



**Cohere Medicare Advantage Policy –  
Facet Joint Allograft Arthroplasty**  
*Clinical Policy for Medical Necessity Review*

**Version: 3**

**Revision Date:** July 1, 2025

# Important Notices

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## Policy Information:

**Specialty Area:** Musculoskeletal Care

**Policy Name:** Facet Joint Allograft Arthroplasty

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

## **Table of Contents**

<b>Important Notices</b>	<b>2</b>
<b>Medical Necessity Criteria</b>	<b>4</b>
<b>Service: Facet Joint Allograft Arthroplasty</b>	<b>4</b>
Related CMS Documents	4
Description	4
Medical Necessity Criteria	5
Indications	5
Non-Indications	5
Level of Care Criteria	5
Procedure Codes (CPT/HCPCS)	5
Evaluation of Clinical Harms and Benefits	6
<b>Medical Evidence</b>	<b>7</b>
<b>References</b>	<b>8</b>
<b>Clinical Guideline Revision History/Information</b>	<b>10</b>

# Medical Necessity Criteria

## **Service: Facet Joint Allograft Arthroplasty**

### **Related CMS Documents**

Please refer to the [CMS Medicare Coverage Database](#) for the most current applicable CMS National Coverage.<sup>1,11,12</sup>

- [Local Coverage Determination \(LCD\). Facet Joint Interventions for Pain Management \(L38803\)](#)
  - [Billing and Coding: Facet Joint Interventions for Pain Management \(A58405\)](#)
- [Local Coverage Determination \(LCD\). Facet Joint Interventions for Pain Management \(L33930\)](#)
  - [Billing and Coding: Facet Joint Interventions for Pain Management \(A57787\)](#)
- [Local Coverage Determination \(LCD\). Facet Joint Interventions for Pain Management \(L34892\)](#)
  - [Billing and Coding: Facet Joint Interventions for Pain Management \(A56670\)](#)

### **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 FDA requirements for tissue processing, is not subject to FDA 510K clearance and can be marketed.

## Medical Necessity Criteria

### Indications

**Facet joint allograft arthroplasty** (e.g., facet joint allograft, NuFix™, TruFUSE® allograft) is considered appropriate if **ALL** of the following are **TRUE**<sup>11-12</sup>:

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

### Non-Indications

**Facet joint allograft arthroplasty** (e.g., facet joint allograft, NuFix™, TruFUSE® allograft) is not considered appropriate if **ALL** of the following are **TRUE**:

- This is not applicable as there are no indications.

### Level of Care Criteria

Not applicable.

### Procedure Codes (CPT/HCPCS)

CPT/HCPCS Code	Code Description
0202T	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine
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

**Disclaimer:** S Codes are non-covered per CMS guidelines due to their experimental or investigational nature.

**Evaluation of Clinical Harms and Benefits**

Refer to the Medical Evidence section for various citations and references to studies conducted to date that are inconsistent, inadequately powered, or otherwise do not allow for solid scientific conclusions. Potential harms and benefits of applying an “unproven and not medically necessary” designation to this procedure might include, but are not limited to, the following:

**Potential Harms** of applying the clinical criteria included in this policy include, but are not limited to, denying opportunities to improve health outcomes for individuals and populations suffering from pain secondary to facet joint pain. For example, restricting access to this procedure may increase patient and population dependence on excessive pain medication, including opioids, reduced functionality leading to additional medical problems, and a decrease in economic opportunity.

**Potential Benefits** include safeguarding patients and populations from unproven technologies, procedures, and medical treatments until the proposed treatments' safety, efficacy, and anticipated results are thoroughly validated via peer-reviewed scientific literature. This safeguards patients from a failure of facet arthroplasty, which has a known high failure rate, which can lead to pain from the failed device requiring narcotics and additional spine surgeries.

## Medical Evidence

A recent clinical trial by Shaffer et al. (2024)<sup>13</sup> on lumbar facet arthroplasty versus spinal fusion in young (less than 65 years of age) and old (65 years of age or older) patients for the treatment of degenerative spondylolisthesis and stenosis using a TOPS (Total Posterior Spine System) device for lumbar facet arthroplasty rather than a bone dowel, found that facet arthroplasty preserves more range of motion in both age groups and leads to improved patient-reported outcomes compared with a standard single-level transforaminal lumbar interbody fusion.

The American Society of Interventional Pain Physicians (ASIPP) published guidelines for facet joint interventions in the management of chronic spinal pain. They do not mention facet joint allograft implants.<sup>4</sup>

The following 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,<sup>5</sup> 2) American Society of Pain and Neuroscience (ASPN) – Interventional treatments for low back pain,<sup>6</sup> 3) American Society of Regional Anesthesia (ASRA) – Interventions for cervical spine (facet) joint pain,<sup>7</sup> American Society of Regional Anesthesia (ASRA) – Interventions for lumbar facet joint pain,<sup>8</sup> and North American Spine Society (NASS) – Diagnosis and treatment of low back pain.<sup>9</sup>

## References

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<https://www.spine.org/Portals/0/assets/downloads/ResearchClinicalCare/Guidelines/LowBackPain.pdf>
10. Pinter ZW, Freedman BA, Nassr A, et al. A prospective study of lumbar facet arthroplasty in the treatment of degenerative spondylolisthesis and stenosis: Results from the total posterior spine system (TOPS) IDE study. *Clin Spine Surg*. 2023 Mar 1;36(2):E59-E69. doi: 10.1097/BSD.0000000000001365. Epub 2022 Aug 3. PMID: 36191093; PMCID: PMC9949521
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# Clinical Guideline Revision History/Information

Original Date: May 29, 2024		
Review History		
Version 2	06/10/2024	422.101 Disclaimer added
Version 3	07/01/2025	Annual review. Added two new LCDs. No changes to procedure codes. Added Evaluation of Clinical Harms and Benefits section. Literature review - The medical evidence section has been updated (Shaffer et al.).