

Local Coverage Determination (LCD) for Sacroiliac Joint Injection (L29274)

Contractor Information

Contractor Name

First Coast Service Options, Inc.

[Back to Top](#)

Contractor Number

09102

Contractor Type

MAC - Part B

LCD Information

Document Information**LCD ID Number**

L29274

LCD Title

Sacroiliac Joint Injection

Contractor's Determination Number

27096

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CMS National Coverage Policy

Language quoted from CMS National Coverage Determination (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

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

Primary Geographic Jurisdiction

Florida

Oversight Region

Region IV

Original Determination Effective Date

For services performed on or after 02/02/2009

Original Determination Ending Date**Revision Effective Date**

For services performed on or after 01/01/2012

Revision Ending Date

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.

Medicare will consider the injection procedure of the SI joint 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, Medicare will consider the injection procedure of the SI joint 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.

[Back to Top](#)

Coding Information**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

99999	Not Applicable
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CPT/HCPCS Codes
GroupName

27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED
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ICD-9 Codes that Support Medical Necessity

For Procedure Code 27096

715.15	OSTEOARTHRISIS LOCALIZED PRIMARY INVOLVING PELVIC REGION AND THIGH
715.18	OSTEOARTHRISIS LOCALIZED PRIMARY INVOLVING OTHER SPECIFIED SITES
715.25	OSTEOARTHRISIS LOCALIZED SECONDARY INVOLVING PELVIC REGION AND THIGH
715.28	OSTEOARTHRISIS LOCALIZED SECONDARY INVOLVING OTHER SPECIFIED SITES
715.35	OSTEOARTHRISIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVING PELVIC REGION AND THIGH
715.38	OSTEOARTHRISIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVING OTHER SPECIFIED SITES
715.95	OSTEOARTHRISIS UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED INVOLVING PELVIC REGION AND THIGH
715.98	OSTEOARTHRISIS UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED INVOLVING OTHER SPECIFIED SITES
716.15	TRAUMATIC ARTHROPATHY INVOLVING PELVIC REGION AND THIGH
716.55	UNSPECIFIED POLYARTHROPATHY OR POLYARTHRITIS INVOLVING PELVIC REGION AND THIGH
716.58	UNSPECIFIED POLYARTHROPATHY OR POLYARTHRITIS INVOLVING OTHER SPECIFIED SITES
716.95	UNSPECIFIED ARTHROPATHY INVOLVING PELVIC REGION AND THIGH
716.98	UNSPECIFIED ARTHROPATHY INVOLVING OTHER SPECIFIED SITES

719.45	PAIN IN JOINT INVOLVING PELVIC REGION AND THIGH
719.48	PAIN IN JOINT INVOLVING OTHER SPECIFIED SITES
720.0	ANKYLOSING SPONDYLITIS
720.2	SACROILIITIS NOT ELSEWHERE CLASSIFIED
721.3	LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY
724.02	SPINAL STENOSIS, LUMBAR REGION, WITHOUT NEUROGENIC CLAUDICATION
724.03	SPINAL STENOSIS, LUMBAR REGION, WITH NEUROGENIC CLAUDICATION
724.2	LUMBAGO
724.3	SCIATICA
724.4	THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS UNSPECIFIED
724.6	DISORDERS OF SACRUM
724.79	OTHER DISORDERS OF COCCYX
726.5	ENTHESOPATHY OF HIP REGION
739.4	NONALLOPATHIC LESIONS OF SACRAL REGION NOT ELSEWHERE CLASSIFIED
739.5	NONALLOPATHIC LESIONS OF PELVIC REGION NOT ELSEWHERE CLASSIFIED
756.11	CONGENITAL SPONDYLOLYSIS LUMBOSACRAL REGION
846.1	SACROILIAC (LIGAMENT) SPRAIN
846.8	OTHER SPECIFIED SITES OF SACROILIAC REGION SPRAIN
846.9	UNSPECIFIED SITE OF SACROILIAC REGION SPRAIN
847.3	SPRAIN OF SACRUM

Diagnoses that Support Medical Necessity

N/A

ICD-9 Codes that DO NOT Support Medical Necessity

XX000	Not Applicable
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ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

N/A

[Back to Top](#)

General Information

Documentations 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.

Appendices

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

Aeschbach, A. & Mekhail, N.A. (2000). Common nerve blocks in chronic pain management. *Regional Anesthesia*, 18 (2). Retrieved June 20, 2002 from the World Wide Web: www.mdconsult.com. This article supports the indications and techniques of this procedure.

American Medical Association (2001). *CPT 2002 changes: An insider's view*. Chicago: American Medical Association. This reference further explains procedure code 27096.

Cardone, D.A. & Tallia, A.F. (2002). Joint and soft tissue injection. *American Family Physician*. Retrieved July 24, 2002 from the World Wide Web: www.aafp.org. This article supports the therapeutic indications and utilization parameters for therapeutic injections.

Dussault, R.G., Kaplan, P.A., & Anderson, M.W. (2000). Fluoroscopy-guided sacroiliac joint injections. *Radiology*; 214: 273-277. Retrieved July 8, 2002 from the World Wide Web: www.radiology.rsna.org. This study verified that fluoroscopy-guided intra-articular needle insertions is a safe and rapid procedure, and that injection of local anesthetic can be a useful diagnostic test.

Tollison, C.D., Satterthwaite, J.R., & Tollison, J.W. (2002). *Practical pain management*, 3rd ed., (8), 91-97. Philadelphia: Lippincott. This source was used in the LMRP description.

Waldman, S.D. (2000). *Atlas of pain management injection techniques*, (65), 225-227. Philadelphia, W.B. Saunders. This source defined the anatomy of the sacroiliac joint.

Advisory Committee Meeting Notes Carrier Advisory Committee Meeting held on 09/14/2002.

This policy does not reflect the sole opinion of the contractor or contractor medical director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from numerous societies.

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period 01/01/2011

Revision History Number 4

Revision History Explanation Revision Number:4

Start Date of Comment Period:N/A
Start Date of Notice Period:01/01/2012
Revised Effective Date: 01/01/2012

LCR B2012-004
December 2011 Connection

Explanation of Revision: Annual 2012 HCPCS Update. The "Indications and Limitations of Coverage and/or Medical Necessity" section was updated regarding fluoroscopy. Revised the descriptor in the "CPT/HCPCS" section of the LCD for CPT code 27096 and deleted CPT code 73542 per the update. CPT code 77003 was removed since it was determined no longer appropriate in the LCD. The effective date of this revision is based on date of service.

Revision Number:3
Start Date of Comment Period:N/A
Start Date of Notice Period:01/01/2011
Revised Effective Date: 01/01/2011

LCR B2011-004
December 2010 Update

Explanation of Revision: Annual 2011 HCPCS Update. Revised descriptor for CPT code 77003 in the "CPT/HCPCS Code" section of the LCD. The effective date of this revision is based on date of service.

Revision Number: 2
Start Date of Comment Period:N/A
Start Date of Notice Period:10/01/2010
Revised Effective Date:10/01/2010

LCR B2010-071
September 2010 Update

Explanation of Revision: Annual 2011 ICD-9-CM Update. Added ICD-9-CM code 724.03 for CPT 27096. Revised descriptor for ICD-9-CM code 724.02 for CPT code 27096. The effective date of this revision is based on date of service.

Revision Number:1
Start Date of Comment Period:N/A
Start Date of Notice Period:01/01/2010
Revised Effective Date: 01/01/2010

LCR B2010- 003
December 2009 Update

Explanation of Revision: Annual 2010 HCPCS Update. Revised descriptor for CPT code 77003. The effective date of this revision is based on date of service.

Revision Number:Original
Start Date of Comment Period:N/A
Start Date of Notice Period:12/04/2008
Revised Effective Date:02/02/2009

LCR B2009-
December 2008 Bulletin

This LCD consolidates and replaces all previous policies and publications on this subject by the carrier predecessors of First Coast Service Options, Inc. (Triple S and FCSO).

For Florida (00590) this LCD (L29274) replaces LCD L13869 as the policy in notice. This document (L29274) is effective on 02/02/2009.

11/15/2009 - The description for CPT/HCPCS code 77003 was changed in group 1

09/06/2010 - This policy was updated by the ICD-9 2010-2011 Annual Update.

11/21/2010 - For the following CPT/HCPCS codes either the short description and/or the long description was changed. Depending on which description is used in this LCD, there may not be any change in how the code displays in the document:

73542 descriptor was changed in Group 1

77003 descriptor was changed in Group 1

11/21/2011 - For the following CPT/HCPCS codes either the short description and/or the long description was changed. Depending on which description is used in this LCD, there may not be any change in how the code displays in the document:

27096 descriptor was changed in Group 1

77003 descriptor was changed in Group 1

11/21/2011 - The following CPT/HCPCS codes were deleted:

73542 was deleted from Group 1

Reason for Change

Related Documents

This LCD has no Related Documents.

LCD Attachments

[code guide effec 1/1/12](#)

[Back to Top](#)

All Versions

[Updated on 12/05/2011 with effective dates 01/01/2012 - N/A](#)

[Updated on 12/15/2010 with effective dates 01/01/2011 - 12/31/2011](#)

[Updated on 11/21/2010 with effective dates 10/01/2010 - 12/31/2010](#)

[Updated on 09/13/2010 with effective dates 10/01/2010 - N/A](#)

[Updated on 09/13/2010 with effective dates 10/01/2010 - N/A](#)

[Updated on 09/06/2010 with effective dates 01/01/2010 - 09/30/2010](#)

[Updated on 12/21/2009 with effective dates 01/01/2010 - N/A](#)

[Updated on 11/15/2009 with effective dates 02/02/2009 - N/A](#)

[Updated on 11/30/2008 with effective dates 02/02/2009 - N/A](#)

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[Back to Top](#)