

02-20000-37

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## Subject: Facet Arthroplasty

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

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### DESCRIPTION:

Facet arthroplasty refers to the implantation of a spinal prosthesis to restore posterior element structure and function as an adjunct to neural decompression. This procedure is proposed as an alternative to posterior spinal fusion for those with facet arthrosis, spinal stenosis, and spondylolisthesis.

Spinal fusion is a common surgical treatment following surgical decompression when conservative treatment fails. However, spinal fusion alters the normal biomechanics of the back, which may potentially lead to premature disc degeneration at adjacent levels. A variety of implants have been investigated as alternatives to rigid interbody or posterolateral intertransverse spinal fusion. This policy addresses the implantation of prostheses intended to replace the facet joints and excised posterior elements, termed facet arthroplasty.

The objective of facet arthroplasty is to stabilize the spine while retaining normal intervertebral motion of the surgically removed segment following neural decompression. It is proposed that facet arthroplasty should also maintain the normal biomechanics of the adjacent vertebrae. If normal motion patterns are achieved by artificial joints in the spine, the risk of adjacent-level degeneration thought to be associated with fusion may be mitigated.

### POSITION STATEMENT:

Total facet arthroplasty (facet replacement) is considered **experimental or investigational** for all indications. Data in published medical literature are inadequate to permit scientific conclusions on long-term and net health outcomes.

## **BILLING/CODING INFORMATION:**

### **CPT Coding**

0202T	Posterior vertebral joint(s) arthroplasty (e.g. facet joint[s] replacement) including facetectomy, laminectomy, foraminectomy and vertebral column fixation, with or without injection of bone cement, including fluoroscopy, single level, lumbar spine <b>(investigational)</b>
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## **REIMBURSEMENT INFORMATION:**

Refer to section entitled [POSITION STATEMENT](#).

## **PROGRAM EXCEPTIONS:**

**Federal Employee Program (FEP):** Follow FEP guidelines.

**State Account Organization (SAO):** Follow SAO guidelines.

**Medicare Advantage:** The following Local Coverage Determination (LCD) was reviewed on the last guideline reviewed date: Noncovered Services, (L33777) located at fcso.com.

## **DEFINITIONS:**

No guideline specific definitions apply.

## **RELATED GUIDELINES:**

[Artificial Intervertebral Discs, 02-20000-27](#)

[Interspinous Process Distraction Devices \(Spacers\), 02-20000-36](#)

## **OTHER:**

### **Index terms used for facet arthroplasty (facet replacement):**

**Note:** The use of specific product names is illustrative only. It is not intended to be a recommendation of one product over another, and is not intended to represent a complete listing of all products available.

ACADIA™ Facet Replacement System

Total Facet Arthroplasty System® (TFAS®)

Total Posterior-element System (TOPS™ System)

## **REFERENCES:**

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2. AHRQ National Guideline Clearinghouse. NGC-9327. Low back disorders. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 333-796.
3. AHRQ National Guideline Clearinghouse. NGC-6456. Low back disorders. Occupational medicine practice guidelines: evaluation and management of common health problems and functional recovery in workers. 2nd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2004. p. 286-326.

4. Blue Cross Blue Shield Association. Medical Policy Reference Manual. Policy 7.01.120, Facet Arthroplasty (April 2018).
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6. ClinicalTrial.gov. Total Facet Arthroplasty System®(TFAS®) Clinical Trial. Information provided by Archus Orthopedics, Inc. Last updated February 4, 2009. Identification number: NCT00418197. (Accessed 09/01/11).
7. ClinicalTrials.gov. Safety and Effectiveness Study of the TOPS System, a Total Posterior Arthroplasty Implant Designed to Alleviate Pain Resulting From Moderate to Severe Lumbar Stenosis. Verified by Impliant, Ltd., February 2007. Last Updated: January 28, 2010. Identifier NCT00405691. (Accessed 10/07/10).
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12. North American Spine Society Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care: Diagnosis and Treatment of Degenerative Lumbar Spinal Stenosis. 2011. (Accessed 08/19/13).
13. Phillips FM, Tzermiadianos MN, Voronov LI, et al. Effect of the Total Facet Arthroplasty System after complete laminectomy-facetectomy on the biomechanics of implanted and adjacent segments. Spine J 2009; 9(1): 96-102. (Accessed 09/01/11).
14. Savigny P, Kuntze S, Watson P, Underwood M, Ritchie G, Cotterell M, Hill D, Browne N, Buchanan E, Coffey P, Dixon P, Drummond C, Flanagan M, Greenough, C, Griffiths M, Halliday-Bell J, Hettinga D, Vogel S, Walsh D. Low Back Pain: early management of persistent non-specific low back pain. London: National Collaborating Centre for Primary Care and Royal College of General Practitioners.
15. Sjøvold SG, et al. Biomechanical evaluation of the Total Facet Arthroplasty System (TFAS): loading as compared to a rigid posterior instrumentation system. Eur Spine J (2012) 21:1660–1673.

### **COMMITTEE APPROVAL:**

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 01/24/19.

### **GUIDELINE UPDATE INFORMATION:**

11/15/09	New Medical Coverage Guideline.
11/15/10	Scheduled review. No change in position statement; references updated.

10/15/11	Scheduled review; no change in position statement. Updated description section and references.
10/15/12	Scheduled review; no change in position statement. Revised description section and updated references.
10/15/13	Scheduled review; no change in position statement. Revised description section and program exceptions section. Updated references.
02/15/19	Scheduled review. Revised MCG title, description, and program exceptions. Maintained position statement and updated references.