



Sacroiliac Joint (SIJ) Radiofrequency Ablation (RFA)

Clinical Guidelines for Medical Necessity Review

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Important Notices

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Guideline Information:

Disease Area: Cardiology

Care Path Group: Not applicable

Guideline Name: Sacroiliac Joint (SIJ) Radiofrequency Ablation (RFA)

Type: ☒ Adult (18+ yo) | ☐ Pediatric (0-17yo)

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Medical Necessity Criteria

Service: Sacroiliac Joint (SIJ) Radiofrequency Ablation (RFA)

General Guidelines

- **Units, Frequency, & Duration:** When medical necessity criteria is met, a total of one SIJ RFA per side may be performed in 6 months.
- **Criteria for Subsequent Requests:** Repeat sacroiliac (SI) joint radiofrequency ablation (RFA) may be considered in certain situations when the initial procedure provides pain relief but the pain subsequently returns or becomes recurrent. The indications for repeat SI joint RFA may include recurrence of SI Joint Pain, Temporary Pain Relief from Initial RFA, New Onset or Aggravation of SI Joint Pain, and Adequate Response to Initial RFA but Incomplete Pain Relief.¹
Recommended Clinical Approach: Radiofrequency ablation (RFA) is a minimally invasive procedure used to treat various pain conditions by targeting and disrupting the nerves responsible for transmitting pain signals. When it comes to the sacroiliac (SI) joint, RFA can be considered as a treatment option for patients with certain indications.²⁻⁴
- **Exclusions:** Active systemic infection, Coagulopathy or bleeding diathesis, active use of antiplatelet or anticoagulant medications, severe osteoporosis or structural instability, pregnancy, allergy to local anesthetics or other medications used during the procedure, and lack of response to diagnostic injections.⁴

Medical Necessity Criteria

Indications

- Sacroiliac Joint RFA is considered appropriate if **ANY** of the following are **TRUE**:
- ◆ An initial Sacroiliac Joint RFA is appropriate if **ALL** of the following are **TRUE**:
 - Documentation of failed conservative treatments (e.g., physical therapy, medications, injections) for at least 6 months.⁵⁻¹⁰
 - Sacroiliac Joint Dysfunction (pain and dysfunction originating from the SI joint, typically caused by inflammation, degeneration, or trauma) for a minimum of six months ^{11,6-10}
 - Positive Diagnostic Blocks as indicated by **ALL** of the following:

- Performed under CT or fluoroscopy image guidance with contrast
 - No other injections performed in the lumbosacral spine at the same time
 - Greater than or equal to 75% pain relief
- Clinical Evaluation (history and physical examination) showing **ANY** of the following¹²⁻¹⁴:
 - Pain localized to the SI joint region
 - Pain aggravated by specific activities or positions
 - Positive provocative tests of **ANY** of the following⁸:
 - ◆ FABER
 - ◆ Compression
 - ◆ Distraction
 - ◆ Thigh thrust
 - ◆ Gaenslen
- Imaging findings (e.g., X-rays, CT scans, or MRI) showing **ANY** of the following¹⁵:
 - Structural abnormalities
 - Signs of inflammation in the SI joint
- ◆ A repeat Sacroiliac Joint RFA is appropriate if **ANY** of the following are **TRUE**:
 - Recurrence of SI Joint Pain and ALL of the following are **TRUE**¹:
 - It has been greater than or equal to 6 months since the initial procedure.
 - The recurrence of pain has been confirmed through a comprehensive evaluation (e.g., clinical assessment and diagnostic tests).
 - **ALL** of the following are **TRUE**¹:
 - The patient is experiencing **ANY** of the following:
 - ◆ Temporary pain relief (e.g., pain returns after an initial period of relief)
 - ◆ Adequate response to initial RFA but pain relief is incomplete
 - Greater than or equal to 50% improvement.
 - It has been greater than or equal to 6 months since the initial procedure.
 - New Onset or Aggravation of SI Joint Pain as indicated by **ALL** of the following¹⁶:
 - Low back pain
 - Greater than or equal to 3 months
 - No imaging evidence of alternative cause of low back pain (e.g., central spinal stenosis with neurogenic claudication/myelopathy, foraminal stenosis or disc herniation with concordant radicular pain or

radiculopathy, infection, tumor, fracture, pseudoarthrosis, or pain related to spinal instrumentation)

Non-Indications

- Sacroiliac Joint RFA may not be considered appropriate if **ANY/ALL** of the following are **TRUE**^{17,6-10,18-21}:
- ◆ Active Infection: The presence of an active infection in the region of the SI joint is a contraindication for SI joint RFA..
 - ◆ Bleeding Disorders or Anticoagulant Use
 - ◆ Allergy or Sensitivity to Local Anesthetics or Other Medications.
 - ◆ Severe osteoporosis or structural instability.
 - ◆ Pregnancy
 - ◆ Lack of Response to Diagnostic Injections: If a patient does not experience significant pain relief following diagnostic SI joint injections or blocks, it may indicate that the SI joint is not the primary source of pain. In such cases, proceeding with SI joint RFA may not be appropriate.

Site of Service Criteria

Outpatient.

Procedure Codes (HCPCS/CPT)

HCPCS/CPT Code	Code Description/Definition
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)

References

1. Kurklinsky S, Boone MK, Candler SA, Schwab A, Ghazi S. Repeat Cooled Radiofrequency Ablation Is Beneficial for Chronic Posterior Sacroiliac Joint Pain. *Pain Med*. 2020;21(8):1532–1537. doi:10.1093/pm/pnz295
2. Yang AJ, Schneider BJ, Miller S. Sacroiliac Joint Interventions. *Phys Med Rehabil Clin N Am*. 2022;33(2):251–265. doi:10.1016/j.pmr.2022.01.002
3. Newman DP, Soto AT. Sacroiliac Joint Dysfunction: Diagnosis and Treatment. *Am Fam Physician*. 2022;105(3):239–245.
4. Loh E, Burnham TR, Burnham RS. Sacroiliac Joint Diagnostic Block and Radiofrequency Ablation Techniques. *Phys Med Rehabil Clin N Am*. 2021;32(4):725–744. doi:10.1016/j.pmr.2021.05.008
5. Al-Subahi M, Alayat M, Alshehri MA, et al. The effectiveness of physiotherapy interventions for sacroiliac joint dysfunction: a systematic review. *J Phys Ther Sci*. 2017;29(9):1689–1694. doi:10.1589/jpts.29.1689
6. Sun HH, Zhuang SY, Hong X, Xie XH, Zhu L, Wu XT. The efficacy and safety of using cooled radiofrequency in treating chronic sacroiliac joint pain: A PRISMA-compliant meta-analysis. *Medicine (Baltimore)*. 2018;97(6):e9809. doi:10.1097/MD.00000000000009809
7. Cohen SP. Sacroiliac joint pain: a comprehensive review of anatomy, diagnosis, and treatment. *Anesth Analg*. 2005;101(5):1440–1453. doi:10.1213/01.ANE.0000180831.60169.EA
8. Buchanan P, Vodapally S, Lee DW, et al. Successful Diagnosis of Sacroiliac Joint Dysfunction. *J Pain Res*. 2021;14:3135–3143. Published 2021 Oct 8. doi:10.2147/JPR.S327351
9. Szadek KM, van der Wurff P, van Tulder MW, Zuurmond WW, Perez RS. Diagnostic validity of criteria for sacroiliac joint pain: a systematic review. *J Pain*. 2009;10(4):354–368. doi:10.1016/j.jpain.2008.09.014
10. Society NASS. Coverage Policy Recommendations for Sacroiliac Joint Injections & Radiofrequency Ablation. 2020.
11. Roberts SL. Sacroiliac Joint Anatomy. *Phys Med Rehabil Clin N Am*. 2021;32(4):703–724. doi:10.1016/j.pmr.2021.05.007
12. Mekhail N, Saweris Y, Sue Mehanny D, Makarova N, Guirguis M, Costandi S. Diagnosis of Sacroiliac Joint Pain: Predictive Value of Three Diagnostic Clinical Tests. *Pain Pract*. 2021;21(2):204–214. doi:10.1111/papr.12950
13. Saueressig T, Owen PJ, Diemer F, Zebisch J, Belavy DL. Diagnostic Accuracy of Clusters of Pain Provocation Tests for Detecting Sacroiliac Joint Pain: Systematic Review With Meta-analysis. *J Orthop Sports Phys Ther*. 2021;51(9):422–431. doi:10.2519/jospt.2021.10469
14. Laslett M, Young SB, Aprill CN, McDonald B. Diagnosing painful sacroiliac joints: A validity study of a McKenzie evaluation and sacroiliac provocation tests. *Aust J Physiother*. 2003;49(2):89–97. doi:10.1016/s0004-9514(14)60125-2

15. Elgafy H, Semaan HB, Ebraheim NA, Coombs RJ. Computed tomography findings in patients with sacroiliac pain. Clin Orthop Relat Res. 2001;(382):112-118. doi:10.1097/00003086-200101000-00017
16. Yang AJ, McCormick ZL, Zheng PZ, Schneider BJ. Radiofrequency Ablation for Posterior Sacroiliac Joint Complex Pain: A Narrative Review. PM R. 2019;11 Suppl 1:S105-S113. doi:10.1002/pmrj.12200
17. Schmidt GL, Bhandutia AK, Altman DT. Management of Sacroiliac Joint Pain. J Am Acad Orthop Surg. 2018;26(17):610-616. doi:10.5435/JAAOS-D-15-00063
18. Kennedy DJ, Engel A, Kreiner DS, Nampiaparampil D, Duszynski B, MacVicar J. Fluoroscopically Guided Diagnostic and Therapeutic Intra-Articular Sacroiliac Joint Injections: A Systematic Review. Pain Med. 2015;16(8):1500-1518. doi:10.1111/pme.12833
19. Visser LH, Woudenberg NP, de Bont J, et al. Treatment of the sacroiliac joint in patients with leg pain: a randomized-controlled trial. Eur Spine J. 2013;22(10):2310-2317. doi:10.1007/s00586-013-2833-2
20. Kamper SJ, Apeldoorn AT, Chiarotto A, et al. Multidisciplinary biopsychosocial rehabilitation for chronic low back pain: Cochrane systematic review and meta-analysis. BMJ. 2015;350:h444. Published 2015 Feb 18. doi:10.1136/bmj.h444
21. American Society of Anesthesiologists Task Force on Chronic Pain Management; American Society of Regional Anesthesia and Pain Medicine. Practice guidelines for chronic pain management: an updated report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. Anesthesiology. 2010;112(4):810-833. doi:10.1097/ALN.0b013e3181c43103