MASSACHUSETTS

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Medical Policy
Facet Arthroplasty

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Policy Number: 174

BCBSA Reference Number: 7.01.120 (For Plan internal use only)
NCD/LCD: N/A

Related Policies

- Artificial Intervertebral Disc: Lumbar Spine, #592
- Interspinous Distraction Devices (Spacers), #584

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO Blue℠ and Medicare PPO Blue℠ Members

Total facet arthroplasty in individuals with lumbar spinal stenosis undergoing spinal decompression is considered **INVESTIGATIONAL**.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	This is **not** a covered service.
Commercial PPO and Indemnity	This is **not** a covered service.
Medicare HMO Blue℠	This is **not** a covered service.
Medicare PPO Blue℠	This is **not** a covered service.

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The following CPT code is considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

CPT Codes

CPT codes:	Code Description
0202T	Posterior vertebral joint(s) arthroplasty (e.g. facet joint[s] replacement) including facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, including fluoroscopy, single level, lumbar spine

Description

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.

Summary

Description

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.

Summary of Evidence

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.

Policy History

Date	Action
6/2025	Annual policy review. Summary and references updated. Policy statements unchanged.
6/2024	Annual policy review. Policy updated with literature review through March 5, 2024. References added. Minor editorial refinements to policy statements; intent unchanged.
6/2023	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
6/2022	Annual policy review. Policy statements unchanged.
5/2021	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
6/2020	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
5/2019	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
2/2017	Annual policy review. New references added.
11/2015	Added coding language.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
6/2011	Reviewed - Medical Policy Group – Orthopedics, Rehabilitation and Rheumatology. No changes to policy statements.
7/2010	Reviewed - Medical Policy Group – Orthopedics, Rehabilitation Medicine and Rheumatology. No changes to policy statements.
3/2010	Medical Policy #174 effective 3/1/2010.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References

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