

## SiLO TFX™ Prescribing Documentation

## **Primary Diagnosis:**

- M461 SI joint injection Sacroiliitis
- M533 SI Fusion Sacrococcygeal disorders

The criteria below can be found at CMS.gov, article A55120 under "Medical review article for percutaneous minimally invasive fusion/stabilization of the sacroiliac joint."

- Patient reports non-radiating pain caudal to the lumbar spine, localized over the SI joint and consistent with SI joint pain.
- Patient has undergone and failed a minimum of six months of non-operative treatment that must include medication optimization, activity modification and active physical therapy.
- Localized tenderness with palpation of the posterior SI joint in the absence of tenderness of similar severity elsewhere and other obvious sources for pain do not exist.
- Positive response to the thigh thrust OR compression test AND two of the following additional provocative tests: Gaenslen's test, distraction test, Patrick's sign.
- Absence of generalized pain behavior or generalized pain disorders.
- At least 75% reduction of pain for the expected duration of the anesthetic used image-guided, contrast enhanced SI joint injection on two separate occasions.
- Diagnostic imaging studies that include all of the following:
  - **a.** Imaging (plain radiographs PLUS a CT OR MRI of the SI joint that excludes the presence of destructive lesions or inflammatory arthropathy that would not be properly addressed by percutaneous SI joint fusion.
  - **b.** Imaging of the ipsilateral hip (plain radiographs) to rule out osteoarthritis, degenerative condition that can be causing low back or buttock pain

CPT Coding: 27279

<sup>\*</sup>Disclaimer: Coding and reimbursement information provided is general coding information only. It is not advice about how to code, complete or submit any particular claim for payment. Although we supply this information to the best of our knowledge, it is always the provider's responsibility to determine and submit the appropriate codes, charges, modifiers and bills for the services that were rendered. Payors or their local branches may have their own coding and reimbursement requirements. Before filing any claims, providers should verify these requirements with the payor.