MASSACHUSETTS

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Diagnosis and Treatment of Sacroiliac Joint Pain Prior Authorization Request Form #927

Medical Policy #320 Diagnosis and Treatment of Sacroiliac Joint Pain

Please use this form to assist in identifying members who meet Blue Cross Blue Shield of Massachusetts' (BCBSMA's) medical necessity criteria for Diagnosis and Treatment of Sacroiliac Joint Pain. For members who do not meet the criteria, submit a letter of medical necessity with a request for Clinical Exception (Individual Consideration). Once completed, fax to**:**

Medical and Surgical: 1-888-282-0780	**Medicare Advantage: 1-800-447-2994**

CLINICAL DOCUMENTATION
Copies of clinical documentation that supports the medical necessity criteria for Diagnosis and Treatment of Sacroiliac Joint Pain must be submitted with this form. **If the patient does not meet all the criteria listed below, please submit a letter of medical necessity explaining why an exception is justified.**

Patient Information	
Patient Name:	Today's Date:
BCBSMA ID#:	Date of Treatment:
Date of Birth:	Place of Service: Outpatient ❒ Inpatient ❒

Physician Information	**Facility Information**
Name:	Name:
Address:	Address:
Phone #:	Phone #:
Fax#:	Fax#:
NPI#:	NPI#:

Please check off if the patient has the following diagnosis:	
Sacroiliac pain	❒

Please check off if the surgical procedure being requested is the following:	
Minimally invasive fixation/fusion of the sacroiliac joint using transiliac placement of a titanium triangular implant (eg, iFuse)	❒

Please check off that the patient meets ALL of the following criteria:	
Pain is at least 5 on a 0 to 10 rating scale that impacts quality of life or limits activities of daily living; **AND**	❒
There is an absence of generalized pain behavior (eg, somatoform disorder) or generalized pain disorders (eg, fibromyalgia); **AND**	❒
Patient had undergone and failed a minimum 6 months of intensive nonoperative treatment that must include medication optimization, activity modification, bracing, and active therapeutic exercise targeted at the lumbar	❒

spine, pelvis, sacroiliac joint, and hip, including a home exercise program; **AND**	
Pain is caudal to the lumbar spine (L5 vertebra), localized over the posterior sacroiliac joint, and consistent with sacroiliac joint pain; **AND**	❒
A thorough physical examination demonstrates localized tenderness with palpation over the sacral sulcus (Fortin's point) in the absence of tenderness of similar severity elsewhere; **AND**	❒
There is a positive response to a cluster of 3 provocative tests (eg, thigh thrust test, compression test, Gaenslen sign, distraction test, Patrick test, posterior provocation test); **AND**	❒
There is at least a 75% reduction in pain for the expected duration of the anesthetic used following an image-guided, contrast-enhanced intra-articular sacroiliac joint injection on 2 separate occasions; **AND**	❒
A trial of a therapeutic sacroiliac joint injection (ie, corticosteroid injection) has been performed at least once.	❒

Please check off that the patient meets ALL of the following criteria:	
Diagnostic imaging studies include **ALL** of the following:	
• Imaging (plain radiographs and computed tomography or magnetic resonance imaging) of the sacroiliac joint excludes the presence of destructive lesions (eg, tumor, infection) or inflammatory arthropathy of the sacroiliac joint; **AND**	❒
• Imaging of the pelvis (anteroposterior plain radiograph) rules out concomitant hip pathology; **AND**	❒
• Imaging of the lumbar spine (computed tomography or magnetic resonance imaging) is performed to rule out neural compression or other degenerative condition that can be causing low back or buttock pain; **AND**	❒
• Imaging of the sacroiliac joint indicates evidence of injury and/or degeneration.	❒

Please check off if the procedure is being done by the following provider:	
A surgeon who has specific training and expertise in minimally invasive sacroiliac joint fusion surgery for chronic sacroiliac joint pain and who regularly use image-guidance for implant placement.	❒

Coding Information

Please check off all the relevant CPT codes:		
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	❒
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	❒

Please check off all the relevant HCPCS codes:		
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	❒

Providers should enter the relevant diagnosis code(s) below:

Code	Description	
		❒
		❒

Providers should enter other relevant code(s) below:

Code	Description	
		❒
		❒