



Medical Policy
Arthrodesis for Sacroiliac Joint Pain

Document Number: 020

	Commercial and Qualified Health Plans	MassHealth
Authorization required	X	X
No Prior Authorization		

Overview

The purpose of this document is to describe the guidelines AllWays Health Partners utilizes to determine medical necessity for minimally invasive sacroiliac joint fusion surgery (arthrodesis) for chronic sacroiliac joint pain.

Coverage Guidelines

AllWays Health Partners covers minimally invasive sacroiliac joint fusion surgery with a titanium triangular implant as a treatment for chronic sacroiliac joint pain in members when ALL the following are met:

- The procedure is being performed by surgeons with specific expertise and training in minimally invasive sacroiliac joint fusion surgery;
- Pain is consistent with sacroiliac joint pain (caudal to the lumbar spine and localized over the posterior sacroiliac joint) and rates at least 5 on pain scale of 0-10;
- Documentation supports that pain limits activities of daily living and interferes with member’s quality of life;
- The member has had a comprehensive physical examination and all the following were met:
 - Results reveal localized tenderness with palpation over the sacral sulcus, without pain elsewhere;
 - Three provocative tests were conducted (e.g. compression test, Gaenslen sign, distraction test, Patrick test, posterior provocation test) and there was a positive response to this cluster of tests.
- Diagnostic imaging results reveal ALL the following:
 - Computed tomography or magnetic resonance imaging show no spinal neural compression or other degenerative conditions that could be causing buttock or low back pain;
 - Plain radiograph of the pelvis rules out concomitant hip pathology;
 - Imaging reveals no signs of destructive lesions (e.g. infection, tumor) or inflammatory arthropathy of the sacroiliac joint.
- The member has a documented failure of 6 months of conservative therapies including ALL of the following:
 - Physical therapy (including a home exercise program) targeting the lumbar spine, sacroiliac joint, pelvis, and hip;
 - Medication therapy;



- Activity modification
- The member has had at least ONE a therapeutic sacroiliac joint injection using corticosteroids;
- The member has experienced a minimum of 75% reduction in pain of the anesthetic administered following an image-guided, contrast-enhanced sacroiliac joint injection (intra-articular) on TWO occasions.

Exclusions

- AllWays Health Partners does not provide coverage for minimally invasive sacroiliac joint fusion surgery in the presence of a generalized pain disorder (such as Fibromyalgia)
- Sacroiliac joint arthrodesis if the above criteria have not been met or with any other device not listed above

Definitions

Sacroiliac joint arthrodesis: A minimally invasive surgical option that consists of porous plasma spray coated rigid titanium implants which are inserted across the SI joint to create fixation. The implants are placed using a delivery system that includes guide pins for accurate implant placement, a gauge to determine appropriate implant length, and drill bits that create a pathway through the ilium into the sacrum and decorticate articular surfaces of the sacroiliac joint. An example is the Ifuse Implant System™.

CPT/HCPC Codes

Authorized CPT/HCPCS Codes	Code Description
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device

Effective

November 2018: Effective date.

References

Cher DJ, Reckling WC, Capobianco RA. Implant survivorship analysis after minimally invasive sacroiliac joint fusion using the iFuse Implant System(R). *Med Devices (Auckl)*. Dec 2015;8:485-492. PMID 26648762

Darr E, Meyer SC, Whang P, et al. Long-term prospective outcomes after minimally invasive trans-iliac sacroiliac joint fusion using triangular titanium implants. *Medical Devices: Evidence and Research* 2018;Volume 11:113–21.

Duhon BS, Bitan F, Lockstadt H, Kovalsky D, Cher D, Hillen T. Triangular Titanium Implants for Minimally Invasive Sacroiliac Joint Fusion: 2-Year Follow-Up from a Prospective Multicenter Trial. *International Journal of Spine Surgery* 2016;10:13.

Hayes, Inc., Health Technology Brief. iFuse Implant System (SI-BONE Inc.) for Sacroiliac Joint Fusion for Treatment of Sacroiliac Joint Dysfunction. Lansdale, PA: Hayes, Inc. Published November 2, 2017.



Lorio MP. ISASS policy 2016 update – minimally invasive sacroiliac joint fusion. *Int J Spine Surg.* 2016;10:26.

Miller LE, Reckling WC, Block JE. Analysis of postmarket complaints database for the iFuse SI Joint Fusion System: A minimally invasive treatment for degenerative sacroiliitis and sacroiliac joint disruption. *Med Devices (Auckl).* 2013;6:77-84.

North American Spine Society (NASS). NASS coverage policy recommendations: Percutaneous sacroiliac joint fusion. 2015;

Polly DW, Cher DJ, Wine KD, et al. Randomized Controlled Trial of Minimally Invasive Sacroiliac Joint Fusion Using Triangular Titanium Implants vs Nonsurgical Management for Sacroiliac Joint Dysfunction. *Neurosurgery* 2015;77(5):674–91.

Schoell K, Buser Z, Jakoi A, et al. Postoperative complications in patients undergoing minimally invasive sacroiliac fusion. *Spine J.* Nov 2016;16(11):1324-1332. PMID 27349627

Vanaclocha V, Herrera JM, Sáiz-Sapena N, Rivera-Paz M, Verdú-López F. Minimally Invasive Sacroiliac Joint Fusion, Radiofrequency Denervation, and Conservative Management for Sacroiliac Joint Pain: 6-Year Comparative Case Series. *Neurosurgery* 2017;82(1):48–55.