

# Clinical Policy: Sacroiliac Joint Interventions for Pain Management

Reference Number: PA.CP.MP.166

[Coding Implications](#)

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[Revision Log](#)

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## Description

Treatment for sacroiliac joint (SIJ) dysfunction is usually conservative (non-surgical) and focuses on trying to restore normal motion in the joint. In patients who have failed to respond to conservative therapy, an SIJ injection can be helpful for both diagnostic and therapeutic purposes. SIJ injections into the synovial sac of the SIJ may provide immediate and significant pain relief.

## Policy/Criteria

It is the policy of PA Health and Wellness® (PHW) that invasive pain management procedures performed by a physician are **medically necessary** when *the relevant criteria are met and the patient receives only one procedure per visit, with or without radiographic guidance.*

### I. Sacroiliac joint injections are **medically necessary** for the following indications:

#### A. *One diagnostic sacroiliac joint (SIJ) injection* for SIJ pain:

1. Somatic or nonradicular low back and lower extremity pain below the level of L5 vertebra that interferes with ADLs for at least 3 months;
2. Tenderness by palpation present over SIJ;
3. There is a positive response to at least three SIJ pain provocation tests (distraction, compression, thigh thrust, Gaenslen's, Patrick's test/FABER test, or sacral thrust);
4. The member has failed to respond to conservative therapy including all of the following:
  - a.  $\geq 6$  weeks chiropractic, physical therapy or prescribed home exercise program;
  - b. NSAID  $\geq 3$  weeks or NSAID contraindicated or not tolerated;
  - c.  $\geq 6$  weeks activity modification;
5. Clinical findings and imaging studies, when available, lack obvious evidence for disc-related or facet joint pain;
6. No other possible diagnosis is more likely.

#### B. *A second diagnostic sacroiliac joint injection*, all of the following:

1. Pain did not improve after the first SIJ injection;
2. At least 2 weeks have passed since the initial SIJ injection.

#### C. *Therapeutic SIJ injections*, all of the following:

1. There is  $\geq 50\%$  relief for at least 2 months associated with functional improvement from the initial injection(s);
2. Request is for SIJ administered for temporary relief of lower back pain in conjunction with other noninvasive treatment methods (e.g., to participate in physical therapy), and not as a stand-alone therapy;
3. SIJ injection is given at intervals at least 2 months apart;
4. Less than 4 therapeutic SIJ injections have been given at the same site in the last 12 months.

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- II.** It is the policy of PHW that if pain does not improve by  $\geq 50\%$  after the first or second diagnostic SIJ injections, *subsequent SIJ injections* are **not medically necessary** because effectiveness has not been established.
- III.** It is the policy of PHW that *continuation of injections* beyond 12 months is considered **not medically necessary** because effectiveness and safety has not been established. When more definitive therapies cannot be tolerated or provided, consideration will be made on a case by case basis.
- IV.** It is the policy of PHW that *sacroiliac nerve blocks* are considered **not medically necessary** because effectiveness has not been established.
- V.** It is the policy of PHW that *radiofrequency neurotomy (conventional, cooled, and pulsed)* of the SIJ is considered **not medically necessary** because effectiveness has not been established. High-quality studies are lacking for conventional and pulsed radiofrequency neurotomy of the SIJ. For cooled radiofrequency neurotomy, additional well-designed studies are needed to evaluate effectiveness.

## Background

### *Sacroiliac Joint Injections*

Treatment for sacroiliac joint dysfunction is usually conservative (non-surgical) and focuses on trying to restore normal motion in the joint. In patients who have failed 4 to 6 weeks of a comprehensive exercise program, local icing, mobilization/manipulation and NSAIDs, an SIJ injection can be helpful for both diagnostic and therapeutic purposes. SIJ injections into the synovial sac of the SIJ may provide immediate and significant pain relief. At least 50% resolution of the patient's pain over the ipsilateral SIJ is considered diagnostic of pain emanating from the SIJ. Adding a steroid to the solution injected may help to reduce any inflammation that may exist within the joint(s) and result in a prolonged period of freedom from pain.

Several studies without control groups have concluded that SIJ injections improve pain in the short term.<sup>1</sup> However, the majority of studies have small sample sizes and most lack comparison to standard interventions such as physical therapy.

A study by Visser et al. evaluated the effect of manual therapy and physiotherapy versus SIJ injection for low back and leg pain using a single-blinded randomized trial of treatment for 51 patients with SIJ-related leg pain. The effect of the treatment was evaluated after 6 and 12 weeks. Manual therapy had a significantly better success rate than physiotherapy ( $p = 0.003$ ). The authors concluded in the small single-blinded prospective study, manual therapy appeared to be the choice of treatment for patients with SIJ-related leg pain.<sup>2</sup> A second choice of treatment to be considered is an intra-articular injection.<sup>2</sup>

### *SIJ Radiofrequency Neurotomy*

A growing number of studies have assessed the effect of treatment with radiofrequency denervation on SIJ pain, with mixed results. One study found no difference between conventional radiofrequency ablation (RFA) and a sham treatment on pain relief.<sup>3</sup> A 2017

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publication of 3 randomized controlled trials of 681 participants with chronic low back pain found no statistically significant improvement in pain from treatment with a standardized exercise program plus RFA, versus the standardized exercise program alone.<sup>4</sup> A few fair to poor quality studies, as rated by Hayes, found positive results from conventional and cooled RFA.<sup>1</sup> The American Society of Interventional Pain Physicians' 2013 guidelines rate the evidence for cooled RFA as fair, and limited for conventional and pulsed RFA.<sup>5</sup> Due to varying anatomy, there is no standard approach to denervation of the sacroiliac joint, nor clearly defined criteria for patient selection.<sup>1</sup>

### 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 2020, 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
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed

### CPT code that does not support coverage criteria

CPT® Codes	Description
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)

### HCPCS code that supports coverage criteria

HCPCS Codes	Description
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography

### ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

ICD-10-CM Code	Description
M43.08	Spondylolysis, sacral and sacrococcygeal region
M46.1	Sacroiliitis, not elsewhere classified
M47.818	Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region

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ICD-10-CM Code	Description
M53.3	Sacrococcygeal disorders, not elsewhere classified
M53.87	Other specified dorsopathies, lumbosacral region
M53.88	Other specified dorsopathies, sacral and sacrococcygeal region
M54.30-M54.32	Sciatica
M54.40-M54.42	Lumbago with sciatica
M54.5	Low back pain
M54.81	Other dorsalgia
M54.9	Dorsalgia, unspecified

Reviews, Revisions, and Approvals	Date	Approval Date
New policy developed. Split from retired CP.MP.118 Injections for Pain Management. No criteria change.	09/18	10/18
Annual review of policy. Minor wording changes to match language in other pain injection policies. Added New 2020 CPT code- 64625 as not medically necessary. Added criteria stating SIJ nerve blocks as not medically necessary, along with code 64451. References reviewed and updated, with two additional references added. Specialty review completed. Reworded II. for clarity.	06/2020	

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