MEDICAL POLICY STATEMENT
Marketplace

Policy Name & Number	Date Effective
Sacroiliac Joint Fusion-MP-MM-1315	IN, GA, WV, KY: 07/01/2022-02/28/2023 OH: 08/01/2022-02/28/2023
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.

This policy applies to the following Marketplace(s):				
☒ **Georgia**	☒ **Indiana**	☒ **Kentucky**	☒ **Ohio**	☒ **West Virginia**

Table of Contents

A. Subject

Sacroiliac Joint Fusion

B. Background

The sacroiliac joints (SIJ) are formed by the connection of the sacrum and the right and left iliac bones. The sacrum is the triangular-shaped bone in the lower portion of the spine, below the lumbar spine. While most of the vertebrae of the spine are mobile, the sacrum is made up of five vertebrae that are fused together and do not move. The iliac bones are the two large bones that make up the pelvis. As a result, the SI joints connect the spine to the pelvis. The sacrum and the iliac bones (ileum) are held together by a collection of strong ligaments. There is relatively little motion at the SI joints - normally less than 4° of rotation and 2 mm of translation.

SIJ dysfunction occurs when there is abnormal movement or malalignment of the sacroiliac joint and is the main source of lower back pain in 15% to 30% of patients. The condition causes disability and pain and may be caused by prior lumbar sacral fusion, trauma, inflammatory arthritis, sacral tumors, osteoarthritis, or pregnancy. Patients may present with low back, groin, and/or gluteal pain. SIJ pain is often similar to discogenic pain or radicular back pain. This can lead to misdiagnosis and treatment; imaging studies and physical exam are usually necessary to determine if pain is caused by SIJ dysfunction. For many individuals, conservative management and/or minimally invasive procedures can improve pain management. However, joint fusion may be warranted following trauma or failure of conservative management and less invasive procedures (e.g., SIJ injections).

Open SIJ fusion is typically performed when a large visual field is required (e.g., post-traumatic injury, tumor resection), while percutaneous SIJ fusion may be used for treatment of refractory chronic low back pain. Open SIJ fusion typically involves opening the SIJ, denuding cartilage, and bone grafting. To stabilize the SIJ, the iliac crest bone and the sacrum are typically held together by plates or screws or an interbody fusion cage until the bones fuse. The minimally invasive procedure for SIJ fusion is performed by an orthopedic or neurologic surgeon in an inpatient or outpatient setting. The procedure typically ranges from 45 to 70 minutes and requires general endotracheal anesthesia, fluoroscopic guidance, and a small (approximately 3 mm) incision in the buttock region. Postoperatively, patients ambulate with a walker or crutches and follow a progressive regimen to develop flexibility and strength until they are fully ambulatory.

C. Definitions

- **Conservative Therapy** - A multimodality plan of care. Multimodality care plans include both active and conservative therapies.
  - **Active Conservative Therapies** - Include physical therapy, occupational therapy, a physician supervised home exercise program (HEP), and/or chiropractic care.

- **Inactive Conservative Therapies** - Include rest, ice, heat, medical devices, transcutaneous electrical nerve stimulation (TENS) unit, and/or prescription medications.

- **Transcutaneous Electrical Nerve Stimulator (TENS Unit)** - A durable medical equipment device dispensed by prescription. Its use, frequency, duration, and start dates must be documented in the medical record to be considered part of conservative therapy during the period of prior authorization request.

D. Policy

I. Sacroiliac Joint Fusion

A. CareSource considers **open sacroiliac joint (SIJ) fusion** medically necessary when **ALL** the following criteria are met:

1. **At least ONE** of the following applies:
   a. Patient has post-traumatic injury of the SIJ (e.g., following pelvic ring fracture);
   b. The procedure will be performed as an adjunctive treatment for sacroiliac joint infection (e.g., osteomyelitis, pyogenic sacroiliitis)/sepsis;
   c. The procedure will be performed for management of sacral tumor (e.g., partial sacrectomy);
   d. The procedure will be performed as part of a multisegmental long fusion construct for the correction of spinal deformity (e.g., idiopathic scoliosis, neuromuscular scoliosis);
   e. Prior percutaneous SIJ fusion has failed;
2. Recent (within 6 months) plain x-rays and/or cross-sectional imaging (CT or MRI) demonstrate localized SIJ pathology.

B. CareSource considers **percutaneous SIJ fusion/stabilization** for the treatment of chronic back pain medically necessary when **ALL** the following criteria are met:

1. Presence of non-radiating pain that is caudal to the lumbar spine (L5 vertebrae), localized over the posterior SIJ, and consistent with SIJ pain;
2. SIJ pain severe enough to interfere with activities of daily living;
3. Localized tenderness with palpation of the posterior SIJ in the absence of tenderness of similar severity elsewhere (e.g., greater trochanter, lumbar spine, coccyx) and other obvious sources for the pain do not exist;
4. The patient has documentation, including dates of service, addressing ACTIVE conservative therapy as part of a multimodality comprehensive plan of care in the medical record that includes **ONE** of the following:
   a. The patient has received ACTIVE conservative therapy lasting for 6 months in the past 12 months which has failed to alleviate symptoms, including **at least ONE** of the following:
      01. Physical therapy;
      02. Occupational therapy;
      03. Chiropractic care;
      04. A physician supervised home exercise program (HEP), including the following two requirements:
         (1). An exercise prescription and/or plan documented in the medical record;

(2). A follow up documented in the medical record regarding completion of an HEP (after suitable 6-week period), or inability to complete a HEP due to a stated physical reason (i.e., increased pain, inability to physically perform exercises). Patient inconvenience or noncompliance without explanation does not constitute “inability to complete”; or

b. The medical record documents **at least ONE** of the following exceptions to the 6 months ACTIVE conservative therapy requirement in the past 12 months:
   01. Moderate pain with significant functional loss at work or home;
   02. Severe pain unresponsive to outpatient medical management;
   03. Inability to tolerate non-surgical, non-injection care due to co-existing medical condition;

5. The patient has documentation, including dates of service, addressing INACTIVE conservative therapy as part of a multimodality comprehensive plan of care in the medical record lasting for 6 months within the past 12 months which has failed to alleviate symptoms, including **at least ONE** of the following:
   a. Rest;
   b. Ice;
   c. Heat;
   d. Medical devices;
   e. TENS unit as defined in this policy;
   f. Pain medications (prescription or over the counter) (e.g., non-steroidal anti-inflammatory drugs (NSAIDs), acetaminophen). Opioid narcotics are not required, necessary, or recommended to meet this criterion;
6. Positive response to either the thigh thrust test OR compression test;
7. Positive response to two of the following provocative tests:
   - Gaenslen’s test;
   - Distraction test;
   - Patrick’s sign;
8. Diagnostic confirmation of the SIJ as the pain generator through at least a 75% reduction in pain for the expected duration of the anesthetic used following image-guided, contrast-enhanced intra-articular SIJ block using a local anesthetic performed on two separate occasions;
9. Exclusion of generalized pain behavior (e.g., somatoform disorder) or generalized pain disorders as the primary etiology of the patient’s pain (e.g., fibromyalgia);
10. Diagnostic imaging studies that include **ALL** the following:
    a. Imaging (plain radiographs and a CT or MRI) of the SIJ that excludes the presence of destructive lesions (e.g. tumor, infection) or inflammatory arthropathy that would not be properly addressed by percutaneous SIJ fusion;
    b. Imaging of the ipsilateral hip (plain radiographs) to rule out osteoarthritis;
    c. Imaging of the lumbar spine (CT or MRI) to rule out neural compression or other degenerative condition that can cause low back or buttock pain.

11. Failure of a trial of at least two therapeutic intra-articular SIJ injections (i.e., corticosteroid injection).

II. Exclusions

A. **Open SIJ fusion** is considered not medically necessary for any other indication not outlined above, including (but not limited to) the following:
   1. Mechanical low back syndrome.
   2. Sacroiliac joint syndrome.
   3. Degenerative sacroiliac joint.
   4. Presence of neural compression as seen on an MRI or CT that correlates with the patient's symptoms or other more likely source for their pain (e.g., radicular pain).

B. **Percutaneous SIJ fusion for SIJ pain** is considered not medically necessary for any other indication not outlined above, including (but not limited to) the following:
   1. Systemic arthropathy such as ankylosing spondylitis or rheumatoid arthritis.
   2. Generalized pain behavior (e.g., somatoform disorder) or generalized pain disorder (e.g., fibromyalgia).
   3. Infection, tumor, or fracture.
   4. Acute, traumatic instability of the SIJ.
   5. Neural compression as seen on an MRI or CT that correlates with the patient's symptoms or other more likely source for their pain.

E. Conditions of Coverage

NA

F. Related Policies/Rules

NA

G. Review/Revision History

	DATE	ACTION
Date Issued	04/13/2022	New policy, replacing individual state policies
Date Revised		
Date Effective	GA, IN, KY, WV: 07/01/2022 OH: 08/01/2022	
Date Archived	02/28/2023	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Chou R. (2021, June 10). Subacute and chronic low back pain: nonsurgical interventional treatment. UpToDate. Retrieved March 24, 2022 from www.uptodate.com.

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

2. Chou R. (2021, June 11). Subacute and chronic low back pain: surgical treatment. UpToDate. Retrieved March 24, 2022 from www.uptodate.com.
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 Jul;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. (2020 September 3) Minimally invasive sacroiliac joint fusion using triangular titanium implants (iFuse Implant System, SI-Bone Inc.). Hayes. Retrieved March 24, 2022 from wwww.evidence.hayesinc.com.
6. Lorio MP. ISASS Policy 2016 update—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. Retrieved March 24, 2022 from www.nice.org.
9. Unoki E, Abe E, Murai H, et al. Fusion of multiple segments can increase the incidence of sacroiliac joint pain after lumbar or lumbosacral fusion. Spine. 2016;41(12):999–1005. doi:10.1097/BRS.0000000000001409.
10. Unoki E, Miyakoshi N, Abe E, et al. Sacroiliac joint pain after multiple-segment lumbar fusion: a long-term observational study—non-fused sacrum vs. fused sacrum. Spine Surg Relat Res. 2017;1(2):90–95. doi:10.22603/ssrr.1.2016-0010.
11. Unoki E, Miyakoshi N, Abe E, et al. Sacropelvic fixation With S2 alar iliac screws may prevent sacroiliac joint pain after multisegment spinal fusion. Spine. 2019;44(17):E1024-E1030. doi:10.1097/BRS.0000000000003041.
12. Zaidi HA, Montoure AJ, Dickman CA. Surgical and clinical efficacy of sacroiliac joint fusion: a systematic review of the literature. J Neurosurg Spine. April 2015; 23(1): 59-66. doi:10.3171/2014.10.SPINE14516.

I. State-Specific Information

A. Georgia
   1. Effective: 07/01/2022
B. Indiana
   1. Effective: 07/01/2022
C. Kentucky
   1. Effective: 07/01/2022
D. Ohio
   1. Effective: 08/01/2022
E. West Virginia
   1. Effective: 07/01/2022