



Status

Active

## Medical and Behavioral Health Policy

Section: Surgery

Policy Number: IV-126

Effective Date: 09/24/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

## SACROILIAC JOINT FUSION

**Description:** The sacroiliac (SI) joint, which is located at the junction of the spine and pelvis, connects the bony surfaces of the sacrum with the ilium on either side of the lower back. The sacrum is a triangular bone located below the lumbar spine and is comprised of five fused vertebrae that do not move. The iliac bones form the pelvis and consist of two large bones, positioned on either side of the spine. The sacrum and ilium are held together by a group of strong ligaments. The function of the SI joint is to transfer the load of the upper body to the lower body. Motion of this joint is small during normal physiologic activity and decreases with age.

Sacroiliac joint fusion, also referred to as arthrodesis, has been used for stabilization of the spine in emergent conditions such as treatment of sacral tumors, SI joint infection, or pelvic ring fracture. SI joint fusion has also been proposed for treatment of mechanical low back and sacral insufficiency fractures. The surgery may be performed as a minimally invasive procedure (e.g., percutaneous approach) or as an open procedure. Percutaneous SI joint fusion involves the placement of instrumentation, with or without bone graft, to achieve fusion.

Several devices have received 510(k) marketing clearance by the U.S. Food and Drug Administration (FDA) for specific use in percutaneous or minimally invasive SI joint fusion procedures. These devices include the iFuse SI Fusion System® (SI-Bone, Inc), the SImmetry™ Sacroiliac Joint Fusion System (Zyga Technology, Inc.), the SI-LOK™ Sacroiliac Joint Fixation System (Globus Medical), and the SI-FIX Sacroiliac Joint Fusion Device (Medtronic Sofamor Danek, Inc.). These systems are intended for sacroiliac joint fusion for conditions including sacroiliac joint disruptions and degenerative sacroiliitis.

**Definitions:** **Pelvic ring:** With a cavity in its center, the pelvis forms one major ring and two smaller rings of bone that support and protect internal organs such as the bladder, intestines, and rectum.

**Sacral insufficiency fracture:** Represents a subtype of stress fracture that results from normal or physiologic stress being applied to abnormal, weakened bone. This type of fracture is most common with age-related osteoporosis or other metabolic bone disease.

**Policy:**

- I. Sacroiliac joint fusion, performed by an open procedure, may be considered **MEDICALLY NECESSARY** for **ANY** of the following indications:
  - A. Adjunct to sacrectomy or partial sacrectomy for treatment of sacral tumors;
  - B. Adjunct to the medical treatment of sacroiliac joint infection (e.g., osteomyelitis, pyogenic sacroiliitis);
  - C. Treatment of severe traumatic injuries associated with pelvic ring fracture.
- II. Sacroiliac joint fusion, performed by an open procedure, is considered **INVESTIGATIVE** for all other indications including, but not limited to:
  - A. Mechanical lower back pain;
  - B. Sacral insufficiency fractures.
- III. Minimally invasive or percutaneous sacroiliac joint fusion procedures are considered **INVESTIGATIVE** for all indications due to a lack of evidence demonstrating an impact on improved health outcomes.

**Coverage:**

Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

**Coding:** *The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

**CPT:**

27280 Arthrodesis, sacroiliac joint (including obtaining graft)

0334T Sacroiliac joint stabilization for arthrodesis, percutaneous or minimally invasive (indirect visualization), includes obtaining and applying autograft or allograft (structural or morselized), when performed, includes image guidance when performed (eg, CT or fluoroscopic)

**Policy History:** **Developed October 10, 2012**

**Most recent history:**

Revised October 9, 2013

Reviewed September 10, 2014

**Cross Reference:** Spinal Fusion: Lumbar, IV-87

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