

MEDICAL POLICY STATEMENT
Georgia Medicaid

Policy Name & Number	Date Effective
Sacroiliac Joint Procedures-GA MCD-MM-0215	06/01/2024



A. Subject
Sacroiliac Joint Procedures

B. Background

Nearly 84% of adults experience back pain during their lifetime. Long-term outcomes are largely favorable for most patients, but a small percentage of patients symptoms are persistent. Persistent pain is categorized as subacute when lasting between four and twelve weeks, and chronic when persisting for at least three months.

Up to 10% to 25% of patients with persistent low back pain may have a component of pain related to sacroiliac joints (SIJ). Comprehensive pain management care plans are developed for patients with chronic pain. These plans focus on a person-centered approach and incorporate conservative treatment with other modalities. These multidisciplinary treatments include promoting patient self-management and aim to improve quality of life, even if the pain cannot be relieved completely. In addition to conservative therapy, additional treatment options may include nonpharmacologic or pharmacologic treatments, nonsurgical interventions, and surgical interventions. Interventional procedures for the management of pain unresponsive to conservative treatment should be provided only by physicians qualified to deliver these health services.

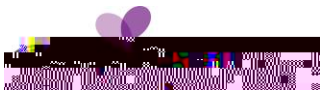
Sacroiliac joint injections using local anesthetic and/or corticosteroid medication have been shown to be effective for diagnostic purposes but provide limited short-term relief from pain resulting from SIJ dysfunction. Long-term use has not been adequately studied to establish standards of care. Radiofrequency ablation (RFA) is another treatment method, which uses heat to destroy nerves. RFA for the treatment of low back pain has inconsistent results in the peer-reviewed medical literature with limited follow-up. However, clinical experience suggests that some patients obtain more significant relief from these procedures, making it reasonable to offer SIJ injections and/or RFA when conservative management has failed.

C. Definitions

- **Conservative Therapy** . A multimodal plan of care including both active and inactive conservative therapies.
 - **Active Conservative Therapies** . Actions or activities that strengthen supporting muscle groups and target key spinal structures, including physical therapy, occupational therapy, and/or physician supervised home exercise program (HEP).

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

The MEDICAL Policy Statement detailed above has received due considera



5. no more than 4 injections total (diagnostic and therapeutic) have been administered at the same site in the last 12 months

C. Exclusions/Limitations

1. Codes 64451 and 27096 are considered the same procedure and may not be billed together. Only one code will be reimbursed.
2. Image guidance and/or injection of contrast is included in sacroiliac injection procedures and may not be billed separately.
3. If neural blockade is applied for different regions or different sides, injections are performed at least one week apart.
4. Pain management literature highlighting controlled studies of SIJ pain management has not demonstrated injections of the SIJ to be effective as a long-term management modality. Long-term continuation may be subject to medical necessity review.
5. Monitored anesthesia and conscious sedation are not medically necessary.
6. The use of SIJ injections for the treatment of pain as a result of Herpes Zoster is considered not medically necessary due to insufficient evidence demonstrating efficacy in the peer-reviewed published literature.

II. Radiofrequency Ablation of the SIJ

A. Initial radiofrequency ablation of the SIJ

Radiofrequency ablation is considered medically necessary when **ALL** the following have been met in the last 6 months:

1. The clinical criteria above for failed conservative therapy (I.A.4.a. and I.A.4.b.) has been met.
2. One diagnostic injection per joint to evaluate pain and attain therapeutic effect has been performed with a reported 75% or greater reduction in pain after injection.

B. Repeat radiofrequency ablation of the SIJ

- 1.

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III. Spinal Cord Stimulators/Pain Pumps

Members with indwelling implanted spinal cord stimulators or pain pumps should have a device interrogation report submitted with medical records for a prior authorization request for proposed interventional pain injections. If a device is not functioning properly, an escalation in pain may warrant evaluation and management of the implanted device.

E. Conditions of Coverage

NA

F. Related Policies/Rules

NA

G. Review/Revision History



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