



## **Facet Joint Allograft Implants**

*Clinical Guidelines for Medical Necessity Review*

**Version:** 1.0  
**Effective Date:** September 29, 2023

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## Guideline Information:

**Specialty Area:** Diseases & Disorders of the Musculoskeletal System (M00-M99)

**Guideline Name:** Facet Joint Allograft Implants (Single Service)

**Literature review current through:** 9/29/2023

**Document last updated:** 9/29/2023

**Type:**  Adult (18+ yo) |  Pediatric (0-17yo)

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# Medical Necessity Criteria

## **Service: Facet Joint Allograft Implants**

### General Guidelines

- **Units, Frequency, & Duration:** This service is experimental/investigational.
- **Criteria for Subsequent Requests:** This service is experimental/investigational.
- **Recommended Clinical Approach:** Intrafacet implants are an alternative to surgical fusion to treat facet joint pain (also referred to as lumbar spondylosis or zygapophyseal joint pain). The minimally invasive procedure involves placing an allograft dowel derived from the femur or tibia. The allograft must originate from an FDA-compliant, licensed tissue bank. No clinical trials address allograft implants' efficacy and safety.<sup>1</sup>
- **Exclusions:** This service is experimental/investigational.

### Medical Necessity Criteria

#### Indications

- **Facet Joint Allograft Implants** (e.g., Facet Joint Allograft, NuFix™, TruFUSE® Allograft) are considered appropriate if **ALL** of the following are **TRUE**:<sup>1</sup>
  - ◆ Currently, there are no evidence-based indications for this service in the peer-reviewed, published literature.

#### Non-Indications

- **Facet Joint Allograft Implants** (e.g., Facet Joint Allograft, NuFix™, TruFUSE® Allograft) are not considered appropriate if **ALL** of the following are **TRUE**:<sup>1</sup>
  - ◆ These are considered experimental/investigational for the diagnosis and management of facet joint pain

### Level of Care Criteria

Outpatient.

## Procedure Codes (HCPCS/CPT)

HCPCS/CPT Code	Code Description
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 (List separately in addition to code for primary procedure)
22899	Unlisted procedure, spine

# Medical Evidence

## National and Professional Organizations

The **American Society of Interventional Pain Physicians (ASIPP)** published guidelines for *Facet Joint Interventions in the Management of Chronic Spinal Pain*. Citing weak evidence, the ASIPP does not recommend facet joint injections.<sup>3</sup>

The following organizations have published guidelines however, they do not address facet joint allograft injections:

- **American College of Occupational and Environmental Medicine (ACOEM)** - *Invasive Treatments for Low Back Disorders*<sup>4</sup>
- **American Society of Pain and Neuroscience (ASPN)** - *Interventional Treatments for Low Back Pain*<sup>5</sup>
- **American Society of Regional Anesthesia (ASRA)** - *Interventions for Cervical Spine (Facet) Joint Pain*<sup>6</sup>
- **American Society of Regional Anesthesia (ASRA)** - *Interventions for Lumbar Facet Joint Pain*<sup>7</sup>
- **North American Spine Society (NASS)** - *Diagnosis and Treatment of Low Back Pain*<sup>8</sup>

## References

1. Centers for Medicare and Medicaid Services (CMS). Local coverage determination: Facet joint interventions for pain management (L38803). Revision Effective Date February 3, 2022. Accessed September 20, 2023. <https://www.cms.gov/medicare-coverage-database/search.aspx>.
2. Peh W. Image-guided facet joint injection. *Biomed Imaging Interv J*. 2011 Jan-Mar;7(1):e4. doi: 10.2349/bij.7.1.e4. PMID: 21655113; PMCID: PMC3107686.
3. Manchikanti L, Kaye AD, Soin A, et al. Comprehensive evidence-based guidelines for facet joint interventions in the management of chronic spinal pain: American Society of Interventional Pain Physicians (ASIPP) guidelines facet joint interventions 2020 guidelines. *Pain Physician*. May 2020; 23(3S): S1-S127. PMID: 32503359.
4. Hegmann KT, Travis R, Andersson GBJ, et al. American College of Occupational and Environmental Medicine (ACOEM) guidelines: Invasive treatments for low back disorders. *J Occup Environ Med*. April 2021;63(4).
5. 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 Dec 6;15:3729-3832. doi: 10.2147/JPR.S386879. Erratum in: *J Pain Res*. 2022 Dec 24;15:4075-4076. PMID: 36510616; PMCID: PMC9739111.
6. Hurley RW, Adams MCB, Barad M, et al. Consensus practice guidelines on interventions for cervical spine (facet) joint pain from a multispecialty international working group. *Reg Anesth Pain Med*. 2022 Jan;47(1):3-59. doi: 10.1136/rapm-2021-103031. PMID: 34764220; PMCID: PMC8639967.
7. Cohen SP, Bhaskar A, Bhatia A, et al. Consensus practice guidelines on interventions for lumbar facet joint pain from a multispecialty, international working group. *Reg Anesth Pain Med*. 2020 Jun;45(6):424-467. doi: 10.1136/rapm-2019-101243. PMID: 32245841; PMCID: PMC7362874.
8. North American Spine Society (NASS). Evidence-based clinical guidelines for multidisciplinary spine care: Diagnosis and treatment of low back pain. Published 2020. Accessed September 21, 2023. <https://www.spine.org/Portals/0/assets/downloads/ResearchClinicalCare/Guidelines/LowBackPain.pdf>.

# Clinical Guideline Revision History/Information

Original Date: September 29, 2023	
<b>Review History</b>	