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# RMHP Sacroiliac Joint Fusion

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**MCG Health**  
Ambulatory  
Care  
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## Definitions

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The sacroiliac joint is the junction between spine and the pelvis. The spine is composed of separate mobile bone (vertebra) separated by disks; whereas the sacrum is made up of five vertebrae that are fused together. The iliac bones are the two large bones that make up the pelvis with the sacrum being the third component of the pelvis. The sacrum and the iliac bones are held together by the sacroiliac joint and ligaments. The sacroiliac joints are important in transferring the weight of the upper body to the lower body.

### Sacroiliac Joint Syndrome

Sacroiliac joint problems can have variable terms associated, including sacroiliac joint dysfunction, sacroiliac joint inflammation, sacroiliac joint strain, and sacroiliac joint syndrome. These terms refers to a condition that causes pain in the sacroiliac joint area and can be caused by a variety of pathology. Patients can experience pain in the lower back and hips, but pain can be present in the groin and thighs. This pain can often be worsened by movement including sitting, lifting, running or walking. The etiology of sacroiliac joint irritation and pain can be difficult to diagnose since the sacroiliac joint is not easily palpated or examined. Clinical exam findings are not specific to sacroiliac joint pathology. Radiographs or other imaging studies are often unremakable, and other conditions (for example, degenerative arthritis, lower back pain, sciatica) can provide symptoms similar to the sacroiliac joint.

### Sacroiliac Joint Fusion Procedures

Sacroiliac joint fusion, which may also be termed arthrodesis, is an invasive surgical technique that involves bony fusion of the sacrum with the ilium. Sacroiliac joint fusion may be performed either as minimally invasive procedure or as an open surgical

procedure. The open procedure typically requires a larger incision and subsequent increased recovery time. Percutaneous sacroiliac joint fusion is a minimally invasive approach in which instrumentation involving cages or screws, with or without bone graft, are placed percutaneously in order to achieve a fusion.

## Clinical Indications for Procedure

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For **Medicare** Health Plan Members, the case will be pended for the reviewer to apply the current CMS LCD/LCA guideline. The requester will be notified of the decision per protocol. See bottom of References section.

- The procedure is/was needed for appropriate care of the **Commercial, CO RAE Prime (Medicaid), or CHP Plus** patient because of
  - This Sacroiliac Joint (SIJ) Fusion is needed because **1 or more** of the following
    - The treatment plan for a tumor involving the sacrum includes fusion as part of a sacrectomy or a partial sacrectomy
    - The sacroiliac joint is infected
    - The Member has a traumatic injury with pelvic ring fracture
    - The Member has scoliosis or kyphosis. SIJ fusion is part of a multi-segment construct extending to the ilium
    - The Member has sacroiliac joint pain with low back pain and **ALL** of the following
      - Non-radiating unilateral pain that is caudal to the lumbar spine (L5 vertebrae), localized over the posterior SIJ, and consistent with SIJ pain
      - Localized tenderness with palpation of the posterior SIJ 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
      - Positive response to the thigh thrust test OR compression test AND 2 of the following provocative tests: Gaenslen's test, distraction test, Patrick's sign
      - Absence of generalized pain behavior (e.g., somatoform disorder) or generalized pain disorders (e.g., fibromyalgia)
      - All other reasonable sources of pain have been ruled out (facet, radicular, discogenic)
      - Diagnostic SI Joint injection under contrast-enhanced fluoroscopic guidance achieved 75% or greater relief in symptoms on two separate occasions
      - SI Joint fusion is not a stand-alone procedure but rather a part of a multidisciplinary pain management program. The member has undergone and has failed a minimum six months of intensive non-operative treatment including **ALL** of the following
        - Medication optimization
        - Activity modification and at least 4 sessions of physical therapy no more than 6 months prior to the requested authorization
        - Psychiatric or psychological assessment conducted by a licensed mental health professional no more than 3 months prior to the requested authorization
        - The member is a non-smoker
    - Diagnostic imaging studies that include **ALL** of the following
      - Imaging (plain radiographs and a CT or MRI) of the SI joint that excludes the presence of destructive lesions (e.g., tumor, infection) or inflammatory

- arthropathy that would not be properly addressed by percutaneous SIJ fusion
- Imaging of the ipsilateral hip (plain radiographs) to rule out osteoarthritis
- Imaging of the lumbar spine (CT or MRI) to rule out neural compression or other degenerative condition that can be causing low back or buttock pain
- The Member does NOT have **1 or more** of the following
  - The Member does NOT have Systemic Arthropathy such as ankylosing spondylitis or rheumatoid arthritis
  - The Member does NOT have generalized pain behavior (e.g., somatoform disorder) or generalized pain disorders (e.g., fibromyalgia)
  - The Member does NOT have infection, tumor, or fracture
  - The Member does Not have acute traumatic instability of the SI Joint
- Fusion will be the minimally invasive procedure (iFuse) unless the fusion cannot be done satisfactorily as a minimally invasive procedure

**All Plans** : CPT Category III codes 0775T and 0809T are non-covered.

## Alternatives to Procedure

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Intensive non-operative treatment including medication optimization, activity modification, active physical therapy, psychiatric or psychological assessment

## References

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No MCG guideline exists in 27th edition as of 10/9/2023.

The Center for Medicare and Medicaid Services (CMS) Local Coverage Determination (LCD) Percutaneous minimally invasive fusion/stabilization of the sacroiliac joint for the treatment of back pain (L36000), Original effective date 12/17/2015, Revision effective date 6/30/2022, review date 10/9/2023.

The Center for Medicare and Medicaid Services (CMS) Local Coverage Article (LCA) Billing and Coding: Percutaneous minimally invasive fusion/stabilization of the sacroiliac joint for the treatment of back pain (A57596), Original effective date 12/17/2015, Revision effective date 6/30/2022, review date 10/9/2023.

UnitedHealthcare Medicare Advantage Policy Guideline Percutaneous or Minimally Invasive Surgical Fusion of the Sacroiliac Joint, Guideline Number: MPG238.07, Approval Date: October 12, 2022, review date 10/9/2023, web location <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-guidelines/p/percutaneous-minimally->

[invasive-surgical-fusion-sacroiliac-joint.pdf](#) and internally: S:\GJ\_SHARE\CM\Policy. Process. Workflows\Clinical Policy\_Coverage Guidelines\Clinical GMM\MCG UHC Guideline Copies filename: UHC percutaneous-minimally-invasive-surgical-fusion-sacroiliac-joint MA

CPT Category III codes 0775T and 0809T are non-covered per UnitedHealthcare Medicare Advantage Policy Guideline Category III CPT Codes Guideline Number: MPG043.36 Approval Date: July 12, 2023, review date 10/9/2023.

CPT Category III codes 0775T and 0809T are non-covered per UnitedHealthcare Commercial and Individual Exchange Medical Policy Category III Codes, Policy Number: 2023T0644F, Effective Date: October 1, 2023, review date 10/9/2023.

CPT Category III codes 0775T and 0809T are not listed or priced on the current published Colorado Department of Health Care Policy and Financing (HCPF) Health First Colorado Fee Schedule reviewed 10/9/2023; not in contract / non-covered.

CPT Category III codes 0775T and 0809T are status C carrier priced per CMS Novitas MAC Medicare Physician Fee Schedule (MPFS) reviewed 10/9/2023. In the absence of CMS guidance, carrier makes determination. Non-covered.

## Policy History

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History Summary: Policy originated 9/29/2016 with annual reviews and updates thereafter. See archive versions for details. 2022 Annual review by committee hierarchy approval completed 12/29/2022 by MAC.

Annual review 10/9/2023.

## Evidence Summary

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### Limitations

Percutaneous SIJ fusion for SIJ pain is not indicated in the presence of:

- 1) Systemic arthropathy such as ankylosing spondylitis or rheumatoid arthritis;
- 2) Generalized pain behavior (e.g. somatoform disorder) or generalized pain disorder (e.g. fibromyalgia);
- 3) Infection, tumor, or fracture;
- 4) Acute, traumatic instability of the SIJ;
- 5) Neural compression as seen on an MRI or CT that correlates with the patient's symptoms or other more likely source for their pain.

## Reviewer Guidance

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**Medicare** plans: Apply the current CMS LCD/LCA. See the bottom of the References section for full titles.

**All Plans:** CPT Category III codes 0775T and 0809T are non-covered. See bottom of References section.

# Codes

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