



Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

Sacroiliac (SI) Joint Injections and Radiofrequency Ablation MP9466

Covered Service: Yes

Prior Authorization

Required: Yes

Additional Information: Therapeutic sacroiliac joint injections are limited to a maximum of four (4) times per 12 month period. Diagnostic sacroiliac joint injections are limited to a maximum of two (2) times per year

WellFirst Health Medical Policy:

- 1.0 Sacroiliac joint injections **require** prior authorization through the Health Services Division and are considered medically necessary when **ALL** of the following criteria are met:
 - 1.1 Chronic moderate to severe low back pain for at least three (3) months in duration; **AND**
 - 1.2 Pain is causing functional disability; **AND**
 - 1.3 Symptoms have failed to respond to at least a four (4) week trial of conservative therapies (e.g. anti-inflammatory medication, analgesics, physical therapy, rest) performed at some point after the onset of the current episode of symptoms and has demonstrated no improvement; **AND**
 - 1.4 The injections are in addition to ongoing conservative therapies.
- 2.0 *Diagnostic Phase:* If the above criteria are met, prior authorization may be approved for one (1) initial SI joint injection.
- 3.0 *Diagnostic Phase:* A second injection may be approved if **ALL** of the following criteria is met:
 - 3.1 The individual has experienced a reduction in pain symptoms of at least 50% for at least one (1) week following the initial SI injection; **AND**
 - 3.2 Injections must be performed at least two (2) weeks after the previous injection.
- 4.0 If the member experiences no symptom relief or functional improvement after two (2) sacroiliac joint injections, additional SI joint injections are considered not medically necessary.

All WellFirst Health products and services are provided by subsidiaries of SSM Health Care Corporation, including, but not limited to, SSM Health Insurance Company and SSM Health Plan. Provider resources and communications are branded as WellFirst Health.



Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

- 5.0 *Therapeutic Phase*: If the diagnostic phase is completed, a repeat injection is considered medically necessary no sooner than two (2) months after the previous SI injection if **ANY** of the following criteria is met:
- 5.1 The individual has at least 50% relief in pain and/or symptoms for a minimum of six (6) weeks;
 - 5.2 The individual has increased level of function (e.g. return to work);
 - 5.3 There has been reduced use of pain medication and/or additional medical services such as physical therapy for at least six (6) weeks.
- 6.0 In an individual with chronic sacroiliac joint pain, when medically necessary, therapeutic sacroiliac joint injections are limited to a maximum of four (4) times per 12 month period.
- 7.0 Radiofrequency ablation of the sacroiliac joint is not covered.

	Committee/Source	Date(s)
Document Created:	Medical Policy Committee/Health Services Division	August 15, 2018
Revised:	Medical Policy Committee/Health Services Division	May 20, 2020
	Medical Policy Committee/Health Services Division	May 19, 2021
Reviewed:	Medical Policy Committee/Health Services Division	May 20, 2020
	Medical Policy Committee/Health Services Division	May 19, 2021

Effective: 06/01/2021