Sacroiliac Joint Fusion
Policy Number: PG0310
Last Review: 07/01/2021

GUIDELINES
- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE
X Professional
_ Facility

DESCRIPTION
Sacroiliac (SI) joint fusion is a surgical procedure, which fuses the iliac bone (pelvis) to the spine (sacrum) for stabilization. It is performed for a variety of conditions including trauma, infection, cancer, and spinal instability. Sacroiliac joint fusion may be performed as a minimally invasive procedure or as an open surgical procedure requiring a larger incision and subsequent increased recovery time. Percutaneous sacroiliac joint fusion is a minimally invasive approach in which instrumentation involving cages or screws, with or without bone graft, are placed percutaneously in order to achieve a fusion. Fusion of the sacroiliac joint, combined with bone grafts and other metal implant devices, is an extensive procedure; it is generally considered a salvage procedure when all other measures have failed to provide relief of pain.

Sacroiliac joint fusion (arthrodesis) is a surgical technique that is intended to achieve bony fusion of the sacroiliac joint and stabilize it, thus reducing pain and disability. Sacroiliac joint fusion may be performed as a minimally invasive procedure or as an open surgical procedure. In the open procedure, bone grafts, obtained either from the patient or through the use of morselized bone product, may or may not be used. Percutaneous sacroiliac joint fusion is a minimally invasive approach in which pins screws or small bone-filled cages are placed percutaneously across the joint space on one or both sides in order to achieve fusion.

The following implants have received the U.S. Food and Drug Administration’s (FDA) 510(k) approval, may not be all-inclusive:
- Rialto™ SI Joint Fusion System, Medtronic
- SIJ-Fuse, Spine Frontier
- SambaScrew®, FIREBIRD SI Fusion System, Orthofix
- SImetry®, Zyga Technologies;
- iFuse Implant System®, iFuse-3D™ , SI Bone;
- SI-FIX, Medtronic;
- SI-LOK™ Sacroiliac Joint Fixation System, Globus Medical;
- Silex™ Sacroiliac Joint Fixation System, XTANT Medical
- Slimpact Sacroiliac Joint Fixation System, (Life Spine)
- SIJF Cannulated screw System, Depuy Spine;
- Pioneer Cannulated Screw System, Pioneer Surgical Technology, Inc.;
POLICY

**HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage**

- Sacroiliac joint fusion (27280) does not require a prior authorization.
- Percutaneous or minimally invasive sacroiliac joint stabilization for sacroiliac joint fusion (27279) does not require a prior authorization.

*Effective 7/1/2021 Percutaneous or minimally invasive sacroiliac joint stabilization for sacroiliac joint fusion (27279) is covered and does not require a prior authorization for all product lines.*

COVERAGE CRITERIA

**HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage**

**Open Sacroiliac Joint Fusion**

Paramount covers sacroiliac joint fusion (27280) as medically necessary when ALL of the following criteria are met:

- Appropriate imaging studies demonstrate localized sacroiliac joint pathology
- The individual is a nonsmoker, or in the absence of progressive neurological compromise will refrain from use of tobacco products for at least 6 weeks prior to the planned surgery
- And ONE of the following:
  - Post-traumatic injury of the SI joint (e.g., following pelvic ring fracture)
  - As an adjunctive treatment for sacroiliac joint infection or sepsis
  - Management of sacral tumor (e.g., sacrectomy or partial sacrectomy related to tumors involving the sacrum)
  - When performed as part of multisegmental long fusions for the correction of spinal deformity (e.g., idiopathic scoliosis, neuromuscular scoliosis)

**Exclusions:**

Open sacroiliac joint fusion is not indicated in the presence of, because it is considered experimental, investigational or unproven:

- Less than 6 months of pain
- Failure to pursue conservative treatment
- Systemic arthropathy such as ankylosing spondylitis or rheumatoid arthritis
- Generalized pain behavior (e.g. somatoform disorder) or generalized pain disorder (e.g. fibromyalgia)
- Infection, tumor or fracture
- Neural compression as seen on MRI or CT that correlates with the patient’s symptoms or other more likely source for their pain
- Mechanical low back pain
- Sacroiliac joint syndrome
- Degenerative sacroiliac joint
- Radicular pain syndromes
- Sacroiliac insufficiency fractures

**Percutaneous or minimally invasive sacroiliac joint stabilization**

Percutaneous or minimally invasive sacroiliac joint stabilization for sacroiliac joint fusion (27279) is considered medically necessary when ALL of the following criteria are met:

- Have moderate to severe pain with functional impairment and pain persists despite a minimum six months of intensive nonoperative treatment that must include medication optimization, activity modification, bracing, and active therapeutic exercise targeted at the lumbar spine, pelvis, sacroiliac joint (SIJ) and hip including a home exercise program
- Patient’s report of non-radiating, unilateral pain that is caudal to the lumbar spine (L5 vertebrae), localized over the posterior SIJ, and consistent with SIJ 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 do not exist

- 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)
- 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 SIJ instability, or inflammatory arthropathy that would not be properly addressed by percutaneous SIJ 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 SIJ injection.
- A trial of at least one therapeutic intra-articular SIJ injection (i.e. corticosteroid injection)

CODING/BILLING INFORMATION
The inclusion or exclusion of a code in this section does not necessarily indicate coverage. Codes referenced in this clinical policy are for informational purposes only.
Codes that are covered may have selection criteria that must be met.
Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODES</th>
<th>Description</th>
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<tbody>
<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>
</tr>
<tr>
<td>27280</td>
<td>Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed</td>
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Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to [https://www.paramounthealthcare.com/services/providers/medical-policies/](https://www.paramounthealthcare.com/services/providers/medical-policies/).

REVISION HISTORY EXPLANATION
ORIGINAL EFFECTIVE DATE: 08/22/2014

<table>
<thead>
<tr>
<th>Date</th>
<th>Explanation &amp; Changes</th>
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<tbody>
<tr>
<td>08/22/14</td>
<td>Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)</td>
</tr>
<tr>
<td>04/23/15</td>
<td>Deleted effective 12/31/14 code 0334T removed</td>
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<tr>
<td></td>
<td>Added effective 1/1/15 code 27279. Percutaneous or minimally invasive sacroiliac joint stabilization (e.g., iFuse Implant System™) for sacroiliac joint fusion (27279) may now be covered with prior authorization for Advantage members per ODM guidelines.</td>
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<tr>
<td></td>
<td>Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).</td>
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<tr>
<td>04/22/16</td>
<td>Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).</td>
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<tr>
<td>05/26/17</td>
<td>Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)</td>
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<td>08/23/18</td>
<td>Percutaneous or minimally invasive sacroiliac joint stabilization (e.g., iFuse Implant System™) for sacroiliac joint fusion (27279) is covered with prior authorization for Elite</td>
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members per CMS guidelines. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

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<thead>
<tr>
<th>Date</th>
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<tr>
<td>12/21/2020</td>
<td>• Medical policy placed on the new Paramount Medical Policy Format</td>
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| 07/01/2021 | • Medical policy updated to allow Percutaneous or minimally invasive sacroiliac joint stabilization for sacroiliac joint fusion (27278) for Commercial Members, effective 7/1/2021  
  • Effective 7/1/2021 Percutaneous or minimally invasive sacroiliac joint stabilization for sacroiliac joint fusion (27279) is covered and does not require a prior authorization for all product lines.  
  • Policy reviewed and updated to reflect most current clinical evidence |

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Ohio Department of Medicaid


Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Hayes, Inc.

Industry Standard Review