Sacroiliac Joint Injections

Policy Number:	**M20250721068**
Effective Date:	**9/1/2025**
Sponsoring Department:	**Health Care Services**
Impacted Department(s):	**Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐Confidential ☐Restricted ☒Public

Applies to (Line of Business):

☐ Corporate (All)
☒ State Products, if yes which plan(s): ☒MediSource; ☒ MediSource Connect; ☐Child Health Plus; ☒ Essential Plan
☒ Medicare, if yes, which plan(s): ☒MAPD; ☐PDP; ☒ISNP; ☒CSNP
☒ Commercial, if yes, which type: ☒Large Group; ☒Small Group; ☒Individual
☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes ☐ No☒

Purpose and Applicability:

To set forth the medical necessity criteria for sacroiliac joint injections.

Policy:

Background:

Low back pain (LBP) is one of the most significant causes of disability in the United States. The sacroiliac joint (SIJ) is the largest axial joint in the body and is estimated to be the primary pain generator in approximately 10% to 30% of patients with low back pain. The SIJ, located in the posterior pelvis where the sacrum and ilium meet, serves an important biomechanical function by transferring forces from the spine to the hips and lower extremities. Dysfunction or inflammation of this joint can be a source of pain, particularly when subjected to trauma, repetitive stress, pregnancy-related changes, prior lumbar fusion surgery, gait abnormalities, scoliosis, obesity, or inflammatory arthritic conditions.

Sacroiliac joint injections are a minimally invasive treatment performed under fluoroscopic or ultrasound guidance. The procedure involves injecting a local anesthetic, often combined with a corticosteroid, directly into the joint space, followed by assessment of symptom improvement. Corticosteroids are believed to reduce pain by suppressing inflammation and decreasing swelling within the joint. As a result, SIJ injections may provide meaningful pain relief and functional improvement for selected members whose symptoms persist despite conservative management.

Commercial and Self-Funded: Sacroiliac joint injections may be considered medically necessary and a covered benefit utilizing the criteria below. Indications other than those addressed in this guideline are considered not medically or investigational.

Medicare Advantage: There is currently a Local Coverage Determination (LCD) and Local Coverage Article (LCA) for sacroiliac joint injections. Please refer to the link listed in the Reference section for Medicare Advantage members.

MediSource, MediSource Connect, Child Health Plus and Essential Plans: Per NYS Medicaid coverage criteria, MediSource, MediSource Connect, Child Health Plus and Essential Plan do not cover therapeutic facet joint steroid injections in the lumbar and sacral regions using CT or fluoroscopic image guidance for the treatment of low back pain. Diagnostic facet steroid injections continue to be covered using CPT codes 64493, 64494 and 64495. CPT codes 0216T, 0217T and 0218T are not covered for therapeutic or diagnostic facet steroid injections.

Clinical Indications

Sacroiliac joint injections may be considered medically necessary and a covered benefit when **ALL** of the following criteria are met:

- Documented failure of conservative management for ≥3 months, including **ALL** of the following:
  - Optimized pharmacologic therapy (NSAIDs, analgesics)
  - Physical therapy exercises specifically targeting SI joint and related areas
  - Activity modification strategies
- Positive SI joint provocation tests: at least three positive responses from tests such as thigh thrust, compression, distraction, Gaenslen's, FABER, or posterior provocation tests

- Imaging documentation consistent with SI joint pathology: MRI, CT scan, or radiographs showing evidence of joint disruption or significant degenerative changes
- The frequency and number of injections deemed appropriate are based on 1 **or more** of the following indications:
    - Diagnostic indications and **ALL** of the following:
        - No more than a maximum of two (2) diagnostic intraarticular sacroiliac joint injections (unilateral, same side) have been performed on two separate occasions
        - If applicable, the minimum interval between injections has been at least 2 weeks
        - If applicable, a confirmatory second injection is appropriate only if the first injection yields ≥75% pain relief of the index pain and the timing of relief onset and duration aligns with the pharmacologic profile of the anesthetic used
        - The anesthetic volume must not exceed 1.5 cc to maintain anatomic specificity
        - Steroid administration is not being utilized as part of diagnostic sacroiliac joint injections
        - The member's baseline pain is rated at ≥3 out of 10, either at rest or during a reproducible provocative maneuver on the day of the injection
        - Diagnostic injections are not being performed concurrently with injections at other spinal levels
    - Therapeutic indications and **ALL** of the following:
        - No more than a maximum of four (4) therapeutic injections per sacroiliac joint have been performed in a 12-month period
        - Therapeutic sacroiliac joint injections may be repeated only upon return of clinically significant pain and/or decline in functional status
        - If applicable, repeat injections are appropriate only when prior injections have demonstrated significant pain relief, indicated by **1 or more** of the following:
            - ≥80–90% immediate relief with restored function
            - ≥50% relief sustained for at least 6 weeks with maintained functional improvement

Indications other than those addressed in this guideline are considered not medically necessary or investigational and **NOT COVERED** for **ANY** of the following:

- Intraarticular sacroiliac joint injections performed on the same day as other spine injection procedures
- Therapeutic intra/periarticular sacroiliac joint injections in a previously fused sacroiliac joint
- Use of corticosteroid with diagnostic intraarticular sacroiliac joint injections

Pre-Authorization Required? Yes ☐ No ☒

Pre-authorization is not required at the present time. Claims are subject to review and may pend for clinical evaluation of medical necessity and may be denied. The criteria above will be utilized upon retrospective review.

Definitions

Sacroiliac joints (SIJ) are the paired joints that connect the sacrum at the base of the spine to the pelvis, providing stability, shock absorption, and weight transfer from the upper body to the legs.

References

Related Policies, Processes and Other Documents

Non-Regulatory references

Ab Aziz SNF, Zakaria Mohamad Z, Karupiah RK, et al. Efficacy of sacroiliac joint injection with anesthetic and corticosteroid: A prospective observational study. Cureus. 2022;14(4).

Agency for Healthcare Research and Quality. Interventional treatments for acute and chronic pain: Systematic review. AHRQ Publication No. 21-EHC030. Rockville, MD. 2021;PMID:34524764.

Al Khayyat SG, Fogliame G, Barbagli S, et al. Ultrasound guided corticosteroids sacroiliac joint injections (SIJIs) in the management of active sacroiliitis: A real-life prospective experience. J Ultrasound. 2023;26(2): 479-486.

Chandrupatla RS, Shahidi B, Bruno K, et al. A retrospective study on patient-specific predictors for non-response to sacroiliac joint injections. Int J Environ Res Public Health. 2022;19(23).

Chappell ME, Lakshman R, Trotter P, et al. Radiofrequency denervation for chronic back pain: A systematic review and meta-analysis. BMJ Open. 2020;10(7):e035540.

Chen CH, Weng PW, Wu LC, et al. Radiofrequency neurotomy in chronic lumbar and sacroiliac joint pain: A meta-analysis. Medicine. 2019;98(26):e16230.

Himstead AS, Brown NJ, Shahrestani S, et al. Trends in diagnosis and treatment of sacroiliac joint pathology over the past 10 years: Review of scientific evidence for new devices for sacroiliac joint fusion. Cureus. 2021;13(6).

Lee DW, Pritzlaff S, Jung MJ, et al. Latest evidence-based application for radiofrequency neurotomy (LEARN): Best practice guidelines from the American Society of Pain and Neuroscience (ASPN). J Pain Res. 2021;14:2807-2831.

Mehta V, Poply K, Husband M, et al. The effects of radiofrequency neurotomy using a strip-lesioning device on patients with sacroiliac joint pain: Results from a single-center, randomized, sham-controlled trial. Pain Physician. 2018;21(6) 607-618.

Patel A, Kumar D, Singh S, et al. Effect of fluoroscopic-guided corticosteroid injection in patients with sacroiliac joint dysfunction. Cureus. 2023;15(3)

Sayed D, Grider J, Strand N, et al. The American Society of Pain and Neuroscience (ASPN) evidence-based clinical guideline of interventional treatments for low back pain. J Pain Res. 2022;15:3729-3832.

Symplr, Inc., Health Technology Assessment: Sacroiliac Joint Injection With Corticosteroids for Treatment of Sacroiliac Joint and Low Back Pain. Houston, TX: June 2023.

Regulatory References

Center for Medicare and Medicaid Services (CMS) [web site], Local Coverage Article: Billing and Coding: Sacroiliac Joint Injections and Procedures (A59233). Available at: https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=59233&ver=18Accessed July 10, 2026.

Center for Medicare and Medicaid Services (CMS) [web site], Local Coverage Determination: Sacroiliac Joint Injections and Procedures (L39455). Available at: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=39455&ver=6 Accessed July 10, 2026.

New York State Medicaid update – November 2012 Volume 28-number 13
https://www.health.ny.gov/health_care/medicaid/program/update/2012/2012-11.htm
Accessed July 10, 2026.

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No☐

Revision Date	Owner	Notes
9/1/2026	Health Care Services	Revised