EFFECTIVE DATE: 10|01|2026
POLICY LAST REVIEWED: 06|17|2026

OVERVIEW
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 individuals with facet arthrosis, spinal stenosis, and spondylolisthesis.

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
Medicare Advantage Plans
Total facet arthroplasty in individuals with lumbar spinal stenosis undergoing spinal decompression is considered not covered as the evidence is insufficient to determine the effects of the technology on health outcomes.

Commercial Products
Total facet arthroplasty in individuals with lumbar spinal stenosis undergoing spinal decompression is considered not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

COVERAGE
Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable not medically necessary/not covered benefits/coverage.

BACKGROUND
Spinal fusion is a common surgical treatment following surgical decompression 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 evidence review 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
In June 2023, the Total Posterior Spine (TOPS™; Premia Spine) System was approved by the U.S. Food and Drug Administration (FDA) via the premarket approval (PMA) process (PMA: P220002). Per the approval order statement, "the TOPS System is a motion-preserving spinal implant that is inserted into the lumbar spine via pedicle screws. The TOPS system is intended to stabilize the spine following a lumbar decompression without rigid fixation. The TOPS System is indicated for patients between 35 and 80 years of age with symptomatic degenerative spondylolisthesis up to Grade 1, with moderate to severe lumbar spinal

stenosis and either the thickening of the ligamentum flavum and/or of the scarring facet joint capsule at one level from L3 to L5."

TOPS System was previously granted breakthrough device status through the FDA in October 2020. The TOPS System has been marketed outside of the U.S. since 2012, and is commercially available in several European Union countries, in Australia, and in several Asian countries. FDA Product Code: QWK. Other products are currently under review. The ACADIA® Facet Replacement System (Facet Solutions, acquired by Globus Medical in 2011) was being evaluated in a FDA regulated investigational device exemption phase 3 trial, which was completed in October 2017; results without statistical analysis were posted on ClinicalTrials.gov but have not been published in the peer-reviewed literature. ACADIA Facet Replacement System is currently only available outside of the U.S.

For individuals with lumbar spinal stenosis who receive spinal decompression with facet arthroplasty, the evidence includes a preliminary report of an otherwise unpublished randomized controlled trial (RCT), planned interim analyses of an RCT, and a few case series studies. 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 completed in October 2017, have been identified to date. Interim results from a pivotal randomized trial of the Total Posterior Spine (TOPS) System indicated substantial improvement compared to baseline at 1 year as well as improvements compared with transforaminal lumbar interbody fusion (TLIF) in multiple patient-reported outcomes related to functional status and symptoms up to 2 years post-operatively; the results further suggested relatively preserved range of motion at the treated vertebral level with TOPS versus TLIF, without increased risk of adverse events. Based on 24 month results, the TOPS System received U.S. Food and Drug Administration approval in June 2023; the most recent interim analysis reports results from approximately 50% of the 321 enrolled patients at 2 years indicating improved clinical success in patients receiving TOPS compared with TLIF. The evidence is limited by a relatively short postoperative follow-up that prevents long-term durability assessment, the inability to blind participants and evaluators, and primary outcome reporting in only half of the randomized sample due to early trial stoppage. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

CODING

Medicare Advantage Plans and Commercial Products

The following CPT code(s) is not covered for Medicare Advantage Plans and not medically necessary for Commercial Products:

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

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, August 2026

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