Evolent Clinical Guideline 1756 for Sacroiliac Joint Injections

Guideline Number: Evolent_CG_1756	**Applicable Codes**	
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Original Date: January 2014	**Last Revised Date:** **December 2024**	**Implementation Date:** ~~January~~**July** 2025

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STATEMENT

General Information

It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.

Special Note

Any injection performed at least two years from prior injections in the same region will be considered a new episode of care and the **INITIAL** injection requirements must be met for approval. Events such as surgery on the same spinal region or any new pathology would also prompt a new episode of care.

See Legislative Language for specific mandates in Washington

INDICATIONS FOR SACROILIAC JOINT INJECTIONS (INTRAARTICULAR OR LIGAMENTOUS INJECTIONS ONLY)

Sacroiliac Joint Pain [1,2,3,4]

For the treatment of sacroiliac joint (SIJ) pain **ALL** of the following must be met:

- Primarily axial low back pain (below level of L5) which may radiate to the groin or lower extremity
- Pain causing functional disability or average pain level of ≥ 6 on a scale of 0 to 10 related to the requested spinal region
- A cluster of any three (3) of the following positive provocation exam findings to suggest the diagnosis [5,6,7]:
  - Pelvic (SI) distraction test
  - Pelvic (SI) compression test
  - Sacral Thrust test
  - FABER (Patrick's test)
  - Posterior shear test
  - Yeoman's test
  - Gaenslen's test
  - Thigh Thrust test
- Duration of pain of at least **3 months**
- Failure to respond to non-operative conservative treatment targeting the requested spinal region for a minimum of 6 weeks in the last 6 months unless the medical reason this treatment cannot be done is clearly documented;

- **OR** details of active engagement in ongoing non-operative conservative treatment if the individual has had prior spinal injections in the same region

Spondyloarthropathy [8]

ALL of the following must be met:

- The individual has experienced ≥ 3 months of low back pain
- Age of onset < 45 years
- Comprehensive pain management program is in place including physical therapy, home exercise, patient education, psychosocial support, and/or oral medication
- Prior history of evidence of sacroiliitis on imaging (i.e., active inflammation on magnetic resonance imaging [MRI] or definite radiographic sacroiliitis grade ~~>~~ 2**-4** bilaterally or grade 3-4 unilaterally)
- **1 or more** spondyloarthropathy features:
  - Inflammatory back pain evidence with **at least 4** of the following criteria present [9]:
    - Age at onset < ~~45~~**40** years
    - Insidious onset
    - Improvement with exercise
    - No improvement with rest
    - Pain at night (with improvement upon getting up)
  - Arthritis
  - Enthesitis of the heel (irritability of muscles, tendons, or ligaments where they enter the bone)
  - Uveitis (inflammation of the uvea, the middle layer of the eye)
  - Dactylitis (inflammation of a finger or toe)
  - Psoriasis
  - Crohn's/colitis
  - Good response to NSAIDs
  - Family history of spondyloarthropathy
  - Positive testing for HLA-B27
  - Elevated C-reactive protein (CRP)

Imaging Guidance [3,4]

- The sacroiliac joint is commonly identified under image guidance by Fluoroscopy or Computed tomography (CT). CT is less effective than Fluoroscopy regarding observing of the escape of the injectate to the adjacent structures and cannot rule out concurrent intravascular flow. With proper use by skilled interventional pain physicians with ultrasound experience, the use of ultrasound guidance is similar to CT or Fluoroscopy but can have a lower accuracy of needle placement.
- Ultrasound guidance can be an effective alternative if fluoroscopy or CT guided

techniques are contraindicated **or when radiation exposure is problematic**; however, individual patient factors such as poor visualization due to deeper tissue layers (e.g., increased Body Mass Index (BMI) may contribute to substandard image resolution).

NOTE: **ALL** procedures must be performed under imaging guidance

Diagnostic Purposes for Surgical Planning [3,6]

For diagnostic purposes, all the following must be met:

- The sacroiliac joint injection is an image-guided, contrast-enhanced intra-articular injection
- At least 75% pain relief for the expected duration of the anesthetic after each diagnostic injection
- After the diagnostic relief period, the individual continues to have pain causing functional disability or average pain level ≥ 6 on a scale of 0 to 10 related to the requested spinal region.
- No more than two diagnostic injections per diagnostic phase
- Documentation of a pre-operative evaluation and plan for SIJ surgery

Repeat Injections [1,3,6]

Sacroiliac joint injections may be repeated only as **Medical Necessity**. **Each** sacroiliac joint injection requires an authorization, and the following criteria must be met for repeat injections:

Initial Treatment Phase

- Up to 2 sacroiliac joint injections may be performed in the initial treatment phase, no sooner than 2 weeks apart, provided that at least 50% pain relief or significant documented functional improvement is obtained

Therapeutic Phase

- Sacroiliac joint injections may only be repeated after the initial treatment phase if the individual has had at least 50% pain relief or significant documented functional improvement for a **minimum of 2 months** ~~after~~**before** each therapeutic injection
- The individual continues to have pain causing functional disability or average pain level ≥ 6 on a scale of 0 to 10 related to the requested spinal region
- The individual is engaged in ongoing active conservative treatment unless the medical reason this treatment cannot be done is clearly documented
- For individuals that have received other interventional pain injections in the lumbar/sacral region (e.g., epidural steroid injection or facet joint injection) since the last SIJ injection, at least one repeat positive provocative exam finding is required (pelvic (SI) distraction test, pelvic (SI) compression test, sacral thrust test, FABER (Patrick's test), posterior shear test, Yeoman's test, Gaenslen's test, or thigh thrust)
- A maximum of 4 sacroiliac joint injections may be performed in a 12-month period **per region in the therapeutic phase**

EXCLUSIONS

These requests are excluded from consideration under this guideline:

- Sacral lateral branch blocks (S1, S2, S3)
- Radiofrequency denervation of the sacroiliac joint

CONTRAINDICATIONS [2,3,4]

- **Absolute contraindications:**
  - Active systemic or spinal infection
  - Skin infection at the site of needle puncture
  - Local malignancy
  - **Septic joint**
- **Relative contraindications:**
  - **Coagulopathy**
  - **Pregnancy**
  - **Uncontrollable Diabetes**
  - **Current and uninterrupted use of blood-thinning medication**

LEGISLATIVE LANGUAGE

Washington

20160318B – Spinal Injections [10]

Number and Coverage Topic:

20160318B – Spinal Injections

HTCC Coverage Determination:

Spinal injections are a **covered benefit with conditions**.

HTCC Reimbursement Determination:

Limitations of Coverage:*

- **Therapeutic epidural injections in the lumbar or cervical-thoracic spine for chronic pain are a covered benefit when all of the following conditions are met: *f***
  - **For treatment of radicular pain; *f***
  - **With fluoroscopic guidance or CT guidance; *f***
  - **After failure of conservative therapy; *f***
  - **No more than two without clinically meaningful improvement in pain and function; and**

- **Maximum of three in six months.**

- Therapeutic sacroiliac joint injections for chronic pain is a covered benefit when all of the following conditions are met: ƒ
  - With fluoroscopic guidance or CT guidance; ƒ
  - After failure of conservative therapy; and ƒ
  - No more than one without clinically meaningful improvement in pain and function, subject to agency review.

* This coverage policy does not apply to those with a known systemic inflammatory disease such as: ankylosing spondylitis, psoriatic arthritis or enteropathic arthritis.

Non-Covered Indicators:

Therapeutic medial branch nerve block injections, intradiscal injections and facet injections are not a covered benefit.

CODING AND STANDARDS

Coding

CPT Codes

27096, G0260

Applicable Lines of Business

☒	CHIP (Children's Health Insurance Program)
☒	Commercial
☒	Exchange/Marketplace
☒	Medicaid
☒	Medicare Advantage

BACKGROUND

Definitions

Low back pain originating from the SIJ can result from inflammatory conditions such as sacroiliitis, spondyloarthropathy (e.g., ankylosing spondylitis, rheumatoid spondylitis), or from postsurgical or traumatic injury, degeneration (wear and tear), or pregnancy. SIJ pain most often occurs in the buttocks and lower back and may radiate down through the buttocks and the leg. Physical examination and radiographic techniques may confirm a diagnosis related to spondyloarthropathy. Physical examination, including provocative maneuvers to elicit pain response, and controlled SIJ injections can help diagnose noninflammatory pain arising from the SIJ.

Risks associated with SIJ dysfunction [3,4]:

- **Gait abnormalities**
- **Scoliosis**
- **Leg-length discrepancies**
- **Inflammatory spondyloarthropathies, including ankylosing spondylitis**
- **Previous spine surgeries**
- **Connective tissue disorders (e.g., Ehlers–Danlos syndrome)**
- **Pregnancy associated with ligamentous laxity and hypermobility**
- **Obesity**

Spinal injections for the treatment of SIJ pain syndrome are typically performed as one part of a comprehensive treatment program, but initial treatment usually includes over-the-counter analgesics, home exercise program to improve or maintain spinal mobility, and therapy sessions with a physical therapist involving range-of-motion, stretching, and strengthening exercises.

Sacroiliac joint injections are typically used for the following conditions:

- **Sacroiliac joint (SIJ) syndrome** may be caused by various events, including pain secondary to postsurgical or traumatic injury, degeneration (wear and tear), or pregnancy.
- **Diagnostic SIJ injections** are used to determine if the SIJ pain originates with the SIJ. Diagnostic blocks can reveal (or fail to reveal) that the source of pain is originating from the SIJ; appropriate treatment plan can be developed.
- **Therapeutic SIJ injections** used to treat SIJ pain once it has been determined that the SIJ is the origin of the pain. A therapeutic injection typically includes a corticosteroid and a local anesthetic that can be injected directly into the joint (intra-articular) or into the tissues surrounding the joint (periarticular).
- **Spondyloarthropathy** (also known as spondyloarthritis) is the name for a family of rheumatic diseases that cause arthritis. Sacroiliitis is a key indicator of spondyloarthritis and is diagnosed with imaging. Individuals with spondyloarthropathy are generally managed by rheumatologists.

The indications for coverage for the treatment of spondyloarthropathy have been established through criteria developed by the Assessment of SpondyloArthritis International Society (ASAS) for the classification of axial spondyloarthritis. [11] They are in keeping with the benefit guidelines developed by the Centers for Medicare & Medicaid Services (CMS). [12]

Telehealth visits have become routine in modern medical practice. However, sacroiliac joint injections cannot be performed via telehealth encounters. Individuals who can schedule an in- person encounter for injection are expected to also schedule an in-person encounter for provocative physical examination, prior to injection, in order to document the medical necessity of the joint injection.

Medical Necessity

It is generally considered not medically necessary to perform multiple interventional pain procedures on the same date of service. Documentation of a medical reason to perform injections in different regions on the same day can be provided and will be considered on a

case-by-case basis (e.g., holding anticoagulation therapy on two separate dates creates undue risk for the patient).

~~Conservative Treatment*~~

~~Non-operative treatment should include a multimodality approach consisting of at least one (1) active and one (1) inactive component targeting the affected spinal region.~~

- ~~Active components~~
  - ~~Physical Therapy~~
  - ~~Physician-supervised **home exercise program****~~
  - ~~Chiropractic Care~~
- ~~Inactive Modalities~~
  - ~~Medications (e.g., NSAIDs, steroids, analgesics)~~
  - ~~Injections (e.g., epidural steroid injection, selective nerve root block)~~
  - ~~Medical Devices (e.g., TENS unit, bracing)~~

Home Exercise Program (HEP)** (13)

The following two elements are required to meet conservative therapy guidelines for HEP:

- Documentation of an exercise prescription/plan provided by a physician, physical therapist, or chiropractor

AND

- Follow-up documentation regarding completion of HEP after the required 6-week timeframe or inability to complete HEP due to a documented medical reason (e.g., increased pain or inability to physically perform exercises).

POLICY HISTORY

Date	Summary
December 2024	• This guideline replaces Evolent Clinical Guideline 305 for Sacroiliac Joint Injections • Clarified between initial and therapeutic treatment phase in Repeat Injections section • Added and categorized contraindications • Updated age onset limitation for inflammatory back pain in Spondyloarthropathy section • Included the full WA bill • Removed Conservative Treatment section in Background • Added risks of SIJ dysfunction information in Background

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January 2024	• Added Legislative Language for the State of Washington • Updated provocation test to 3 to reflect EBM • Removed Anterior Impingement Test and Log roll as provocation tests • Added section on imaging guidance • Added diagnostic section to repeat injections • Added clarification to VAS section to include 'related to the requested spinal region' • Added Local Malignancy and removed Prolotherapy from contraindications section • Adjusted conservative treatment language in the body and background sections • Updated CPT Codes per the Matrix • Reduced background section • Added table of contents • Updated references

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Clinical Guideline Review Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

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Spondyloarthropathy [8]

ALL of the following must be met:

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NOTE: **ALL** procedures must be performed under imaging guidance

Diagnostic Purposes for Surgical Planning [3,6]

For diagnostic purposes, all the following must be met:

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- At least 75% pain relief for the expected duration of the anesthetic after each diagnostic injection
- After the diagnostic relief period, the individual continues to have pain causing functional disability or average pain level ≥ 6 on a scale of 0 to 10 related to the requested spinal region.
- No more than two diagnostic injections per diagnostic phase
- Documentation of a pre-operative evaluation and plan for SIJ surgery

Repeat Injections [1,3,6]

Sacroiliac joint injections may be repeated only as **Medical Necessity**. **Each** sacroiliac joint injection requires an authorization, and the following criteria must be met for repeat injections:

Initial Treatment Phase

- Up to 2 sacroiliac joint injections may be performed in the initial treatment phase, no sooner than 2 weeks apart, provided that at least 50% pain relief or significant documented functional improvement is obtained

Therapeutic Phase

- Sacroiliac joint injections may only be repeated after the initial treatment phase if the individual has had at least 50% pain relief or significant documented functional improvement for a **minimum of 2 months** before each therapeutic injection
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EXCLUSIONS

These requests are excluded from consideration under this guideline:

- Sacral lateral branch blocks (S1, S2, S3)
- Radiofrequency denervation of the sacroiliac joint

CONTRAINDICATIONS [2,3,4]

- Absolute contraindications:
  - Active systemic or spinal infection
  - Skin infection at the site of needle puncture
  - Local malignancy
  - Septic joint
- Relative contraindications:
  - Coagulopathy
  - Pregnancy
  - Uncontrollable Diabetes
  - Current and uninterrupted use of blood-thinning medication

LEGISLATIVE LANGUAGE

Washington

20160318B – Spinal Injections [10]

Number and Coverage Topic:

20160318B – Spinal Injections

HTCC Coverage Determination:

Spinal injections are a **covered benefit with conditions**.

HTCC Reimbursement Determination:

Limitations of Coverage:*

- Therapeutic epidural injections in the lumbar or cervical-thoracic spine for chronic pain are a covered benefit when all of the following conditions are met: *ƒ*
  - For treatment of radicular pain; *ƒ*
  - With fluoroscopic guidance or CT guidance; *ƒ*
  - After failure of conservative therapy; *ƒ*
  - No more than two without clinically meaningful improvement in pain and function; and
  - Maximum of three in six months.

- Therapeutic sacroiliac joint injections for chronic pain is a covered benefit when all of the following conditions are met: ƒ
  - With fluoroscopic guidance or CT guidance; ƒ
  - After failure of conservative therapy; and ƒ
  - No more than one without clinically meaningful improvement in pain and function, subject to agency review.

* This coverage policy does not apply to those with a known systemic inflammatory disease such as: ankylosing spondylitis, psoriatic arthritis or enteropathic arthritis.

Non-Covered Indicators:

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CODING AND STANDARDS

Coding

CPT Codes

27096, G0260

Applicable Lines of Business

☒	CHIP (Children's Health Insurance Program)
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BACKGROUND

Definitions

Low back pain originating from the SIJ can result from inflammatory conditions such as sacroiliitis, spondyloarthropathy (e.g., ankylosing spondylitis, rheumatoid spondylitis), or from postsurgical or traumatic injury, degeneration (wear and tear), or pregnancy. SIJ pain most often occurs in the buttocks and lower back and may radiate down through the buttocks and the leg. Physical examination and radiographic techniques may confirm a diagnosis related to spondyloarthropathy. Physical examination, including provocative maneuvers to elicit pain response, and controlled SIJ injections can help diagnose noninflammatory pain arising from the SIJ.

Risks associated with SIJ dysfunction [3,4]:

- Gait abnormalities
- Scoliosis
- Leg-length discrepancies
- Inflammatory spondyloarthropathies, including ankylosing spondylitis
- Previous spine surgeries
- Connective tissue disorders (e.g., Ehlers–Danlos syndrome)
- Pregnancy associated with ligamentous laxity and hypermobility
- Obesity

Spinal injections for the treatment of SIJ pain syndrome are typically performed as one part of a comprehensive treatment program, but initial treatment usually includes over-the-counter analgesics, home exercise program to improve or maintain spinal mobility, and therapy sessions with a physical therapist involving range-of-motion, stretching, and strengthening exercises.

Sacroiliac joint injections are typically used for the following conditions:

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Medical Necessity

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case-by-case basis (e.g., holding anticoagulation therapy on two separate dates creates undue risk for the patient).

Home Exercise Program (HEP)** [13]

The following two elements are required to meet conservative therapy guidelines for HEP:

- Documentation of an exercise prescription/plan provided by a physician, physical therapist, or chiropractor

AND

- Follow-up documentation regarding completion of HEP after the required 6-week timeframe or inability to complete HEP due to a documented medical reason (e.g., increased pain or inability to physically perform exercises).

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December 2024	• This guideline replaces Evolent Clinical Guideline 305 for Sacroiliac Joint Injections • Clarified between initial and therapeutic treatment phase in Repeat Injections section • Added and categorized contraindications • Updated age onset limitation for inflammatory back pain in Spondyloarthropathy section • Included the full WA bill • Removed Conservative Treatment section in Background • Added risks of SIJ dysfunction information in Background
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LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Clinical Guideline Review Committee

Disclaimer

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