Cohere Medical Policy - Facet Joint Allograft Implants

Clinical Guidelines for Medical Necessity Review

Version: 3
Cohere Health UMC Approval Date: July 24, 2025
Last Annual Review: July 24, 2025
Revision: Not Applicable
Next Annual Review: July 24, 2026

Important Notices

Notices & Disclaimers:

GUIDELINES SOLELY FOR COHERE'S USE IN PERFORMING MEDICAL NECESSITY REVIEWS AND ARE NOT INTENDED TO INFORM OR ALTER CLINICAL DECISION MAKING OF END USERS.

Cohere Health, Inc. ("**Cohere**") has published these clinical guidelines to determine medical necessity of services (the "**Guidelines**") for informational purposes only, and solely for use by Cohere's authorized "**End Users**". These Guidelines (and any attachments or linked third party content) are not intended to be a substitute for medical advice, diagnosis, or treatment directed by an appropriately licensed healthcare professional. These Guidelines are not in any way intended to support clinical decision making of any kind; their sole purpose and intended use is to summarize certain criteria Cohere may use when reviewing the medical necessity of any service requests submitted to Cohere by End Users. Always seek the advice of a qualified healthcare professional regarding any medical questions, treatment decisions, or other clinical guidance. The Guidelines, including any attachments or linked content, are subject to change at any time without notice.

Other Notices:

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Guideline Information:

Specialty Area: Musculoskeletal Care
Policy Name: Cohere Medical Policy - Facet Joint Allograft Implants
Type: [**X**] Adult (18+ yo) | [**X**] Pediatric (0-17yo)

Table of Contents

Medical Necessity Criteria

Service: Facet Joint Allograft Implants

Cohere Health takes an evidence-based approach to reviewing imaging and procedure requests, meaning that sufficient clinical information must be provided at the time of submission to determine medical necessity. Documentation must include a recent and detailed history, physical examination related to the onset or change in symptoms, relevant lab results, prior imaging, and details of previous treatments. Advanced imaging or procedures should be requested after a clinical evaluation by the treating provider, which may include referral to a specialist.

- When a specific clinical indication is not explicitly addressed in the Cohere Health medical policy, medical necessity will be determined based on established clinical best practices, as supported by evidence-based literature, peer-reviewed sources, professional society guidelines, and state or national recommendations, unless otherwise directed by the health plan.
- Requests submitted without clinical documentation, or those that do not align with the provided clinical information—such as mismatched procedure, laterality, body part, or CPT code—may be denied for lack of medical necessity due to insufficient or inconsistent clinical information.
- When there are multiple diagnostic or therapeutic procedures requested simultaneously or within the past three months, each will be reviewed independently. Clinical documentation must clearly justify all of the following:
    - The medical necessity of each individual request
    - Why prior imaging or procedures were inconclusive, or why additional/follow-up studies are needed
    - How the results will impact patient management or treatment decisions
- Requests involving adjacent or contiguous body parts may be considered not medically necessary if the documentation demonstrates that the

patient's primary symptoms can be adequately assessed with a single study or procedure.

Description

Intrafacet allograft arthroplasty has been proposed as an alternative technique to surgical fusion to treat facet joint pain (also referred to as lumbar spondylosis or zygapophyseal joint pain). The minimally invasive procedure involves the placement of an allograft dowel made from bone (from the femur or tibia). The allograft, which is processed by licensed tissue banks and must comply with United States Food and Drug Administration (FDA) requirements for tissue processing, is not subject to FDA 510K clearance and can be marketed.[1-2]

Medical Necessity Criteria

Indications

Facet joint allograft implants are considered appropriate if **ANY** of the following is **TRUE**:

- This procedure is clinically unproven and not medically necessary. There is inconclusive evidence of its effectiveness.

Non-Indications

Facet joint allograft implants are not considered appropriate if **ANY** of the following are **TRUE**:

- This is not applicable, as there are no indications.

Level of Care Criteria

Outpatient

Procedure Codes (CPT/HCPCS)

CPT/HCPCS 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

In recent years, no articles have been published on long-term efficacy results or randomized, controlled, double-blinded trials of statistical rigor about facet arthrodesis using bone dowel implants, which have been around for decades. Other alternatives have emerged, i.e., facet fusion devices such as the FFX device to prevent facet motion, an alternative for the surgical treatment of patients with facet syndrome or lumbar spinal stenosis, which received regulatory clearance from the FDA in 2024.[3]

In a retrospective clinical study, Pirris et al. (2014) studied the outcomes of 99 patients who underwent facet joint dowel placement. Some patients received the dowels after open exploration of the facet joints, while others received them percutaneously through a tubular retractor. They found that almost 90% of the patients in this study did not achieve a solid fusion. They suggest that in their experience, the implantation of facet joint bone dowels results in an inadequate fusion rate.[1]

The American Society of Interventional Pain Physicians (ASIPP) published guidelines for facet joint interventions to manage chronic spinal pain. They do not mention facet joint allograft implants.[4]

The following national, professional organizations have published guidelines; however, they do not address facet joint allograft arthroplasty: 1) American College of Occupational and Environmental Medicine (ACOEM) - Invasive treatments for low back disorders,[5] 2) American Society of Pain and Neuroscience (ASPN) - Interventional treatments for low back pain,[6] 3) American Society of Regional Anesthesia (ASRA) - Interventions for cervical spine (facet) joint pain,[7] 4) American Society of Regional Anesthesia (ASRA) - Interventions for lumbar facet joint pain,[8] and North American Spine Society (NASS) - Diagnosis and treatment of low back pain.[9]

References

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2. Trahan J, Morales E, Richter EO, et al. The effects of lumbar facet dowels on joint stiffness: a biomechanical study. *Ochsner J.* 2014 Spring;14(1):44-50. PMID: 24688332; PMCID: PMC3963051

3. Srour R, Gdoura Y, Delaitre M, et al. Facet arthrodesis with the FFX device: One-year results from a prospective multicenter study. *Int J Spine Surg*. 2020 Dec;14(6):996-1002. doi: 10.14444/7149. Epub 2020 Dec 29. PMID: 33560260; PMCID: PMC7872413

4. 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. *Pain Physician.* 2020 May;23(3S):S1-S127. PMID: 32503359

5. Hegmann KT, Travis R, Andersson GBJ, et al. Invasive treatments for low back disorders. *J Occup Environ Med.* 2021 Apr 1;63(4):e215-e241. doi: 10.1097/JOM.0000000000001983. PMID: 33769405

6. 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

7. 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

8. 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

9. North American Spine Society (NASS). Evidence-based clinical guidelines for multidisciplinary spine care: Diagnosis and treatment of low back pain. Published 2020. https://www.spine.org/Portals/0/assets/downloads/ResearchClinicalCare/Guidelines/LowBackPain.pdf

Policy Revision History/Information

Original Date: September 29, 2023		
Review History		
Version 2	04/26/2024	Annual review.
Version 3	07/24/2025	Annual review. New Description section. No changes to the Medical Necessity Criteria section. No changes to the Procedure Codes section. Literature review: added 3 references.