



Facet Joint Allograft Implants

Clinical Guidelines for Medical Necessity Review

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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: 4/26/2024

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 unproven and not medically necessary.
- **Criteria for Subsequent Requests:** This service is unproven and not medically necessary.
- **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.¹
- **Exclusions:** This service is unproven and not medically necessary.

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**¹:
- ◆ This service is unproven and not medically necessary. There is insufficient evidence of their effectiveness for these indications.

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**¹:
- ◆ This service is unproven and not medically necessary. There is insufficient evidence of their effectiveness for these indications.

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.³

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*⁴
- **American Society of Pain and Neuroscience (ASPN)** - *Interventional Treatments for Low Back Pain*⁵
- **American Society of Regional Anesthesia (ASRA)** - *Interventions for Cervical Spine (Facet) Joint Pain*⁶
- **American Society of Regional Anesthesia (ASRA)** - *Interventions for Lumbar Facet Joint Pain*⁷
- **North American Spine Society (NASS)** - *Diagnosis and Treatment of Low Back Pain*⁸

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.
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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

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