

Medical Coverage Policies

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Posterior Intrafacet Implant

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Description:

The facet joint is the segment of bone linking individual spinal segments, stabilizing them while still allowing motion between the segments. Facet joint pain can initially be treated with medication, immobilization of the affected area or physical therapy. When these conservative measures have failed, anesthetic injections or neurolytic techniques can be used to alleviate pain. Surgical fusion is typically reserved for those individuals who have failed the less invasive treatments.

An alternative technique to surgical fusion has been proposed that involves the placement of an allograft dowel along with instrumentation which allows for the expansion and stabilization of the facet joint space resulting in symptomatic pain relief and possible long-term fusion. The technique can be performed with an open surgical procedure or a minimally invasive procedure using fluoroscopic guidance.

The allograft is made from bone obtained from both the femur and tibia. The allograft is processed by licensed tissue banks which are required to be fully compliant with all Food and Drug Administration (FDA) requirements for tissue processing in the United States. Therefore, the allografts are not subject to FDA 510k clearance and can be marketed. Although the allografts have been implanted in many individuals, no clinical trials have been conducted. Without well designed clinical trials the technology cannot be assessed for clinical efficacy and safety.

Medical Criteria:

Not applicable.

Policy:

Posterior intrafacet implants in the spine are considered not medically necessary as there is insufficient clinical evidence to determine its efficacy.

Coverage:

Benefits may vary between groups and contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for the applicable "Services Not Medically Necessary."

Coding:

The following CPT Category III codes are not medically necessary:

0219T, 0220T, 0221T, 0222T

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services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions.

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