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## The Department of Vermont Health Access Clinical Criteria

**Subject:** Sacroiliac (SI) Joint Fusion

**Last Review:** June 26, 2024\*

**Past Revisions:** February 10, 2023, January 20, 2022, August 7, 2020, December 8, 2017, June 21, 2017, November 28, 2017

**\*Please note: Most current content changes will be highlighted in yellow.**

### Description of Service or Procedure

The sacroiliac joint (SI) is a synovial joint that connects the bones of the pelvis, the ilium, to the bottom of the spine, or the sacrum. Its primary purpose is to support the weight of the upper body and absorb shock between the upper body, pelvis, and legs. The SI joint has minimal motion and strong ligamental support.

Sacroiliac joint fusion is a surgical procedure that fuses the iliac bone to the sacrum for stabilization. It is a technique used for conditions such as trauma, infection, cancer, pain, and spinal stabilization. It can be performed as open, percutaneous, and minimally invasive procedures.

### Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertain to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

### Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

- 7102.2 Prior Authorization Determination
- 4.101 Medical Necessity for Covered Services
- 4.104 Medicaid Non-Covered Services
- 4.106 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Service



## Coverage Position

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Sacroiliac joint fusion may be covered for members:

- When the procedure is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation's website\*, Statute, or rule who is knowledgeable regarding sacroiliac joint fusion, and who provides medical care to the member AND
- When the clinical criteria below are met.

\* Vermont's Office of Professional Regulation's website: <https://sos.vermont.gov/opr/>

## Coverage Criteria

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DVHA will follow Medicare guidelines for Minimally-Invasive Surgical (MIS) Fusion of the Sacroiliac (SI) Joint LCD L36406, revision effective date 10/10/2019. See reference section below for link.

Indications for Coverage:

Minimally Invasive Surgical (MIS) fusion of the sacroiliac (SI) joint is considered medically necessary when **ALL** of the following criteria are met:

- Member has moderate to severe pain with functional impairment that persists despite a minimum six months of intensive nonoperative treatment. Nonoperative treatment includes medication optimization, activity modification, bracing, and active therapeutic exercise and home exercise programs targeted at the lumbar spine, pelvis, SI joint and hip.
- Patient's report of typically unilateral pain that is caudal to the lumbar spine (L5 vertebrae), localized over the posterior SI joint, and consistent with SI joint pain.
- A thorough physical examination demonstrating localized tenderness with palpation over the sacral sulcus (Fortin's point, i.e., at the insertion of the long dorsal ligament inferior to the posterior superior iliac spine or PSIS) in the absence of tenderness of similar severity elsewhere (e.g., greater trochanter, lumbar spine, coccyx) and that other obvious sources for their pain have been ruled out.
- Positive response to a cluster of 3 provocative tests (e.g., thigh thrust test, compression test, Gaenslen's test, distraction test, Patrick's sign, posterior provocation test).
- Absence of generalized pain behavior (e.g., somatoform disorder) or generalized pain disorders (e.g. fibromyalgia) **contributing to the SI joint-area pain.**
- Diagnostic imaging studies that include **ALL** of the following:
  - Imaging (plain radiographs and a CT or MRI) of the SI joint that excludes the presence of destructive lesions (e.g., tumor, infection), fracture, traumatic SI joint

- instability, or inflammatory arthropathy that would not be properly addressed by percutaneous SI joint fusion.
  - Imaging of the pelvis (AP plain radiograph) to rule out concomitant hip pathology.
  - Imaging of the lumbar spine (CT or MRI) to rule out neural compression or other degenerative condition that can be causing low back or buttock pain.
- At least 75 percent reduction of pain for the expected duration of two anesthetics (on separate visits each with a different duration of action), and the ability to perform previously painful maneuvers, following an image-guided, contrast-enhanced intra-articular SI joint injection.
  - A trial of at least one therapeutic intra-articular SI joint injection (i.e., corticosteroid injection).

Open sacroiliac joint fusion procedures (excluding minimally invasive or percutaneous sacroiliac joint fusion procedures) are considered medically necessary for any of the following indications:

- As an adjunct to sacrectomy or partial sacrectomy related to tumors involving the sacrum; **OR**
- As an adjunct to the medical treatment of sacroiliac joint infection/sepsis; **OR**
- Severe traumatic injuries associated with pelvic ring disruption (that is, fracture or dislocation); **OR**
- During multisegment spinal constructs (for example, correction of deformity in scoliosis or kyphosis surgery) extending to the ilium.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Please note, Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence-based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

### **Clinical criteria for repeat service or procedure**

Repeat sacroiliac joint fusion will be based on Health Care Administrative Rule [4.101](#) Medical Necessity for Covered Services.

### **Type of service or procedure not covered (this list may not be all inclusive)**

When the above clinical criteria are not met or when the requesting service is to treat the following conditions:

- Arthropathy of the sacroiliac joint
- Sacroiliac joint pain due to a pain disorder, generalized pain behavior, or psychological disorder.
- Open sacroiliac joint fusions for conditions including poorly defined low back pain and sacral insufficiency fractures.

## Coding guidelines

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DVHA references [CMS Local Coverage Billing and Coding](#) as included below.

Billing and Coding Article A57431: Minimally-Invasive Surgical (MIS) Fusion of the Sacroiliac (SI) Joint. See reference section below for direct link.

- CPT 27279: Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device.

ICD-10 Code	Description
M43.27	Fusion of spine, lumbosacral region
M43.28	Fusion of spine, sacral and sacrococcygeal region
M46.1	Sacroiliitis, not elsewhere classified
M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region
M53.2X7	Spinal instabilities, lumbosacral region
M53.2X8	Spinal instabilities, sacral and sacrococcygeal region
M53.3	Sacrococcygeal disorders, not elsewhere classified
M53.87	Other specified dorsopathies, lumbosacral region
M53.88	Other specified dorsopathies, sacral and sacrococcygeal region
M99.14	Subluxation complex (vertebral) of sacral region
S33.2XXA	Dislocation of sacroiliac and sacrococcygeal joint, initial encounter
S33.2XXD	Dislocation of sacroiliac and sacrococcygeal joint, subsequent encounter
S33.2XXS	Dislocation of sacroiliac and sacrococcygeal joint, sequela
S33.6XXA	Sprain of sacroiliac joint, initial encounter
S33.6XXD	Sprain of sacroiliac joint, subsequent encounter
S33.6XXS	Sprain of sacroiliac joint, sequela
S33.8XXA	Sprain of other parts of lumbar spine and pelvis, initial encounter
S33.8XXD	Sprain of other parts of lumbar spine and pelvis, subsequent encounter
S33.8XXS	Sprain of other parts of lumbar spine and pelvis, sequela

Billing and Coding Article A57596: Percutaneous minimally invasive fusion/stabilization of the sacroiliac joint for the treatment of back pain. See reference section below for direct link.

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

ICD-10 Code	Description
M43.18	Spondylolisthesis, sacral and sacrococcygeal region
M46.1	Sacroiliitis, not elsewhere classified
Q74.2	Other congenital malformations of lower limb(s), including pelvic girdle

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