

MEDICAL POLICY STATEMENT

North Carolina Marketplace

Policy Name & Number	Date Effective
Sacroiliac Joint Fusion-NC MP-MM-1366	12/01/2023
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

Subject 2

B.



- inability to complete active conservative therapy due to contraindication, increased pain, or intolerance.
- b. Documentation in the medical record of at least 6 months of inactive conservative therapy (see definition above) within the past 12 months.
- 5. Positive response to the thigh thrust test OR compression test.
- 6. ~~PI()502000.B7(0091210962207922700BWF63.F62812 J0nG190 GT3u3.54.3534954.9(4))~~

E. Conditions of Coverage

NA

F. Related Policies/Rules

NA

G. Review/Revision History

DATE		ACTION
Date Issued	12/14/2022	
Date Revised	08/30/2023	Annual review: adjusted conservative therapy to match MCG, simplified criteria, expanded definitions, updated references. Approved at Committee.
Date Effective	12/01/2023	
Date Archived		

H. References

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3. DePhillipo NN, Corenman DS, Strauch EL, Zalepa King LA. Sacroiliac pain: structural causes of pain referring to the SI joint region. Clin Spine Surg. 2019;32(6):E282-E288. doi:10.1097/BSD.0000000000000745
4. Graham Smit A, Capobianco R, Cher D, et al. Open versus minimally invasive sacroiliac fusion: a multi-center comparison of perioperative measures and clinical outcomes. Ann Surg Innov Res. 2013;7(1):14. doi:10.1186/1750-1164-7-14
5. Health Technology Assessment. Minimally Invasive Sacroiliac Joint Fusion Using Triangular Titanium Implants (iFuse Implant System, SI-Bone Inc.). Hayes Inc; 2020. Reviewed September 22, 2022. Accessed August 10, 2023. www.evidence.hayesinc.com
6. Lorio MP. ISASS Policy 2016 update ² minimally invasive sacroiliac joint fusion. Int J Spine Surg. 2016;10:26. doi:10.14444/3026
7. Lorio M, Kube R, Araghi A. International Society for the Advancement of Spine Surgery policy 2020 update - minimally invasive surgical sacroiliac joint fusion (for chronic sacroiliac joint pain): coverage indications, limitations, and medical necessity. Int J Spine Surg. 2020:7156. doi:10.14444/7156
8. National Institute for Health and Care Excellence. Minimally invasive sacroiliac joint fusion surgery for chronic sacroiliac pain [IPG578]. 2017;1-9. Accessed August 10, 2023. www.nice.org
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10. Unoki E, Miyakoshi N, Abe E, et al. Sacroiliac joint pain after multiple-segment lumbar fusion: a long-term observational study ² non-fused sacrum vs. fused sacrum. Spine Surg Relat Res. 2017;1(2):90-95. doi:10.22603/ssrr.1.2016-0010

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

