Medica Coverage Policy

Policy Name: Sacroiliac Joint Fusion
Current Policy Effective Date: 12/1/2014

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare, Medicaid and MinnesotaCare members, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy

Sacroiliac joint fusion surgery is investigative and therefore NOT COVERED.

Note: See also related Medica coverage policies, Dynamic Stabilization Devices for Chronic Back Pain, and Minimally Invasive Spinal Fusion Surgery Using Axial Lumbar Interbody Fusion (AxiaLIF) or eXtreme Lateral Interbody Fusion (XLIF).

Description

The sacroiliac joint is a diarthrodial (freely movable) joint between the ilium and sacral section of the spine. It functions in the transmission and dissipation of truncal loads to the lower extremities, in limiting x-axis rotation, and facilitating parturition. Sacroiliac joint motion is small during normal physiologic activity (other than its role in pregnancy and childbirth), not exceeding 2 to 3 degrees or 2 mm of motion in the transverse or longitudinal planes.

Most sources implicate the sacroiliac joint as the primary source of lower back pain in approximately 10 – 30% of the population. A symptomatic sacroiliac joint can present with a myriad of pain patterns throughout the lumbar region, buttocks, groin, thigh, and leg. Because of its complexity, there are no reliable historical, physical, or radiological features to provide a definitive diagnosis of sacroiliac joint pain. Fluoroscopically guided injection of a local anesthetic helps confirm or exclude the diagnosis. Typically, treatment for sacroiliac joint disorders is nonsurgical. However, in the 1920’s and early 1930’s, these disorders were frequently treated with fusion using various techniques. Fusion became infrequent after the discovery of disc herniation as a source of pain in the lumbar spine in 1934. Recently attention has shifted back to the SI joint as a possible source of low back pain, and fusion of the joint is once again under investigation.

Sacroiliac joint fusion may be performed as an open procedure, or as a minimally invasive procedure (e.g., percutaneous approach). Percutaneous fusion involves placement of instrumentation to achieve fusion.
FDA Approval
Sacroiliac joint fusions are procedures and therefore not regulated by the FDA. However, the FDA has granted 501K approval to several devices for use in sacroiliac joint procedures, including but not limited to:

- Ifuse Implant System (SI-Bone, Inc. Saratoga, CA),
- Symmetry Sacroiliac Joint Fusion System (Zyga Technology, Inc., Minneapolis, MN),
- SIJF cannulated screw system (Depuy Spine, Raynham, MA),
- Pioneer Cannulated Screw System (Pioneer Surgical Technology, Inc., Marquette, MI),
- Synthes 6.5 mm Cannulated Screw (Synthes USA, Paoli, PA), and
- SI-LOK Sacroiliac joint fixation system (Globus Medical, Audubon, PA)

Prior Authorization
Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations
Use the current applicable CPT/HCPCS code(s). 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 Codes:
- 27280 – Arthrodesis, sacroiliac joint, [including obtaining graft]
- 27279 – Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device
- 27299 – Unlisted procedure, pelvis or hip joint
- 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 (e.g., CT of fluoroscopic).

Original Effective Date: 1/1/2012

Re-Review Date(s):
- 9/17/14
- 3/24/2016 – administrative update – code added