, the American Association of Neurological Surgeons and Congress of Neurological Surgeons presented the following proposal: for a new Category I CPT code for minimally invasive sacroiliac joint fusion. The new code was approved and went into effect on January 1, 2015, replacing the previous Category III code 0334T. CPT code 27280 was revised to clarify that it is for open procedures only. [2]

International Society for the Advancement of Spine Surgery (ISASS)
ISASS published a policy statement on minimally invasive sacroiliac joint fusion, with criteria for determining a patient's eligibility regarding minimally invasive SI joint fusion. Several limitations of their recommendations include, but are not limited to: the literature review method, lack of formal assessment of the quality of the evidence, and no clear link between the recommendations for fusion with supporting evidence.[8,21]

North American Spine Society (NASS)
NASS recommends percutaneous sacroiliac joint (SIJ) fusion for the treatment of sacroiliac joint pain for patients with low back/buttock pain who meet specific criteria. [9]

Coding Implications
This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2017, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are

included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed

HCPCS Codes	Description
N/A	

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
M43.27-M43.28	Fusion of spine, lumbosacral to sacral and sacrococcygeal region
M46.1	Sacroiliitis, not elsewhere classified
M53.2X7-M53.2X8	Spinal instabilities, lumbar – sacral and sacrococcygeal region
M53.3	Sacrococcygeal disorders, not elsewhere classified

Reviews, Revisions, and Approvals	Date	Approval Date

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