

02-20000-37

Original Effective Date: 11/15/09

Reviewed: 12/08/23

Revised: 01/01/24

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.

Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Update			

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.

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 (investigational)
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0719T	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment (investigational)
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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: No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline review date.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#)

DEFINITIONS:

No guideline specific definitions apply.

RELATED GUIDELINES:

None applicable

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:

1. AHRQ National Guideline Clearinghouse. NGC-8890. Cervical and thoracic spine disorders. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 1-332.
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 Evidence Positioning System®. 7.01.120 - Facet Arthroplasty, 05/22.
5. ClinicalTrial.gov. A Pivotal Study of a Facet Replacement System to Treat Spinal Stenosis. Information provided by Facet Solutions, Inc. Identification number: NCT0000401518.
6. ClinicalTrial.gov. Total Facet Arthroplasty System®(TFAS®) Clinical Trial. Information provided by Archus Orthopedics, Inc. Last updated February 4, 2009. Identification number: NCT00418197.
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.
8. ClinicalTrials.gov. Study to Evaluate the Safety and Effectiveness of the TOPS™ SP System. Identification number: NCT03247166. Hillel Yaffe Medical Center (August 2017).
9. First Coast Service Options, INC. (FCSO). Local Coverage Determination (LCD): Noncovered Services (L33777) (retired 07/01/20).
10. Florida Medicare Part B Local Coverage Determination. LCD for Non-Covered Services (L29288). Revised 08/05/13. (Retired 09/30/15).
11. Gu BJ, Blue R, Yoon J, Welch WC. Posterior Lumbar Facet Replacement and Arthroplasty. *Neurosurg Clin N Am.* 2021 Oct;32(4):521-526. doi: 10.1016/j.nec.2021.05.011. Epub 2021 Jul 29. PMID: 34538478.
12. Manchikanti, L, Boswell, MV, Singh V, Benyamin RM, Fellows B, Salahadin A, Buenaventur RM, Conn A, Datta S, Derby R, Falco FJE, Erhart S, Diwan S, Hayek SM, Helm S, Parr AT, Schultz DM, Smith HS, Wolfer LR, & Hirsch JA. Comprehensive Evidence-Based Guidelines for Interventional Techniques in the Management of Chronic Spinal Pain. *Pain Physician* 2009; 12;699-802.
13. North American Spine Society Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care: Diagnosis and Treatment of Degenerative Lumbar Spinal Stenosis. 2011.
14. 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.
15. 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.
16. 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.
17. Smorgick Y, Mirovsky Y, Floman Y, Rand N, Millgram M, Anekstein Y. Long-term results for total lumbar facet joint replacement in the management of lumbar degenerative spondylolisthesis [published online ahead of print, 2019 Oct 4]. *J Neurosurg Spine.* 2019;1-6. doi:10.3171/2019.7.SPINE19150, PMID: 31585417.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 12/08/23.

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.
10/15/20	Scheduled review. Maintained position statement and updated references.
06/15/22	Scheduled review. Maintained position statement and updated references.
07/01/22	Quarterly CPT/HCPCS coding update. Added 0719T.
05/23/23	Update to Program Exceptions section.
01/01/24	Position statements maintained.