GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

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.

The following implants have received the U.S. Food and Drug Administration's (FDA) 510(k) approval:
- Symmetry®, Zyga Technology, Inc.
- iFuse Implant System®, SI Bone Inc.
- SI-FIX, Medtronic Sofamor Danek, Inc.
- SI-LOK™ Sacroiliac Joint Fixation System, Globus Medical
- SIFJ Cannulated screw System, Depuy Spine
- Pioneer Cannulated Screw System, Pioneer Surgical Technology, Inc.
- Synthes 6.5mm Cannulated Screws, Synthes USA

The iFuse Implant System™ (SI Bone, Cupertino, CA) is a device that received FDA (510k) approval in 2008 and consists of porous plasma spray coated rigid titanium implants which are inserted across the SI joint to create fixation. According to the FDA the implant system is intended for fracture fixation of large bones and large bone fragments of the pelvis, for conditions including sacroiliac joint disruptions and degenerative sacroiliitis. This device is recommended by the manufacturer for use as a fixation device for minimally invasive sacroiliac fusion with the proposed advantages of potential for earlier weight bearing, less invasive surgery and shorter length of hospital stay. Evidence in the medical literature suggests the device is primarily used for minimally invasive sacroiliac fusion for the treatment of sacroiliac pain resulting from degenerative sacroiliitis or sacroiliac joint disruption.

POLICY
Sacroiliac joint fusion (27280) does not require prior authorization.

Percutaneous or minimally invasive sacroiliac joint stabilization (e.g., iFuse Implant System™) for sacroiliac joint fusion (27279) requires a prior authorization for Advantage & Elite.

Percutaneous or minimally invasive sacroiliac joint stabilization (e.g., iFuse Implant System™) for sacroiliac joint fusion (27279) is non-covered for HMO, PPO, Individual Marketplace.

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
- ANY 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., partial sacrectomy)
  - When performed as part of multisegmental long fusions for the correction of spinal deformity (e.g., idiopathic scoliosis, neuromuscular scoliosis)
Paramount does not cover sacroiliac joint fusion for ANY other indication, including the following, because it is considered experimental, investigational or unproven:

- mechanical low back pain
- sacroiliac joint syndrome
- degenerative sacroiliac joint
- radicular pain syndromes

**Advantage, Elite**

Percutaneous or minimally invasive sacroiliac joint stabilization (e.g., iFuse Implant System™) 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 typically 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)

While there is insufficient evidence in the published medical literature to demonstrate the safety, efficacy and long-term outcomes of percutaneous or minimally invasive sacroiliac joint stabilization (e.g., iFuse Implant System™) for sacroiliac joint fusion (27279), The Ohio Department of Medicaid & The Center for Medicare & Medicaid Services requires this procedure be reviewed for medical necessity. Therefore it may be covered with a prior authorization for Advantage & Elite members.

**HMO, PPO, Individual Marketplace**

Paramount does not cover percutaneous or minimally invasive sacroiliac joint stabilization (e.g., iFuse Implant System™) for sacroiliac joint fusion (27279) for ANY indication because it is considered experimental, investigational or unproven.

**CODING/BILLING INFORMATION**

The appearance of a code in this section does not necessarily indicate coverage. 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 CODE</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>
</tr>
</tbody>
</table>

**TAWG REVIEW DATES:** 08/22/2014, 04/23/2015, 04/22/2016, 05/26/2017, 08/23/2018

**REVISION HISTORY EXPLANATION**

08/22/14: Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
04/23/15: Deleted effective 12/31/14 code 0334T removed. 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. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

04/22/16: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

05/26/17: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

08/23/18: Percutaneous or minimally invasive sacroiliac joint stabilization (e.g., iFuse Implant System™) for sacroiliac joint fusion (27279) is covered with prior authorization for Elite members per CMS guidelines. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://ifs.ohio.gov/
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Industry Standard Review
Hayes, Inc.