POLICY – MPP – 224 Facet Joint Allograft Implants for Facet Disease

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<th>Department/Team</th>
<th>Medical Management/Medical Payment Policy (MPP)</th>
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<td>Approval By</td>
<td>HQUM</td>
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PURPOSE

This policy outlines guidelines and criteria for coverage determination of facet joint allograft implants for facet disease.

DESCRIPTION

For patients suffering with refractory back pain, spinal fusion surgery is considered the gold standard. In this surgery, two or more adjacent vertebral bodies are fused together in order to alleviate pain associated with the disc(s) located between those vertebral bodies. But spinal fusion can result in limited the range of motion (e.g., flexion, extension, rotation and lateral landing). Also it is believed that spinal fusion surgery creates increased stresses on adjacent non-fused motion segments. Also, the fusion device used to effect fusion, whether artificial or biological, may migrate out of the fusion site. For this reason, a safer non-invasive procedure has been sought.

Facet allograft implant system has been proposed. It consists of an allograft implant, a facet finder, a facet finder guide, a drill, a drill guide, a mallet, an implant loader, and an implant inserter. It was engineered to address the forces in the spinal facet joint by using a dual geometric design instead of a round design to achieve the most efficient way to stop the motion and stabilize the joint.

Allografts are made from bone obtained from the femur and the tibia. Allografts are not subject to FDA 510k clearance process; no clinical trials were conducted before FDA approval. Currently, no well-designed clinical trials have been conducted, so it is not possible to assess the efficacy of this technology.

GUIDELINES/INSTRUCTIONS

SCOPE:

This policy specifically addresses the use of surgically implanted allografts to treat facet joint pain.
POSITION:
Investigational and Not Medically Necessary:

Allograft facet implants are considered **investigational and not medically necessary** for all indications.

CMS position:
See LCD L34555 for list of non-covered Category III codes.

CODING:
When services are Investigational and Not Medically Necessary:

**CPT**
- 0219T Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical
- 0220T Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic
- 0221T Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar
- 0222T Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment

**ICD-10 Diagnosis**
- All diagnoses

REFERENCES:

Peer Reviewed Publications:

Government Agency, Medical Society, and Other Authoritative Publications:

### Related Documents

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### Revision History

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<tr>
<td>08/09/2019</td>
<td>Dr. Tamar Springel</td>
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