Sacroiliac Joint Injection

FIRST COAST SERVICE OPTIONS
MAC - PART B
LOCAL COVERAGE DETERMINATION

LCD Database ID Number
L33957

Contractor Name
First Coast Service Options, Inc.

Contractor Number
09102 – Florida
09202 – Puerto Rico
09302 – Virgin Islands

Contractor Type
MAC – Part B

LCD Title
Sacroiliac Joint Injection

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Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

N/A

Primary Geographic Jurisdiction
Florida
Puerto Rico/Virgin Islands
Indications and Limitations of Coverage and/or Medical Necessity

The sacroiliac (SI) joint is formed by the articular surfaces of the sacrum and iliac bones. The SI joints bear the weight of the trunk and as a result are subject to the development of strain and/or pain. Low back pain of SI joint origin is a difficult clinical diagnosis and often one of exclusion. Injection of local anesthetic or contrast material is a useful diagnostic test to determine if the SI joint is the pain source. If the cause of pain in the lower back has been determined to be the SI joint, one of the options of treatment is injecting steroids and/or anesthetic agent(s) into the joint. Therapeutic injections of the SI joint would not likely be performed unless other noninvasive treatments have failed.

Image guidance is crucial to identify the optimal site for access to the joint. Fluoroscopy is often the imaging method of choice. Once the specific anatomy is identified, the needle tip is placed in the caudal aspect of the joint and contrast material is injected. Contrast fills the joint to delineate integrity (or lack thereof) of articular cartilage, as well as morphologic features of the joint space and capsule. Procedure code 27096 describes the injection of contrast for radiologic evaluation associated with SI joint arthrography and/or therapeutic injection of an anesthetic/steroid. Since fluoroscopy is the key to precision diagnostic injections and accurate therapeutic injections, procedure code 27096 should be billed when imaging confirmation of intra-articular needle positioning has been performed, since this code includes both the injection and the image guidance procedure.

The injection procedure of the SI joint will be considered medically reasonable and necessary when it is used for imaging confirmation of intra-articular needle positioning for arthrography with or without therapeutic injection. In addition, the injection procedure of the SI joint will be considered medically necessary when an injection is given for therapeutic indications, such as injection of an anesthetic and/or steroid, to block the joint for immediate and potentially lasting pain relief. When therapeutic injections of the SI joint are performed, it would be expected that the record reflects noninvasive treatments (i.e., rest, physical therapy, NSAID’s, etc.) have failed.

CPT/HCPCS Codes

27096 Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed.

ICD-10 Codes that Support Medical Necessity

For Procedure Code 27096
Sacroiliac Joint Injection

M08.1    Juvenile ankylosing spondylitis
M12.551-M12.559 Traumatic arthropathy, hip
M12.851-M12.859 Other specific arthropathies, not elsewhere classified, right hip
M13.851-M13.859 Other specific arthritis, hip
M16.0-M16.9 Osteoarthritis of hip
M25.551-M25.559 Pain in hip
M25.751-M25.759 Osteophyte, hip
M43.27 Fusion of spine, lumbosacral region
M43.28 Fusion of spine, sacral and sacrococcygeal region
M45.6-M45.8 Ankylosing spondylitis
M46.1 Sacroiliitis, not elsewhere classified
M47.26-M47.28 Other spondylosis with radiculopathy
M47.816-M47.818 Spondylosis without myelopathy or radiculopathy
M47.896-M47.898 Other spondylosis
M48.061 – M48.062 Spinal stenosis, lumbar region without neurogenic claudication – Spinal stenosis, lumbar region with neurogenic claudication
M48.07 Spinal stenosis, lumbosacral region
M51.14-M51.17 Thoracic, thoracolumbar and lumbosacral intervertebral disc disorders with radiculopathy
M53.2X7 Spinal instabilities, lumbosacral region
M53.2X8 Spinal instabilities, sacral and sacrococcygeal region
M53.3 Sacrococcygeal disorders, not elsewhere classified
M53.86-M53.88 Other specified dorsopathies
M54.14-M54.17 Radiculopathy
M54.30 – M54.31 Sciatica
M54.40 – M54.42 Lumbago with sciatica
M54.5 Low back pain
M70.60 – M70.62 Trochanteric bursitis
M70.70 – M70.72 Other bursitis of hip
M76.00 – M76.32 Enthesopathies, lower limb, excluding foot
M99.04 Segmental and somatic dysfunction of sacral region
M99.05 Segmental and somatic dysfunction of pelvic region
M99.23 Subluxation stenosis of neural canal of lumbar region
M99.33 Osseous stenosis of neural canal of lumbar region
M99.43 Connective tissue stenosis of neural canal of lumbar region
M99.53 Intervertebral disc stenosis of neural canal of lumbar region
M99.63 Osseous and subluxation stenosis of intervertebral foramina of lumbar region
M99.73 Connective tissue and disc stenosis of intervertebral foramina of lumbar region
Q76.2 Congenital spondylolisthesis
S33.6XXA-S33.6XXS Sprain of sacroiliac joint
S33.8XXA-S33.8XXS Sprain of other parts of lumbar spine and pelvis
S33.9XXA-S33.9XXS Sprain of unspecified parts of lumbar spine and pelvis

Diagnoses that Support Medical Necessity

N/A
ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Diagnoses that DO NOT Support Medical Necessity

N/A

Associated Information

Documentation Requirements

Medical record documentation maintained by the performing provider must clearly indicate the medical necessity for billing a SI joint injection and that the SI joint injection was performed using imaging confirmation of intra-articular needle positioning. As stated in the “Indications and Limitations of Coverage” section, when SI joint injection is used for therapeutic purposes, the documentation must support other noninvasive treatments attempted. This information is normally found in the history and physical or the office/progress notes.

Utilization Guidelines

The frequency at which a SI joint injection is performed is dependent on the clinical presentation of the patient. However, it is generally expected that the patient’s response to the previous injection is important in deciding whether and when to proceed with additional injections for therapeutic indications. If the patient has achieved significant benefit after the first injection, a second injection would be appropriate for reoccurring symptoms. However, if the patient experiences no symptom relief or functional improvement after two (2) injections, medical literature supports that additional injections would not be expected, because the probability of a positive outcome is low. If therapeutic effect is achieved, a maximum of three (3) injections per year, per site, is recommended.

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Sources of Information and Basis for Decision

First Coast Service Options, Inc. reference LCD number – L29390


Sacroiliac Joint Injection

Start Date of Comment Period
N/A

End Date of Comment Period
N/A

Start Date of Notice Period
N/A

Revision History

Revision History Number: R1

Revision Number: 1
Publication: September 2017 Connection
LCR B2017-011

Explanation of Revision: Based on CR 10153 (Annual 2018 ICD-10-CM Update) the LCD was revised. Added ICD-10-CM diagnosis codes M48.061 – M48.062. Deleted ICD-10-CM diagnosis code M48.06. The effective date of this revision is based on date of service.

Original
Publication: April 2014 Connection

This LCD replaces all previous LCD versions (refer to “Sources of Information and Basis for Decision” section of the LCD) and publications on this subject to comply with ICD-10-CM based on Change Request 8112. The effective date of this LCD is based on date of service.

Related Documents

N/A

LCD Attachments

N/A

Document formatted: 09/07/2017 (RC/RA/dc)