



# **Sacroiliac Joint (SIJ) Radiofrequency Ablation (RFA)**

*Clinical Guidelines for Medical Necessity Review*

**Version:** V1.0  
**Effective Date:** July 1, 2023

# 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.<sup>1</sup>  
**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.<sup>2-4</sup>
- **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.<sup>4</sup>

### 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.<sup>5-10</sup>
    - Sacroiliac Joint Dysfunction (pain and dysfunction originating from the SI joint, typically caused by inflammation, degeneration, or trauma) for a minimum of six months <sup>11,6-10</sup>
    - 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 following<sup>12-14</sup>:
  - Pain localized to the SI joint region
  - Pain aggravated by specific activities or positions
  - Positive provocative tests of **ANY** of the following<sup>8</sup>:
    - ◆ FABER
    - ◆ Compression
    - ◆ Distraction
    - ◆ Thigh thrust
    - ◆ Gaenslen
- Imaging findings (e.g., X-rays, CT scans, or MRI) showing **ANY** of the following<sup>15</sup>:
  - 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**<sup>1</sup>:
    - 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**<sup>1</sup>:
    - 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 following<sup>16</sup>:
    - 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**<sup>[17,6-10,18-21](#)</sup>:
- ◆ 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)

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