Medical Policy
Arthrodesis for Sacroiliac Joint Pain

Policy Number: 05

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<tr>
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<th>Commercial and Qualified Health Plans</th>
<th>MassHealth</th>
<th>Medicare Advantage</th>
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</thead>
<tbody>
<tr>
<td>Authorization required</td>
<td>X</td>
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Overview
The purpose of this document is to describe the guidelines Mass General Brigham Health Plan utilizes to determine medical necessity for minimally invasive sacroiliac joint fusion surgery (arthrodesis) for chronic sacroiliac joint pain.

Coverage Guidelines
Mass General Brigham Health Plan 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

- Mass General Brigham Health Plan 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

Medicare Variation

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan’s medical policies are used for coverage determinations.

At the time of Mass General Brigham Health Plan’s most recent policy review, Medicare has an LCD for Minimally Invasive Surgical (MIS) Fusion of the Sacroiliac (SI) Joint (L36406), and a Local Coverage Article: Billing and Coding: Minimally-invasive Surgical (MIS) Fusion of the Sacroiliac (SI) Joint (A57431).

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™.

Codes

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

This list of codes applies to commercial and MassHealth plans only.

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

Effective

August 2022: Annual update. References updated.
May 2019: Annual update.
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


