BSC_NIA_CG_305	Sacroiliac Joint Injections		
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Section:	6.0 Radiology	**Page:**	Page 1 of 8

Policy Statement

INDICATIONS [1, 2, 3]

SACROILIAC JOINT (SIJ) INJECTIONS (Intraarticular or ligamentous injections only)

For the treatment of Sacroiliac Joint (SIJ) pain **ALL** of the following must be met:

- Primarily axial low back pain (below level of L5) which may radiate to the groin or lower extremity
- Pain causing functional disability or average pain level of ≥ 6 on a scale of 0 to 10 related to the requested spinal region.
- A cluster of any three (3) of the following positive provocation exam [2, 4, 5] findings to suggest the diagnosis:
  - Pelvic (SI) distraction test
  - Pelvic (SI) compression test
  - Sacral Thrust test
  - FABER (Patrick's test)
  - Posterior shear test
  - Yeoman's test
  - Gaenslen's test
  - Thigh Thrust test
- Duration of pain of at least **3 months**
- Failure to respond to non-operative conservative therapy* targeting the requested spinal region for a minimum of 6 weeks in the last 6 months unless the medical reason this treatment cannot be done is clearly documented; **OR** details of active engagement in ongoing non-operative conservative non-operative therapy* if the individual has had prior spinal injections in the same region

SPONDYLOARTHROPATHY TREATMENT [4, 6, 7]

ALL of the following must be met:

- The individual has experienced ≥ 3 months of low back pain
- Age of onset < 45 years
- Comprehensive pain management program is in place including physical therapy, home exercise, patient education, psychosocial support, and/or oral medication
- Prior history of evidence of sacroiliitis on imaging (i.e., active inflammation on magnetic resonance imaging [MRI] or definite radiographic sacroiliitis grade > 2 bilaterally *or* grade 3-4 unilaterally)
- ***1 or more*** spondyloarthropathy features:
  - Inflammatory back pain with **at least 4** of the following criteria present:
    - Age at onset < 45 years
    - Insidious onset
    - Improvement with exercise
    - No improvement with rest
    - Pain at night (with improvement upon getting up)
  - Arthritis
  - Enthesitis of the heel (irritability of muscles, tendons, or ligaments where they enter the bone)
  - Uveitis (inflammation of the uvea, the middle layer of the eye)
  - Dactylitis (inflammation of a finger or toe)
  - Psoriasis

- Crohn's/colitis
- Good response to NSAIDs
- Family history of spondyloarthropathy
- Positive testing for HLA-B27
- Elevated C-reactive protein (CRP)

IMAGING GUIDANCE [1, 2, 3, 8]

The sacroiliac joint is commonly identified under image guidance by Fluoroscopy or Computed tomography (CT). CT is less effective than Fluoroscopy regarding observing of the escape of the injectate to the adjacent structures and cannot rule out concurrent intravascular flow. With proper use by skilled interventional pain physicians with ultrasound experience, the use of ultrasound guidance is similar to CT or Fluoroscopy but can have a lower accuracy of needle placement.

Ultrasound guidance can be an effective alternative if fluoroscopy or CT guided techniques are contraindicated; however, individual patient factors such as poor visualization due to deeper tissue layers (e.g., increased Body Mass Index (BMI) may contributes to substandard image resolution).

NOTE: ALL procedures must be performed under imaging guidance

DIAGNOSTIC PURPOSES FOR SURGICAL PLANNING [4, 9]

- For diagnostic purposes all of the following must be met:
  - The sacroiliac joint injection is an image-guided, contrast-enhanced intra-articular injection
  - At least 75% pain relief for the expected duration of the anesthetic after each diagnostic injection
  - After the diagnostic relief period, the individual continues to have pain causing functional disability or average pain level ≥ 6 on a scale of 0 to 10 related to the requested spinal region.
  - No more than two diagnostic injections per diagnostic phase
  - Documentation of a pre-operative evaluation and plan for SIJ surgery

REPEAT INJECTIONS [2, 4]

Sacroiliac joint injections may be repeated only as medically necessary. **Each** sacroiliac joint injection requires an authorization, and the following criteria must be met for repeat injections:

- Up to 2 sacroiliac joint injections may be performed in the initial treatment phase, no sooner than 2 weeks apart, provided that at least 50% pain relief or significant documented functional improvement is obtained
- Sacroiliac joint injections may only be repeated after the initial treatment phase if the individual has had at least 50% pain relief or significant documented functional improvement for a **minimum of 2 months** after each therapeutic injection
- The individual continues to have pain causing functional disability or average pain level ≥ 6 on a scale of 0 to 10 related to the requested spinal region.
- The individual is engaged in ongoing active conservative therapy*, unless the medical reason this treatment cannot be done is clearly documented
- For individuals that have received other interventional pain injections in the lumbar/sacral region (e.g., epidural steroid injection or facet joint injection) since the last SIJ injection, at least one repeat positive provocative exam finding is required (pelvic (SI) distraction test, pelvic (SI) compression test, sacral thrust test, FABER (Patrick's test), posterior shear test, Yeoman's test, Gaenslen's test, or thigh thrust).
- A maximum of 4 sacroiliac joint injections may be performed in a 12-month period

EXCLUSIONS
These requests are excluded from consideration under this guideline:
- Sacral lateral branch blocks (S1, S2, S3)
- Radiofrequency denervation of the sacroiliac joint

CONTRAINDICATIONS [1, 3]
- Active systemic or spinal infection
- Skin infection at the site of needle puncture
- Local malignancy

Policy Guidelines

*CONSERVATIVE TREATMENT [12, 13]
Non-operative treatment should include a multimodality approach consisting of at least one (1) active and one (1) inactive component targeting the affected spinal region.
- Active components
  - Physical Therapy
  - Physician-supervised home exercise program**
  - Chiropractic Care
- Inactive Modalities
  - Medications (e.g., NSAIDs, steroids, analgesics)
  - Injections (e.g., epidural steroid injection, selective nerve root block)
  - Medical Devices (e.g., TENS unit, bracing)

**HOME EXERCISE PROGRAM (HEP) [14, 12]
The following two elements are required to meet conservative therapy guidelines for HEP:
- Documentation of an exercise prescription/plan provided by a physician, physical therapist, or chiropractor
  AND
- Follow-up documentation regarding completion of HEP after the required 6-week timeframe or inability to complete HEP due to a documented medical reason (e.g., increased pain or inability to physically perform exercises).

General Information
It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.

Coding
See the Codes table for details.

Description

Low back pain originating from the SIJ can result from inflammatory conditions such as sacroiliitis, spondyloarthropathy (e.g., ankylosing spondylitis, rheumatoid spondylitis), or from postsurgical or traumatic injury, degeneration (wear and tear), or pregnancy. SIJ pain most often occurs in the buttocks and lower back and may radiate down through the buttocks and the leg. Physical examination and radiographic techniques may confirm a diagnosis related to spondyloarthropathy. Physical examination, including provocative maneuvers to elicit pain response, and controlled SIJ injections can help diagnose noninflammatory pain arising from the SIJ.

Spinal injections for the treatment of SIJ pain syndrome are typically performed as one part of a comprehensive treatment program, but initial treatment usually includes over-the-counter analgesics, home exercise program to improve or maintain spinal mobility, and therapy sessions with a physical therapist involving range-of-motion, stretching, and strengthening exercises.

Sacroiliac joint injections are typically used for the following conditions:

- **Sacroiliac joint (SIJ) syndrome** may be caused by various events, including pain secondary to postsurgical or traumatic injury, degeneration (wear and tear), or pregnancy.
- **Diagnostic SIJ injections** are used to determine if the SIJ pain originates with the SIJ. Diagnostic blocks can reveal (or fail to reveal) that the source of pain is originating from the SIJ; appropriate treatment plan can be developed.
- **Therapeutic SIJ injections** used to treat SIJ pain once it has been determined that the SIJ is the origin of the pain. A therapeutic injection typically includes a corticosteroid and a local anesthetic that can be injected directly into the joint (intra-articular) or into the tissues surrounding the joint (periarticular).
- **Spondyloarthropathy** (also known as spondyloarthritis) is the name for a family of rheumatic diseases that cause arthritis. Sacroiliitis is a key indicator of spondyloarthritis and is diagnosed with imaging. Individuals with spondyloarthropathy are generally managed by rheumatologists.

Related Policies

- N/A

Benefit Application

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal mandates (e.g., Federal Employee Program [FEP]) prohibits plans from denying Food and Drug Administration (FDA)-approved technologies as investigational. In these instances, plans may have to consider the coverage eligibility of FDA-approved technologies on the basis of medical necessity alone.

Regulatory Status

- N/A

Rationale

Background
The indications for coverage for the treatment of spondyloarthropathy have been established through criteria developed by the Assessment of SpondyloArthritis International Society (ASAS) for the classification of axial spondyloarthritis. [7] They are in keeping with the benefit guidelines developed by the Centers for Medicare & Medicaid Services (CMS). [11]

Telehealth visits have become routine in modern medical practice. However, sacroiliac joint injections cannot be performed via telehealth encounters. Individuals who can schedule an in- person

encounter for injection are expected to also schedule an in-person encounter for provocative physical examination, prior to injection, in order to document the medical necessity of the joint injection.

MEDICAL NECESSITY

It is generally considered **not medically necessary** to perform multiple interventional pain procedures on the same date of service. Documentation of a medical reason to perform injections in different regions on the same day can be provided and will be considered on a case-by-case basis (e.g., holding anticoagulation therapy on two separate dates creates undue risk for the patient).

SPECIAL NOTE

Any injection performed at least two years from prior injections in the same region will be considered a new episode of care and the **INITIAL** injection requirements must be met for approval. Events such as surgery on the same spinal region or any new pathology would also prompt a new episode of care.

References

1. L. Wu, D. Tafti and M. Varacallo, "Sacroiliac Joint Injection," StatPearls, 4 August 2023. [Online]. Available: https://www.ncbi.nlm.nih.gov/books/NBK513245/. [Accessed 25 September 2023].
2. L. Manchikanti, A. D. Kaye, A. Soin, S. L. Albers, D. Beall, R. Latchaw, M. R. Sanapati, S. S. Sairam Atluri, A. Abd-Elsayed, S. Abdi, S. Aydin, S. Bakshi, M. V. Boswell, R. Buenaventura, J. Cabaret, A. K. Calodney, K. D. CAndido, P. J. Christo, L. Cintron, S. Diwan, C. Gharibo, J. Grider, M. Gupta, B. Haney, M. E. Harned, S. Helm Ii, J. Jameson, S. Jha, A. M. Kaye, N. N. Knezevic, R. Kosanovic, M. V. Manchikanti, A. Navani, G. R. Vidyasagar Pampati, R. Pasupuleti, C. Philip, K. Rajput, N. S. Gururau Sudarshan, R. VAnaparthy, B. W. Wargo and J. A. Hirsch, "Comprehensive Evidence-Based Guidelines for Facet Joint Interventions in the Management of Chronic Spinal Pain: American Society of Interventional Pain Physicians (ASIPP) Guidelines Facet Joint Interventions 2020 Guidelines," *Pain Physician,* vol. 23, no. 3S, pp. S1-S127, 2020.
3. D. Sayed, J. Grinder, N. Strand, J. Hagedorn, S. Falowski, C. M. Lam, V. T. Francio, D. P. Beall, N. D. Tomycz, J. R. Davanzo, R. Aiyer, D. W. Lee, H. Kalia, S. Sheen, M. N. Malinowski, M. Verdolin, S. Vodapally, A. Carayannopoulos, S. Jain, N. Azeem, R. Tolba, G. C. Chang Chien, P. Ghosh, A. J. Mazzola, K. Amirdelfan, K. Chakravarthy, E. Petersen, M. E. Schatman and T. Deer, "The American Society of Pain and Neuroscience (ASPN) Evidence-Based Clinical Guideline of Interventional Treatments for Low Back Pain [published correction appears in J Pain Res," *J Pain Res,* vol. 15, pp. 3729-3832, 6 December 2022.
4. J. MacVicar, D. S. Kreiner, B. Duszynski and D. J. Kennedy, "Appropriate Use Criteria for Fluoroscopically Guided Diagnostic and Therapeutic Sacroiliac Interventions: Results from the Spine Intervention Society Convened Multispecialty Collaborative," *Pain Med,* vol. 18, no. 11, pp. 2081-2095, 2017.
5. H. Telli, S. Telli and M. Topal, "The Validity and Reliability of Provocation Tests in the Diagnosis of Sacroiliac Joint Dysfunction," *Pain Physician,* vol. 21, no. 4, pp. E367-E376, 2018.
6. E. Tomero, J. Mulero, E. de Miguel, C. Fernandez-Espartero, M. Gobbo, M. A. Descalzo, E. Collantes-Estevez, P. Zarco, S. Munoz-Fernandez, I. Carmona and ESPERANZA Study Group, "Performance of the Assessment of Spondyloarthritis International Society criteria for the classification of spondyloarthritis in early spondyloarthritis clinics participating in the ESPERANZA programme," *Rheumatology (Oxford),* pp. 353-360, 2014.
7. J. Sieper, M. Rudwaleit, X. Baraliakos, J. Brandt, J. Braun, R. Burgos-Bargas, M. Dougados, K.-G. Hermann, R. Landewe, W. Waksymowych and D. van der Heijde, "The Assessment of SpondyloArthritis international," *Ann Rheum Dis,* vol. 68, no. Suppl II, pp. ii1-ii44, 2009.

8. Z. M. Ashmore, M. M. Bies, J. B. Meiling, R. N. Moman, L. C. Hassett, C. L. Hunt, S. P. Cohen and W. M. Hooten, "Ultrasound-guided lumbar medial branch blocks and intra-articular facet joint injections: a systematic review and meta-analysis," *Pain Rep,* vol. 7, no. 3, p. e1008, 16 May 2022.
9. P. Whang, E. Darr, S. Meyer, D. Kovalsky, C. Frank, H. Lockstadt, R. Limoni, A. Redmond, P. Ploska, M. Oh, A. Chowdhary, D. Cher and T. Hillen, " Long-Term Prospective Clinical And Radiographic Outcomes After Minimally Invasive Lateral Transiliac Sacroiliac Joint Fusion Using Triangular Titanium Implants," *Med Devices (Auckl),* vol. 12, pp. 411-422, 26 Sept 2019.
10. Washington State Health Care Authority, "Spinal Injections," 20 May 2016. [Online]. Available: https://www.hca.wa.gov/about-hca/programs-and-initiatives/health-technology-assessment/spinal-injections; https://www.hca.wa.gov/assets/program/spinal_injections-rr_final_findings_decision_060216.pdf. [Accessed 25 September 2023].
11. Centers for Medicare & Medicaid Services, "Pain Management," 24 June 2020. [Online]. Available: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=33622&ver=27. [Accessed 26 September 2023].
12. S. P. Cohen, A. Bhaskar, A. Bhatia, A. Buvanendran, T. Deer, S. Garg, W. M. Hooten, R. W. Hurley, D. J. Kennedy, B. C. McLean, J. Y. Moon, S. Narouze, S. Pangarkar, D. A. Provenzano, R. Rauck, B. T. Sitzman, M. Smuch, J. van Zundert, K. Vorenkamp, M. S. Wallace and Z. Zhao, "Consensus practice guidelines on interventions for lumbar facet joint pain from a multispecialty, international working group," *Reg Anesth Pain Med,* vol. 56, no. 6, pp. 424-467, 2020.
13. S. P. Cohen, S. Hayek, Y. Semenov, P. F. Pasquina, R. L. Whtie, E. Veizi, J. H. Huang, C. Kurihara, Z. Zhao, K. B. Guthmiller, S. R. Griffith, A. V. Verdun, D. M. Giampetro and Y. Vorobeychik, "Epidural steroid injections, conservative treatment, or combination treatment for cervical radicular pain: a multicenter, randomized, comparative-effectiveness study," *Anesthesiology,* vol. 121, no. 5, pp. 1045-1055, 2014.
14. A. Qaseem, T. J. Wilt, R. M. McLean, M. A. Forciea, T. D. Denberg, M. J. Barry, C. Boyd, R. D. Chow, N. Fitterman, R. P. Harris, L. L. Humphrey and S. Nijan, "Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians," *Ann Intern Med,* vol. 166, no. 7, pp. 514-530, 2017.

Documentation for Clinical Review

Please provide the following documentation:

- History and physical and/or consultation notes including:
  - Procedure performed and reason for procedure
  - Previous treatment and response (including duration of treatment)
- Radiology report(s), if applicable
- Prior procedure report(s), if applicable

Post Service (in addition to the above, please include the following):

- Procedure report(s)

Coding

This Policy relates only to the services or supplies described herein. Benefits may vary according to product design; therefore, contract language should be reviewed before applying the terms of the Policy.

The following codes are included below for informational purposes. Inclusion or exclusion of a code(s) does not constitute or imply member coverage or provider reimbursement policy. Policy Statements

are intended to provide member coverage information and may include the use of some codes for clarity. The Policy Guidelines section may also provide additional information for how to interpret the Policy Statements and to provide coding guidance in some cases.

Type	Code	Description
CPT®	27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
HCPCS	G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

Effective Date	Action
01/01/2017	Adoption of National Imaging Associates (NIA) Clinical Guidelines
07/01/2018	NIA Clinical Guideline update
07/01/2019	NIA Clinical Guideline update
07/01/2020	Annual NIA clinical guideline update.
03/01/2021	Annual NIA clinical guideline update. Policy title changed from Sacroiliac Joint Injections to current one.
01/01/2022	Annual NIA clinical guideline update.
01/01/2023	Annual NIA clinical guideline update. Policy title changed from Sacroiliac Joint Injections (with image guidance [fluoroscopy or CT]) to current one.
01/01/2024	Annual NIA clinical guideline update.
07/01/2024	Semi-annual NIA clinical guideline update. Coding update.

Definitions of Decision Determinations

Medically Necessary: Services that are Medically Necessary include only those which have been established as safe and effective, are furnished under generally accepted professional standards to treat illness, injury or medical condition, and which, as determined by Blue Shield, are: (a) consistent with Blue Shield medical policy; (b) consistent with the symptoms or diagnosis; (c) not furnished primarily for the convenience of the patient, the attending Physician or other provider; (d) furnished at the most appropriate level which can be provided safely and effectively to the patient; and (e) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the Member's illness, injury, or disease.

Investigational/Experimental: A treatment, procedure, or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California/Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a split evaluation, where a treatment, procedure, or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Prior Authorization Requirements and Feedback (as applicable to your plan)

Within five days before the actual date of service, the provider must confirm with Blue Shield that the member's health plan coverage is still in effect. Blue Shield reserves the right to revoke an authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

Questions regarding the applicability of this policy should be directed to the Prior Authorization Department at (800) 541-6652, or the Transplant Case Management Department at (800) 637-2066 ext. 3507708 or visit the provider portal at www.blueshieldca.com/provider.

We are interested in receiving feedback relative to developing, adopting, and reviewing criteria for medical policy. Any licensed practitioner who is contracted with Blue Shield of California or Blue Shield of California Promise Health Plan is welcome to provide comments, suggestions, or concerns. Our internal policy committees will receive and take your comments into consideration.

For utilization and medical policy feedback, please send comments to: MedPolicy@blueshieldca.com

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. Blue Shield of California may consider published peer-reviewed scientific literature, national guidelines, and local standards of practice in developing its medical policy. Federal and state law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first in determining covered services. Member contracts may differ in their benefits. Blue Shield reserves the right to review and update policies as appropriate.