



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

*Clinical Guidelines for Medical Necessity Review*

**Version:** 2  
**Effective Date:** September 20, 2024

# Important Notices

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## Guideline Information:

**Specialty Area:** Cardiology

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

**Literature review current through:** 9/20/2024

**Document last updated:** 9/20/2024

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

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# Medical Necessity Criteria

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

### General Guidelines

- **Units, Frequency, & Duration:** When medical necessity criteria are met, one sacroiliac joint (SIJ) radiofrequency ablation (RFA) per side may be performed in six months.
- **Criteria for Subsequent Requests:** Repeat SIJ 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 SIJ 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:** RFA is a minimally invasive procedure used to treat various pain conditions by targeting and disrupting the nerves responsible for transmitting pain signals. RFA can be considered 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 (SIJ) radiofrequency ablation (RFA)** is considered appropriate if **ANY** of the following is **TRUE**:
- ◆ An initial SIJ RFA is appropriate if **ALL** of the following are **TRUE**:
    - Failure of conservative management for greater than 6 months, including **ALL** of the following<sup>5-10</sup>:
      - Oral steroids, anti-inflammatory medications, or analgesics if not contraindicated; **AND**
      - Physical therapy; **AND**
      - **ANY** of the following:

- ◆ Corticosteroid injection if medically appropriate; **OR**
  - ◆ Corticosteroid injection is contraindicated; **AND**
- 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>6-10,11</sup>; **AND**
- Positive diagnostic blocks as indicated by **ALL** of the following:
  - Performed under CT or fluoroscopy image guidance with contrast; **AND**
  - No other injections were performed in the lumbosacral spine at the same time; **AND**
  - Greater than or equal to 75% pain relief; **AND**
- Clinical evaluation (including history and physical examination) showing **ANY** of the following<sup>12-14</sup>:
  - Pain localized to the SI joint region; **OR**
  - Pain aggravated by specific activities or positions; **OR**
  - Positive provocative tests of **ANY** of the following<sup>8</sup>:
    - ◆ FABER; **OR**
    - ◆ Compression; **OR**
    - ◆ Distraction; **OR**
    - ◆ Thigh thrust; **OR**
    - ◆ Gaenslen; **AND**
- Imaging findings (e.g., radiographs, CT scans, or MRI) showing **ANY** of the following<sup>15</sup>:
  - Structural abnormalities; **OR**
  - Signs of inflammation in the SI joint; **OR**
- ◆ A repeat SIJ RFA is appropriate if **ANY** of the following are **TRUE**:
  - Recurrence of SI joint pain with **ALL** of the following<sup>1</sup>:
    - It has been greater than or equal to 6 months since the initial procedure; **AND**
    - Greater than or equal to 50% improvement; **AND**
    - The recurrence of pain has been confirmed through a comprehensive evaluation (e.g., clinical assessment and diagnostic tests); **OR**
  - New onset or aggravation of SI joint pain as indicated by **ALL** of the following<sup>16</sup>:

- Low back pain; **AND**
- Greater than or equal to 3 months; **AND**
- No imaging evidence of the 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 (SIJ) radiofrequency ablation (RFA)** may not be considered appropriate if **ANY** of the following is **TRUE**<sup>6-10,17-21</sup>:

- ◆ Active infection in the region of the SI joint; **OR**
- ◆ Bleeding disorders or anticoagulant use; **OR**
- ◆ Allergy or sensitivity to local anesthetics or other medications; **OR**
- ◆ Severe osteoporosis or structural instability; **OR**
- ◆ Pregnancy; **OR**
- ◆ Lack of response to diagnostic injections (e.g., if a patient does not experience significant pain relief following diagnostic SI joint injections or blocks, the SI joint may not be the primary source of pain, and the procedure may not be appropriate).

**Level of Care Criteria**

Outpatient

**Procedure Codes (CPT/HCPCS)**

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

## References

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# Clinical Guideline Revision History/Information

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Version 2	9/20/2024	Updated language regarding conservative treatment.