Medica Central Medical Policy

Policy Name:	**i-FACTOR™ Bone Graft MP9777**
Effective Date:	**01/01/2025**

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

i-FACTOR™ bone graft is considered investigative and unproven and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high-quality peer-reviewed medical literature to establish the safety and efficacy or effects on health care outcomes.

Note: See also related coverage policies,

- Recombinant Human Bone Morphogenic Protein-2, Long Bones and Allogeneic Morphogenic Protein (e.g., OsteoAMP™)Recombinant Human Bone Morphogenic Protein-2 (rhBMP2)/InFUSE and Allogeneic Morphogenic Protein (e.g., OsteoAMP™),
- Synthetic Ceramic-Based and Bioactive Glass Bone Substitutes/Fillers.

Note:
See also related Carelon utilization management medical necessity criteria under Musculoskeletal Guidelines > Spine Surgery > Bone Graft Substitutes and Bone Morphogenetic Proteins. policies, Cervical Spine Surgeries and Lumbar Spine Surgeries.

Description

i-FACTOR (i.e., P-15 peptide bone putty) is a synthetic peptide osteoconductive bone substitute approved for use in cervical fusion procedures after failure of at least 6 weeks of conservative treatment. The first step in the bone formation process is cell attachment. Osteogenic precursor cells attach to the i-FACTOR (P-15) bone graft, which is intended to initiate the new bone formation cascade. Since the new growth is confined to the surface, any osteoblast cellular activity associated with the P-15 attachment purportedly occurs on the surface of the implant only, inhibiting ectopic bone growth. i-FACTOR is supplied as a ready-to-use putty dispensed in a

syringe that can be stored at room temperature for up to 3 years. i-FACTOR Peptide Enhanced Bone Graft P-15 Putty must be used inside an allograft bone ring and with supplemental anterior plate fixation.

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations

Use the current applicable CPT/HCPCS code(s).

Original Effective Date:	Created 05/15/2024, Effective 09/01/2024
Re-Review Date(s):	10/16/2024
Administrative Update:	