

Medicare Advantage Medical Policy



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Facet Arthroplasty – Medicare Advantage

Medicare Advantage Plan

☒ Medicare Plus BlueSM

☒ BCN AdvantageSM

UM Committee Approval Date: 03/19/2025

Effective Date: 04/19/2025

Description

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.

Related Medical Coverage Policies

- Interspinous Distraction Devices
- Spinal Surgery-Image-Guided Minimally Invasive Lumbar Decompression (IG-MLD, MELD) for Lumbar Stenosis
- Spinal Surgery-Percutaneous, Endoscopic, Laser and/or Radiofrequency Decompression

Policy Guidelines

Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network of Michigan (BCN) adhere to guidance from the Centers for Medicare and Medicaid Services (CMS), including when performing organization determinations for Medicare Advantage plan members. CMS Medicare statutes, regulations, manuals, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and other sub-regulatory guidance provide the clinical guidelines for coverage determinations, payment integrity functions, and all other uses by CMS regulations. When CMS Medicare guidance is not fully established, CMS permits BCBSM/BCN to utilize “internal coverage criteria”, such as independent criteria, health plan policy research, LCD/LCAs outside the services area or research from independent medical research repositories (i.e., Hayes) for coverage policies 42 CFR § 422.101. BCBSM/BCN internal medical coverage policies are developed and based on current evidence in widely accepted treatment guidelines or clinical literature; in addition, they address how clinical benefits may or may not outweigh member harm.

The following is applicable for this medical policy:

Clinical review follows guidance provided in the BCBSM Medicare Advantage Coverage Determination Hierarchy policy, which may be found at <https://www.bcbsm.com/providers/mpradmin/> by entering the policy name. After searching the Medicare Coverage Database and other sources of conditions of coverage, it was determined that CMS guidance to determine medical necessity is not fully developed related to one or more of the codes found in this medical policy. BCBSM/BCN internal coverage criteria will only be applied where CMS guidance is silent for a particular code.

Code	Description	NCD/LCD/LCA	Additional Guidance
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	NCD None WPS L38841, A58477 - Facet Joint Interventions for Pain Management	When the NCD or LCDs/LCAs does not have fully established clinical coverage criteria to determine medical necessity for Facet Arthroplasty refer to the BCBSM/BCN policy: <i>Facet Arthroplasty</i> Policy attached below
2020T	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	CGS L38773, A58364 - Facet Joint Interventions for Pain Management First Coast L33930, A57787 - Facet Joint Interventions for Pain Management	
2021T	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	NGS L35936, A57826 - Facet Joint Interventions for Pain Management	
2022T	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	Noridian JE L38801, A58403 - Facet Joint Interventions for Pain Management Noridian JF L38803, A58405 - Facet Joint Interventions for Pain Management	
0202T	Posterior vertebral joint(s) arthroplasty including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine	Novitas L34892, A56670 - Facet Joint Interventions for Pain Management Palmetto L38765, A58350 - Facet Joint Interventions for Pain Management	

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HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

The above information is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. Apart from durable medical equipment (DME), Medicare Administrative Contractor (MAC) jurisdiction for the purpose of clinical determinations is based upon place of service. Place of service for laboratory testing is defined as the geographic location of the reference laboratory. Non-jurisdictional LCD/LCAs may not be utilized for a determination unless they have been specifically identified as internal coverage criteria by the policy. Alternatively, jurisdiction for DME MAC is determined by member place of residence. Please refer to the Medicare Coverage Database website at <https://www.cms.gov/medicare-coverage->

database/search.aspx for the most current applicable NCD, LCD, LCA, and CMS Online Manual System Transmittals.

CMS Medicare Administrative Contractors (MAC) Jurisdictions

Part A and Part B Medicare Administrative Contractor (MAC) Jurisdiction	
Wisconsin Physicians Service Insurance Corporation (WPS)	IA, IN, KS, MI, MO, NE
CGS Administrators, LLC	KY, OH
First Coast Service Options, Inc	FL, PR, US VI
National Government Services, Inc (NGS)	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI,
Noridian Healthcare Solutions, LLC, Jurisdiction JE	CA, HI, NV, American Samoa, Guam, Northern Mariana Islands
Noridian Healthcare Solutions, LLC, Jurisdiction JF	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
Novitas Solutions, Inc	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX,
Palmetto GBA	AL, GA, TN NC, SC, VA, WV
DME MAC Jurisdictions	
CGS Administrators, LLC, Jurisdictions JB and JC	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NM, NC, OH, OK, Puerto Rico, SC, TN, TX, VA, Virgin Island, WI, WV
Noridian Healthcare Solutions, LLC, Jurisdictions JA and JD	AK, American Soamoa, AZ, CA, CT, DE, DC, Guam, HI, ID, IA, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY, Northern Mariana Islands, OR, PA, RI, SD, UT, VT, WA, WY

Important Reminder

BCBSM and BCN follow CMS Medicare coverage guidance to limit coverage to items and services that are reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member. Medicare Advantage Medical Policies list the criteria BCBSM and BCN use to decide which medical services are considered “reasonable and necessary” when Medicare coverage rules are not fully developed, or as otherwise may permitted by CMS Medicare regulations. Individual member benefit plan documents, such as the Evidence of Coverage and Annual Notice of Change, as well as applicable laws govern benefit coverage, including any inclusion, exclusion, and/or other restrictions.

Medicare Advantage Medical policies are created when permitted by CMS Medicare regulations, reviewed regularly, and may be revised periodically. BCBSM/BCN Medical Policies are proprietary and should not be copied or disseminated without the express, prior written approval of BCBSM. All providers are required to review applicable BCBSM reimbursement policies prior to claim submission and bill for covered services in accordance with those policies. Additionally, providers contracted with BCBSM or BCN’s Medicare Advantage network(s) should review the provider manual for any additional claim submission requirements. Providers not contracted with BCBSM or BCN’s Medicare Advantage network may be required to submit documentation to BCBSM, BCN, or its delegated entity supporting billed claims, including but not limited to applicable medical records.

Note: U.S. Food and Drug Administration (FDA) approval for a specific indication or the issuance of a CPT code is not sufficient for a procedure to be considered medically reasonable and necessary. Similarly, the presence of a procedure/device code or payment amount for the service in the Medicare fee schedule does not necessarily indicate coverage. If a service is deemed not reasonable and necessary, to treat illness or injury for any reason (including lack

of safety and efficacy because it is an experimental procedure, etc.), the procedure is considered not covered.

Disclaimer: This medical policy is not an authorization, certification, explanation of benefits, or a contract for the services, devices, or drugs that is referenced in the medical policy. Medical policies do not constitute medical advice and do not guarantee any results or outcomes or guarantee payment. The medical policy is not intended to replace independent medical judgment for treatment of individuals. Treating physicians and health care providers are solely responsible for determining what care to provide to their patients. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another.

Pursuant to Section 1557 and Section 504, Blue Cross does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). This includes our rules, benefit designs and medical policies.

BCBSM/BCN Medicare Advantage Policy History

Policy Effective Date	UM Committee Approval Date	Comments
07/17/2024	07/17/2024	Medicare Advantage policy established
04/19/2025	03/19/2025	MA policy foundational language updated. Adoption of JUMP policy updates.

Medical Policy



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Joint Medical Policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and is therefore subject to change.

***Current Policy Effective Date: 3/1/25**
(See policy history boxes for previous effective dates)

Title: Facet Arthroplasty

Description/Background

Spinal fusion is a common surgical treatment following surgical decompression when conservative treatment fails.¹ 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.² 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).³ 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.⁴

Medical Policy Statement

The insertion of posterior intrafacet implants is experimental and investigational. It has not been scientifically demonstrated to be as safe and effective as conventional surgical approaches for the treatment of painful spinal facet joints.

Inclusionary and Exclusionary Guidelines

N/A

CPT/HCPCS Level II Codes *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure)*

Established codes:

N/A

Other codes (investigational, not medically necessary, etc.):

0202T	0219T	0220T	0221T	0222T	0219T
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Rationale

Evidence reviews assess the clinical evidence to determine whether the use of a technology improves the net health outcome. Broadly defined, health outcomes are length of life, quality of life, and ability to function—including benefits and harms. Every clinical condition has specific outcomes that are important to patients and to managing the course of that condition. Validated outcome measures are necessary to ascertain whether a condition improves or worsens; and whether the magnitude of that change is clinically significant. The net health outcome is a balance of benefits and harms.

To assess whether the evidence is sufficient to draw conclusions about the net health outcome of a technology, 2 domains are examined: the relevance and the quality and credibility. To be relevant, studies must represent one or more intended clinical use of the technology in the intended population and compare an effective and appropriate alternative at a comparable intensity. For some conditions, the alternative will be supportive care or surveillance. The quality and credibility of the evidence depend on study design and conduct, minimizing bias and confounding that can generate incorrect findings. The randomized controlled trial is preferred to assess efficacy; however, in some circumstances, nonrandomized studies may be adequate. Randomized controlled trials are rarely large enough or long enough to capture less common adverse events and long-term effects. Other types of studies can be used for these

purposes and to assess generalizability to broader clinical populations and settings of clinical practice.

Clinical Context and Therapy Purpose

The purpose of facet arthroplasty in individuals who have lumbar spinal stenosis is to provide a treatment option that is an alternative to or an improvement on existing therapies.

The following **PICO** were used to select literature to inform this review.

Populations

The relevant population of interest are individuals with lumbar spinal stenosis.

Intervention

The therapy being considered is facet arthroplasty. 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.

Comparators

The following practice is currently being used to treat lumbar spinal stenosis: lumbar spinal decompression with spinal fusion. 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. Lumbar spinal stenosis may also be treated with nerve ablation techniques.

Outcomes

The general outcomes of interest are pain, function, QOL, and adverse events related to the surgical procedure.

Review of Evidence

U.S. Food and Drug Administration Approved Devices

Smorgick et al (2019) initially reported 11-year outcomes of 10 individuals from a single center in Israel who received the Total Posterior Spine (TOPS; Premia Spine) System as an adjunct to decompression to treat neurogenic claudication of at least 12 weeks' duration due to spinal stenosis with single-level grade 1 L4 to L5 degenerative spondylolisthesis.⁵ In this study, 6-week improvements in leg pain, back pain, disability, and quality of life were generally maintained at 11 years. In terms of adverse events, there was 1 case of implant failure at 12 weeks that involved a damaged polycarbonate urethane component that led to internal locking of the device; no other instances of screw loosening or breakages, spontaneous fusion, or progression of the spondylolisthesis were observed. These results contributed to breakthrough device status being granted in October 2020 by the U.S. Food and Drug Administration (FDA).

A planned 1 year interim safety analysis of the randomized, single-blind, multicenter FDA investigational device exemption (IDE) trial of the TOPS device was conducted by Pinter et al (2023).⁶ This interim analysis only evaluated patients who had undergone implementation of the TOPS device and compared postoperative results to baseline characteristics. At the time of analysis, 153 patients had undergone implantation of the TOPS device. Characteristics of

patients are described below, by Coric et al (2022). Postoperative complications occurred in 11/153 (7.2%) patients, including 2 neurological deficits, 2 dural tears, 2 retained drains, 1 pair of misplaced pedicle screws, 1 screw loosening, 1 infection, 1 seroma, and 1 hematoma. The 2 patients who reported new neurological deficits experienced full recovery within one year after surgery. Of the 153 patients enrolled, 105 patients (69%) reached 1-year follow-up by the time of interim analysis and were included in analysis of patient-reported outcomes. From baseline, mean Oswestry Disability Index (ODI) scores improved from 56.9 ± 12.4 to 22.1 ± 17 at 6 weeks postoperatively ($p < .001$), and were maintained at 3, 6, and 12 months postoperatively. At 1 year, mean ODI scores were 11.5 ± 14.9 and 93.2% of patients had achieved a minimally clinically important difference (MCID) ($p < .001$). Pain scores were reported via visual analog scale (VAS). Mean VAS scores for low back pain improved from 67.2 ± 24.4 preoperatively to 12.7 ± 21.8 at 12 months postoperatively, and 83% of patients had achieved a MCID ($p < .001$). Additionally, VAS scores for worst leg pain also improved from 83.9 ± 13.2 preoperatively to 11.5 ± 22.7 at 12 months postoperatively ($p < .001$), and more than 90% of patients achieved a MCID in VAS worst leg pain at all postoperative time points. This interim analysis of the TOPS device demonstrated safety and efficacy compared to baseline at 12 months post-implantation.

Efficacy results of a planned 2-year interim analysis of the randomized, single-blind, multicenter IDE TOPS trial were published by Coric et al (2022).⁷ Adults age 35 to 80 years with grade I spondylolisthesis with symptomatic stenosis despite at least 6 months of conservative therapy (such as physical therapy, systemic pain management, or local injections or nerve block) were randomized 2:1 to undergo surgical decompression followed by either stabilization with TOPS or transforaminal lumbar interbody fusion (TLIF). The primary endpoint is a composite clinical success rate, defined as improvement of at least 15 points from baseline in the ODI without new or worsening neurological deficit or treatment failure (need for surgical reintervention or radiographic evidence of device breakage or disassembly), analyzed at 24-month post-operative follow-up. The interim analysis compared the primary endpoint in 170 patients randomized to TOPS and 79 patients randomized to control (total N=249; planned minimum sample size for final analysis is 300). While the authors stated the primary endpoint was not being tested for superiority or noninferiority in this interim analysis and the analysis was descriptive, statistical comparisons were reported; adjustment for increased risk of type I error was not reported. Composite clinical success at 24 months was reported in 85% of the TOPS arm and 64% of the TLIF arm ($p = .0138$). Proportions of patients in the TOPS and TLIF groups who reported a minimum 15-point improvement in ODI were 93.1% and 80.6%, respectively; new or worsening neurological deficit was reported in 3.4% and 12.1%, respectively. Device removal, revision, or supplementation was reported in 2.9% and 6.3% and surgical reintervention occurred in 5.8% and 8.8% of TOPS and TLIF patients, respectively. Improvements by at least 20 points from baseline in patient-reported VAS scores for back pain were reported in 83.5% of TOPS patients and 65.8% of TLIF patients at 6 weeks post-operatively ($p = .004$); at 24-month follow-up, 87% of the TOPS group and 64% of the TLIF group reported at least 20-point VAS improvement from baseline ($p = .015$). Improvements of at least 20 points from baseline in VAS scores for leg pain were comparable between TOPS and TLIF patients at both 6 weeks (92% and 93%, respectively) and 24 months (90% vs. 88%, respectively). Radiographically-assessed range of motion for flexion/extension of the treated vertebral level in the TOPS and TLIF groups at 24-month follow-up were 3.76 (vs. 3.75 at baseline) and 1.21 degrees (vs. 4.39 at baseline), respectively; range of motion for left/right lateral bending of the treated vertebral level at 24 months were 3.75 (vs. 3.25 at baseline) and 0.88 degrees (vs. 0.88 at baseline), respectively. In June 2023, the TOPS System was approved by the FDA via the premarket approval (PMA) process based on 24-month interim results.³ The final results of the TOPS IDE pivotal study have yet to be published, but 24-month results are detailed in the FDA summary of safety and effectiveness data (SSED) as

part of the approval packet.⁸ The results within the SSED differ slightly from those reported by Coric et al (2022) in the interim analysis.

Clarity is needed on the trial's final results to determine if adjustments for the increased risk of type 1 error were made and to compare the results presented in the published trial to those presented in the SSED. Additionally, continued follow-up of the TOPS IDE trial is ongoing, per Clinicaltrials.gov (NCT03012776), which will shed light on the longer-term safety profiles of TOPS versus TLIF with lumbar spinal decompression.

Unapproved or Off-Label Use Devices

A report by Palmer et al (2011) indicated that the U.S. Food and Drug Administration–regulated multicenter investigational device exemption trial (NCT00418197) of the Total Facet Arthroplasty System was discontinued due to financial reasons.⁹ Two of 10 Total Facet Arthroplasty System implants performed at the authors' institution experienced stem fracture after total facet replacement.

A phase 3 multicenter randomized trial of the ACADIA® Facet Replacement System was completed in October 2017 but results have not yet been fully published, results without statistical analysis are posted on ClinicalTrials.gov.⁴ The trial enrolled 390 subjects with lumbar spinal stenosis, and compared facet arthroplasty with the ACADIA® system to spinal fusion. An abstract reported by Myer et al (2014) in conference proceedings provided interim 2- and 4-year results for 243 patients.¹⁰ According to a 2018 case report, 2 of 5 patients at 1 institution who received the ACADIA® Facet Replacement System as part of the trial experienced a return of neurological symptoms, local tissue reaction, and development of cobalt allergy.¹¹

SUMMARY OF EVIDENCE

For individuals who have lumbar spinal stenosis who receive spinal decompression with facet arthroplasty, the evidence includes a preliminary report of an otherwise unpublished randomized controlled trial (RCT), a planned interim analysis of an ongoing 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-element System (TOPS) indicated substantial improvement over 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. No device has received U.S. Food and Drug Administration approval. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

SUPPLEMENTAL INFORMATION

PRACTICE GUIDELINES AND POSITION STATEMENTS

No guidelines or statements were identified.

ONGOING AND UNPUBLISHED CLINICAL TRIALS

Some currently ongoing trials that might influence this policy are listed in Table 1.

Table 1. Summary of Key Trials

NCT No.	Trial Name	Planned Enrollment	Completion Date
Ongoing			
NCT03012776 ^a	A Clinical Study to Assess the Safety and Effectiveness of the Premia Spine TOPS™ System	305	Jun 2027
Unpublished			
NCT00401518 ^a	The Investigational Plan for the Evaluation of the ACADIA® Facet Replacement System	390	Oct 2017

NCT: national clinical trial

^a Denotes industry sponsored or cosponsored trial.

Government Regulations

National/Local:

There is no specific NCD or LCD for this procedure. The LCD (L35490) listed not medically necessary T codes in the past but no longer lists them.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Related Policies

- Interspinous Distraction Devices
 - Spinal Surgery-Image-Guided Minimally Invasive Lumbar Decompression (IG-MLD, MELD) for Lumbar Stenosis
 - Spinal Surgery-Percutaneous, Endoscopic, Laser and/or Radiofrequency Decompression
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References

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2. Gu BJ, Blue R, Yoon J, et al. Posterior Lumbar Facet Replacement and Arthroplasty. Neurosurg Clin N Am. Oct 2021; 32(4): 521-526. PMID 34538478
3. U.S. Food and Drug Administration. Premarket Approval (PMA): TOPS System. June 15, 2023.<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpma/pma.cfm?id=P220002>. Accessed October 2024.
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10. Myer J, Youssef JA, Rahn KA, et al. ACADIA facet replacement system IDE clinical trial: Preliminary outcomes at two-and four-years postoperative [abstract]. *Spine J*. 2014;11(Suppl. 1):S160-161.
11. Goodwin ML, Spiker WR, Brodke DS, et al. Failure of facet replacement system with metal-on-metal bearing surface and subsequent discovery of cobalt allergy: report of 2 cases. *J Neurosurg Spine*. Jul 2018; 29(1): 81-84. PMID 29652237
Hayes Prognosis Overview. Total Facet Arthroplasty System (TFAS®). Lansdale, PA: HAYES, Inc., September 2009. Last updated September 2009. Archived.
12. Blue Cross Blue Shield Association. Facet Arthroplasty. MPRM 7.01.120. Published July 2009. Last updated May 2024.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through November 2024, the date the research was completed.

Joint BCBSM/BCN Medical Policy History

Policy Effective Date	BCBSM Signature Date	BCN Signature Date	Comments
9/1/10	7/22/10	6/15/10	Joint policy established
9/1/12	6/12/12	6/19/12	Routine update; policy formatted on new template. Reference added. No change in policy status.
1/1/15	10/24/14	11/3/14	Routine update of non-established service. Rationale and references reviewed and updated. No change in policy status.
3/1/16	12/10/15	12/10/15	Routine maintenance, updated references & rationale. No change in policy status.
3/1/17	12/13/16	12/13/16	Updated regulatory, clinical trial and government sections. No change in policy status.
3/1/18	12/12/17	12/12/17	Routine policy maintenance. No change in policy status.
3/1/19	12/13/18		Routine policy maintenance. Change in policy title. No change in policy status.
3/1/20	12/17/19		Routine policy maintenance. No change in policy status.
3/1/21	12/15/20		Routine policy maintenance. No change in policy status.
3/1/22	12/14/21		Routine policy maintenance. No change in policy status.
3/1/23	12/20/22		Routine policy maintenance, no additional updated literature. No change in policy status.
3/1/24	12/19/23		Routine policy maintenance, added code 0202T as E/I. No change in policy status. Vendor managed: Turning Point (ds)
3/1/25	12/17/24		Routine policy maintenance, no change in policy status. Vendor managed: Turning Point (ds)

Next Review Date: 4th Qtr. 2025

BLUE CARE NETWORK BENEFIT COVERAGE
POLICY: FACET ARTHROPLASTY

I. Coverage Determination:

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Not covered.
BCNA (Medicare Advantage)	See government section.
BCN65 (Medicare Complementary)	Coinsurance covered if primary Medicare covers the service.

II. Administrative Guidelines:

N/A