



Clinical Review Criteria Related to Sacroiliac Joint Fusion for the Treatment of Adult Low-Back Pain

I. Criteria for Approval:

- A. Clinical Review Criteria for Sacroiliac Joint Fusion , including the minimally invasive technique with titanium implants (e.g., Infuse Implant System), for the Treatment of Adult Low-Back Pain
- B. In adult patients with sacroiliac joint pain unresponsive to more conservative measures, sacroiliac joint fusion may be indicated. The surgery should be thought of as a procedure of last resort when treating low-back pain.
- C. Sacroiliac Joint Fusion will be approved for members over 18 years of age if the following criteria are met:
 - 1. Conservative methods for treating sacroiliac joint pain have been attempted and failed or are contraindicated:
 - a. Muscle relaxants
 - b. Nonsteroidal anti-inflammatory drugs
 - c. Physical therapy
 - d. Exercise or activity modification
 - e. Bracing (sacroiliac belt)
 - f. Therapeutic intra-articular steroid or anesthetic injections
 - g. Radiofrequency neurotomy
 - h. All other pain generators have been eliminated
 - i. If a previous lumbar fusion has been done, a solid fusion must be shown by CT scan.

II. Required Documentation:

- A. Office notes or a letter of medical necessity documenting back pain and history of conservative methods attempted or contraindicated

III. What is not Covered:

Members under 18 years of age

Covered Codes:

CPT

- 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.

ICD-10 Diagnosis

- C41.4 Malignant neoplasm of bone and articular cartilage, pelvic bones, sacrum, and coccyx
- C79.51 Secondary malignant neoplasm of bone and bone marrow
- D16.8 Benign neoplasm of bone and articular cartilage, pelvic bones, sacrum, and coccyx
- D48.0 Neoplasm of uncertain behavior of bone and articular cartilage
- D49.2 Neoplasm of unspecified nature, bone, soft tissue, and skin
- M40.00 Curvature of spine [when treatment involves multisegment instrumentation]
- M86.159 Acute osteomyelitis, pelvic region and thigh
- M86.659 Chronic osteomyelitis, pelvic region and thigh
- M86.9 Unspecified osteomyelitis, pelvic region and thigh
- M86.9 Periostitis without mention of osteomyelitis, pelvic region and thigh
- M90.859 Other infections involving bone in disease classified elsewhere, pelvic region and thigh
- M86.9 Unspecified infection of bone, pelvic region and thigh
- S32.810A Multiple closed pelvic fractures with disruption of pelvic circle
- S32.89XA Fracture of pelvis, other specified part, closed, other (pelvic rim)
- S32.810B Multiple open pelvic fractures with disruption of pelvic circle

References:

NCQA Standard, UM 2, Clinical Criteria for Utilization Management Decisions, Element A

Winifred S. Hayes, Inc., Sacroiliac Joint Fusion for Treatment of Adult Low Back Pain, Published 8/4/2011; Last update: August 2, 2012

<https://www.hayesinc.com/subscribers/displaySubscriberArticle.do?articleId=16345>

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PubMed.gov, US Library of Medicine, National Institutes of Health, Sacroiliac joint pain: anatomy, biomechanics, diagnosis, and treatment

<http://www.ncbi.nlm.nih.gov/pubmed/17117004>

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<http://www.ncbi.nlm.nih.gov/pubmed/23284593>

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SachsD, Capobianco R, Cher D, Holt T, Gundanna M, Graven T, Shanie AN, Cummings, J. Jr. One year Outcomes after minimally invasive sacroiliac joint fusion with a series of triangular implants: a multicenter, patient-level analysis. Med devices (Auckl) 2014 Aug 28,7:299-304 Doi:10.20147

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