Sentara Health Plans

Medicaid

Sacroiliac Fusion, Open and Percutaneous, Surgical 116

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Effective Date	5/2002
Next Review Date	7/2025
Coverage Policy	Surgical 116
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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Purpose:

This policy addresses Sacroiliac Fusion, Open and Percutaneous surgeries.

Description & Definitions:

Sacroiliac fusion, Open and Percutaneous creates an immobile unit between the ilium and sacrum. This can be completed by bone graft or instrumentation as well as open or minimally invasive techniques.

Criteria:

Sacroiliac fusion is considered medically necessary for individuals for **1 or more** of the following:

- Open Sacroiliac Joint Fusion is medically necessary for individuals with indications of **1 or more** of the following are present and will be approved as ambulatory (outpatient) unless additional criteria are met as noted by MCG's Ambulatory Surgery or Procedure criteria located at the bottom of this section:
  - Sacroiliac joint infection
  - Tumor involving the sacrum
  - Sacroiliac pain from severe traumatic injury associated with pelvic ring fracture
  - Adjunct to sacrectomy or partial sacrectomy due to tumors involving the sacrum
  - During multisegment spinal constructs extending to the ilium (e.g. correction of deformity in scoliosis or kyphosis surgery)
- Percutaneous or Minimally Invasive Sacroiliac joint stabilization for arthrodesis for individuals with low back/buttock pain from definitive involvement of the SI joint (due to degenerative sacroiliitis or sacroiliac joint disruption) and **ALL** of the following are present and will be approved as ambulatory (outpatient) unless additional criteria are met as noted by MCG's Ambulatory Surgery or Procedure criteria located at the bottom of this section:
  - Individual is 18 years of age or older

- Pain has been present for at least six months below the lumbar spine at or close to the posterior SI joint with possible radiation into buttocks, posterior thigh or groin and the individual can point to the location of pain at the sacral sulcus (Fortin Finger Test)
- Individual has physical examination maneuvers specific for SI joint pain of at least **3 or more** of the following:
  - Compression test
  - Posterior Pelvic Pain Provocation test - P4 (Thigh Thrust)
  - Patrick's test (Fabere)
  - Sacroiliac distraction test
  - Geanslens test
- There is documentation of diagnostic imaging studies (Plain X-rays, CT scan, MRI) within the last six months which **excludes ALL** of the following:
  - Acute fracture, tumor, infection, inflammatory arthropathy (e.g., ankylosing spondylitis, rheumatoid arthritis), osteoporosis of the SI joint
  - Concomitant hip disease (such as fracture, osteoarthritis)
  - Concomitant lumbar spine disease (such as fracture, neural compression, degenerative conditions) as possible sources of low back/buttock pain
- Sacroiliac joint imaging indicates evidence of injury and/or degeneration
- Baseline lower back/buttock pain score of at least 5 on 0-10 point NRS (pain numeric rating scale) impacting quality of life and/or ADL's with at least 70% improvement of the pre injection NRS score after two separate fluoroscopic or CT controlled injection of local anesthetic into affected SI joint
- Absence of generalized pain behavior (e.g., somatoform disorder), generalized pain disorder (e.g., fibromyalgia) or untreated, underlying mental health conditions/issues (e.g., depression, drug, alcohol abuse) as a major contributor to chronic back pain
- Individual has failed at least six months conservative treatment including pharmacotherapy (e.g., NSAIDS), activity modification, bracing and active physical therapy targeting the lumbar spine, pelvis, sacroiliac joint, and hip, including a home exercise program

As noted in MCG's Ambulatory Surgery or Procedure GRG PG-AS (ISC GRG):
This surgery or procedure will be traditionally approved ambulatory (outpatient), but may receive initial approval for Inpatient Care when **one or more of the following** are met:k

- Inpatient care needed for clinically significant disease or condition identified preoperatively, as indicated by **one or more of the following**:
  - Severe infection
  - Altered mental status
  - Dangerous arrhythmia
  - Hypotension
  - Hypoxemia
- Complex surgical approach or situation anticipated, as indicated by **1 or more** of the following:
  - Prolonged airway monitoring required (eg, severe obstructive sleep apnea, open neck procedure)
  - Other aspect or feature of procedure that indicates a likely need for prolonged postoperative care or monitoring
- High patient risk identified preoperatively, as indicated by **1 or more** of the following:
  - American Society of Anesthesiologists class IV or greater American Society of Anesthesiologists (ASA) Physical Status Classification System
  - Severe frailty
  - Severe valvular disease (eg, severe aortic stenosis)
  - Symptomatic coronary artery disease, or heart failure
  - Symptomatic chronic lung disease (eg, COPD, chronic lung disease of prematurity)
  - Severe renal disease (eg, glomerular filtration rate (GFR) less than 30 mL/min/1.73m^2 (0.5 mL/sec/1.73m^2) or on dialysis) eGFR - Adult Calculator

        - Morbid obesity (eg, body mass index greater than 40 BMI Calculator) with hemodynamic or respiratory problems (eg, severe obstructive sleep apnea, hypoventilation)
        - Complex chronic condition in children (eg, ventilator-dependent, neuromuscular, genetic, or immunologic disease)
        - Other patient condition or finding that places patient at increased anesthetic risk such that prolonged postoperative inpatient monitoring or treatment is anticipated
    - Presence of drug-related risk identified preoperatively, as indicated by **1 or more** of the following:
        - Procedure requires discontinuing medication (eg, antiarrhythmic medication, antiseizure or anticoagulant medication), which necessitates preoperative or prolonged postoperative inpatient monitoring or treatment.
        - Preoperative use of drugs that may interact with anesthetic (eg, cocaine, amphetamines, monoamine oxidase inhibitor) such that prolonged postoperative monitoring or treatment is needed

Sacroiliac Fusion, Open and Percutaneous are considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- treatment of lower back pain due to sacroiliac joint syndrome

Coding:

Medically necessary with criteria:

Coding	Description
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device
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

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2020: August
- 2016: April
- 2015: February, May, September
- 2014: January, June, August, November
- 2013: May, June
- 2012: February, May
- 2011: May, June, November
- 2010: May
- 2009: May

- 2008: May
- 2006: October
- 2004: September
- 2002: August

Reviewed Dates:

- 2024: July - Annual review completed. New code 27278 added to coverage section. References updated.
- 2023: July
- 2022: July
- 2021: September
- 2019: April
- 2018: November
- 2017: December
- 2016: May
- 2014: May
- 2010: April
- 2007: December
- 2005: February, October
- 2004: July
- 2003: July

Effective Date:

- May 2002

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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21 CFR Part 888 Subpart D. (2024). Retrieved June 04, 2024, from Code of Federal Regulations: https://www.ecfr.gov/current/title-21/part-888/subpart-D

BowTie™ SI Joint Fusion System - sacroiliac joint fixation. (2024, Jun 03). Retrieved Jun 04, 2024, from U.S. Food and Drug Administration: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm?ID=K232149

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LCD: Minimally Invasive Surgical (MIS) Fusion of the Sacroiliac Joint (SIJ) (L39025). (2022, Jul 16). Retrieved Jun 04, 2024, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39025&ver=3&keyword=sacroiliac&keywordType=starts&areaId=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1

Open Sacroiliac Joint Fusion For Unspecified Sacroiliac Joint Dysfunction. (2019, Jul 24). Retrieved Jun 03, 2024, from Hayes - a symplr company: https://evidence.hayesinc.com/report/htb.sacroiliac1348

PROPOSED LCD: Minimally Invasive Arthrodesis of the Sacroiliac Joint (SIJ) (DL39797). (2024). Retrieved Jun 04, 2024, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-

database/view/lcd.aspx?lcdid=39796&ver=5&keyword=sacroiliac&keywordType=starts&areaId=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1

Sacroiliac Joint Fusion. (2024, Apr 14). Retrieved Jun 04, 2024, from Carelon Medical Benefits Management: https://guidelines.carelonmedicalbenefitsmanagement.com/sacroiliac-joint-fusion-2024-04-14/

Spine Connection. (2023). A Helpful Guide to Sacroiliac Joint Fusion for Pain and Dysfunction. Retrieved Jun 04, 2024, from PubMed: https://spineconnection.org/a-helpful-guide-to-sacroiliac-joint-fusion-for-pain-and-dysfunction/

Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Keywords:

Sacroiliac Fusion, Open and Percutaneous, SHP Surgical 116, Sacroiliac joint infection, Tumor, sacrum, sacroiliac pain, pelvic ring fracture, sacrectomy, Percutaneous Invasive Sacroiliac joint stabilization, arthrodesis, Minimally Invasive Sacroiliac joint stabilization, low back pain, buttock pain, SI joint, Compression test, Posterior Pelvic Pain Provocation test, Thigh Thrust, Patrick's test, Fabere, Sacroiliac distraction test, Geanslens test, iFuse