Common symptoms and symptom complexes are addressed by this tool. Requests for patients with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician may provide additional insight.
CMM-203.1 Definitions

- **Intra-articular sacroiliac joint injection** refers to the injection of contrast (absent allergy to contrast), followed by the introduction of a corticosteroid and/or a local anesthetic into the sacroiliac joint under fluoroscopic guidance.

- **Peri-articular injection** refers to the introduction of a corticosteroid and/or a local anesthetic to one or more sections of the posterior ligamentous structures of the sacroiliac joint.

- **Sacroiliac joint pain** is defined as pain originating from the sacroiliac joint and/or its supporting ligamentous structures as a result of injury, disease or surgery. The most important clinical components required to support the diagnosis of sacroiliac joint pain to avoid unnecessary procedures or treatment include:
  - Pain primarily experienced between the upper level of the iliac crests and the gluteal fold (the pain can refer distally, even below the knee); and
  - A negative neurological examination for the presence of radicular symptoms/radiculopathy; and
  - A negative neurological examination for the presence of radicular symptoms/radiculopathy; and
  - At least one (1) positive provocative test for pain reproduction. These tests include:
    - Distraction or “Gapping” or Patrick’s Test
    - Thigh Thrust or Posterior Pelvic Pain Provocational Test
    - Gaenslan’s Test
    - Sacroiliac Joint Compression Test
    - Sacral Thrust or Yeoman’s Test.

The presence of pain over the sacroiliac joint in the absence of radicular findings in and of itself does not substantiate the diagnosis of sacroiliac joint pain. There must also be clinical evidence as described above.

CMM-203.2 Indications and Non-Indications

- The determination of medical necessity for the use of sacroiliac joint injections is always made on a case-by-case basis.
All intra-articular sacroiliac joint injections should be performed using fluoroscopy and injection of contrast (absent allergy to contrast), for guidance, as it is considered the standard of care. The performance of sacroiliac joint injections under an alternative type of guidance or without the use of fluoroscopic guidance may be considered not medically necessary.

The performance of peri-articular sacroiliac joint injections with or without the use of fluoroscopic guidance may be considered medically necessary.

CMM-203.3 Indications and Non-Indications

The performance of sacroiliac joint injections may be considered medically necessary for a patient who has been diagnosed with sacroiliac joint pain which has resulted from disease, injury or surgery and has not responded sufficiently to at least four (4) weeks of conservative therapy (exercise, physical methods including physical therapy, chiropractic care, NSAIDs and analgesics).

To avoid coming to an improper diagnosis or providing unnecessary treatment, the performance of sacroiliac joint injections may be considered not medically necessary on the same day of service as facet joint blocks, epidural steroid injections or lumbar sympathetic chain blocks.

Based on the limited long-term benefit of performing sacroiliac joint injections as an isolated intervention with regard to pain and improved function, all sacroiliac joint injections should be performed in conjunction with active rehabilitative care/therapeutic exercise. Injections performed in isolation without the patient participating in an active rehabilitation program/home exercise program/functional restoration program may be considered not medically necessary.

A request for a diagnostic sacroiliac joint injection may be considered medically necessary if it meets all the requirements as outlined above.

When diagnostic sacroiliac joint injections are performed (anesthetic only), a positive diagnostic response is recorded as 50% for the duration of the local anesthetic. If the first sacroiliac joint block is not positive, a second diagnostic block may be considered not medically necessary.

When therapeutic sacroiliac joint injections are performed (corticosteroid with or without anesthetic), a repeat injection may be considered medically necessary if the patient has received at least a 50% reduction in the reported pain, documented increase in the patient’s level of function (i.e., return to work), or documented reduction in the use of pain medication and/or additional medical services such as physical therapy/chiropractic care for at least four (4) weeks. The performance of
therapeutic sacroiliac joint injections for the treatment of chronic sacroiliac joint pain at a frequency greater than once every two (2) months may be considered not medically necessary. In the patients with chronic sacroiliac joint pain, therapeutic sacroiliac joint injections should be limited to a maximum of four (4) times per year.

**CMM-203.4 Procedure Codes**

<table>
<thead>
<tr>
<th>CPT®</th>
<th>Code Description/Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>27096</td>
<td>Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed.</td>
</tr>
<tr>
<td>G0260</td>
<td>Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography.</td>
</tr>
</tbody>
</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the individual payor (health insurance company, etc.) and is based on the member/patient/client/beneficiary’s policy or benefit entitlement structure as well as any third party payor guidelines and/or claims processing rules. Providers are strongly urged to contact each payor for individual requirements if they have not already done so.

**CMM-203.5 References**


