

Corporate Medical Policy

Total Facet Arthroplasty

File Name:	total_facet_arthroplasty
Origination:	10/2009
Last CAP Review:	10/2019
Next CAP Review:	10/2020
Last Review:	10/2019

Description of Procedure or Service

Facet arthroplasty refers to the implantation of a spinal prosthesis to restore posterior element structure and function as an adjunct to neural decompression. This procedure is proposed as an alternative to posterior spinal fusion for patients with facet arthrosis, spinal stenosis, and spondylolisthesis.

Spinal fusion is a common surgical treatment for degenerative disc disease when conservative treatment fails. However, spinal fusion alters the normal biomechanics of the back, which may potentially lead to premature disc degeneration at adjacent levels. A variety of implants have been investigated as alternatives to rigid interbody or posterolateral intertransverse spinal fusion. This policy addresses the implantation of prostheses intended to replace the facet joints and excised posterior elements, termed facet arthroplasty. The objective of facet arthroplasty is to stabilize the spine while retaining normal intervertebral motion of the surgically removed segment following neural decompression. It is proposed that facet arthroplasty should also maintain the normal biomechanics of the adjacent vertebrae. If normal motion patterns are achieved by artificial joints in the spine, the risk of adjacent-level degeneration thought to be associated with fusion may be mitigated.

Regulatory Status

No facet arthroplasty devices have been approved by the U.S. Food and Drug Administration (FDA). The ACADIA™ Facet Replacement System (Facet Solutions, Hopkinton, MA) was being evaluated in an FDA-regulated investigational device exemption phase 3 trial which was completed in October 2017 but has not been published. A Phase 3 trial of the Total Facet Arthroplasty System® (TFAS®, Archus Orthopedics) was discontinued. (Facet Solutions acquired Archus Orthopedics and all of their assets in 2009. In 2011, Globus Medical acquired Facet Solutions.) Another implant design, the Total Posterior-element System (TOPS™, Premia Spine), is currently available in Europe.

Related policies:

Artificial Intervertebral Disc
Interspinous and Interlaminar Stabilization/Distracton Devices (Spacers)
Lumbar Spine Fusion Surgery

*****Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

Policy

Total facet arthroplasty is considered investigational for all applications. BCBSNC does not provide coverage for investigational services or procedures.

Total Facet Arthroplasty

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When Total Facet Arthroplasty is covered

Not applicable.

When Total Facet Arthroplasty is not covered

Total facet arthroplasty is considered investigational. BCBSNC does not provide benefits for investigational services.

Policy Guidelines

For individuals who have lumbar spinal stenosis who receive spinal decompression with facet arthroplasty, the evidence includes a preliminary report of a randomized controlled trial. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. Interim results from a pivotal trial of the ACADIA Facet Replacement System were reported in 2012. No additional publications from this trial, which was expected to be completed October 2015, have been identified to date. In addition to the lack of evidence on clinical outcomes with facet arthroplasty, no device has received U.S. Food and Drug Administration approval. The evidence is insufficient to determine the effects of the technology on health outcomes.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: 0202T

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual [Electronic Version]. 7.01.120, 7/9/09

Senior Medical Director Review - 9/2009

BCBSA Medical Policy Reference Manual [Electronic Version]. 7.01.120, 7/8/10

Specialty Matched Consultant Advisory Panel – 11/2010

BCBSA Medical Policy Reference Manual [Electronic Version]. 7.01.120, 7/14/2011

Medical Director – 8/2011

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Specialty Matched Consultant Advisory Panel – 10/2011

BCBSA Medical Policy Reference Manual [Electronic Version]. 7.01.120, 7/12/2012

Specialty Matched Consultant Advisory Panel – 10/2012

BCBSA Medical Policy Reference Manual [Electronic Version]. 7.01.120, 7/11/2013

Specialty Matched Consultant Advisory Panel – 10/2013

BCBSA Medical Policy Reference Manual [Electronic Version]. 7.01.120, 7/10/2014

Specialty Matched Consultant Advisory Panel – 10/2014

BCBSA Medical Policy Reference Manual [Electronic Version]. 7.01.120, 7/9/2015

Specialty Matched Consultant Advisory Panel – 10/2015

Specialty Matched Consultant Advisory Panel – 10/2016

BCBSA Medical Policy Reference Manual [Electronic Version]. 7.01.120, 1/12/2017

Specialty Matched Consultant Advisory Panel – 10/2017

BCBSA Medical Policy Reference Manual [Electronic Version]. 7.01.120, 4/12/2018

Specialty Matched Consultant Advisory Panel – 10/2018

BCBSA Medical Policy Reference Manual [Electronic Version]. 7.01.120, 4/8/2019

Specialty Matched Consultant Advisory Panel – 10/2019

Policy Implementation/Update Information

10/26/09 New policy implemented. BCBSNC will not provide coverage for total facet arthroplasty. It is considered investigational. BCBSNC does not provide benefits for investigational services. Reviewed with Senior Medical Director 9/30/09. (btw)

6/22/10 Policy Number(s) removed (amw)

12/21/10 Specialty Matched Consultant Advisory Panel review 11/21/2010. No change to policy intent. References added. (btw)

9/13/11 “Description” section updated. “Policy Guidelines” updated. Medical Director review 8/27/2011. Reference added. (btw)

12/20/11 Specialty Matched Consultant Advisory Panel review 11/30/2011. No change to policy intent. (btw)

9/4/12 Regulatory Status section updated. Reference added. (btw)

11/13/12 Specialty Matched Consultant Advisory Panel review 10/17/2012. Policy Guidelines updated. No change to policy intent. (btw)

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- 8/27/13 Reference added. (btw)
- 11/12/13 Specialty Matched Consultant Advisory Panel review 10/16/2013. No change to policy. (btw)
- 12/9/14 Reference added. Specialty Matched Consultant Advisory Panel review 10/28/2014. Policy Guidelines updated. No change to Policy statement. (sk)
- 9/1/15 Reference added. (sk)
- 11/24/15 Specialty Matched Consultant Advisory Panel review 10/29/2015. (sk)
- 11/22/16 Specialty Matched Consultant Advisory Panel review 10/26/2016. (sk)
- 3/31/17 Reference added. Policy Guidelines updated. (sk)
- 11/10/17 Specialty Matched Consultant Advisory Panel review 10/25/2017. (sk)
- 7/13/18 Reference added. (sk)
- 11/9/18 Specialty Matched Consultant Advisory Panel review 10/24/2018. (sk)
- 7/1/19 Reference added. Regulatory Status updated. (sk)
- 11/26/19 Specialty Matched Consultant Advisory Panel review 10/16/2019. (sk)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.