


MEDICAL POLICY	Back: Sacroiliac Joint Fusion or Stabilization (Medicare Only)
Effective Date: 05/1/2021	Medical Policy Number: 195
 5/1/2021	Medical Policy Committee Approved Date: 12/17; 1/19; 9/19; 11/2020; 02/2021
Medical Officer	Date

See Policy CPT CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Percutaneous Minimally Invasive Fusion/Stabilization of the Sacroiliac Joint</i>	<ul style="list-style-type: none"> Local Coverage Determination (LCD): Percutaneous minimally invasive fusion/stabilization of the sacroiliac joint for the treatment of back pain (L36000)¹ Local Coverage Article (LCA): Billing and Coding: Percutaneous minimally invasive fusion/stabilization of the sacroiliac joint for the treatment of back pain (A57596)²

*Per the [Medicare Policy Manual](#) commercial medical policies may be applied to Medicare coverage determinations in the absence of an appropriate NCD, LCD, LCA, or CMS Coverage Manual. Therefore, the commercial medical policy, **Back: Sacroiliac Joint Fusion or Stabilization (All Lines of Business Except Medicare), SUR132, applies to the following services:***

- Open sacroiliac joint fusion

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CPT CODES

Medicare Only	
Prior Authorization Required	
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, 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
<p style="text-align: center;">Unlisted Codes</p> <p style="text-align: center;">All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then prior-authorization is required.</p>	
22899	Unlisted procedure, spine
27299	Unlisted procedure, pelvis or hip joint

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

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REFERENCES

1. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Percutaneous minimally invasive fusion/stabilization of the sacroiliac joint for the treatment of back pain (L36000). Revision Effective Date: For services performed on or after 06/25/2020. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=36000>. Accessed 11/29/2020.
2. Centers for Medicare & Medicaid Services. Local Coverage Article: Billing and Coding: Percutaneous minimally invasive fusion/stabilization of the sacroiliac joint for the treatment of back pain (A57596). Revision Effective Date: 06/25/2020. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=57596>. Accessed 11/29/2020.