Vertebral Body Tethering - Single Service

Clinical Guidelines for Medical Necessity Review

Version: 2.0
Effective Date: April 26, 2024

Important Notices

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Guideline Information:

Specialty Area: Diseases & Disorders of the Musculoskeletal System (M00-M99)
Guideline Name: Vertebral Body Tethering (Single Service)

Literature review current through: 9/29/2023
Document last updated: 4/26/2024
Type: [**X**] Adult (18+ yo) | [**X**] Pediatric (0-17yo)

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Medical Necessity Criteria

Service: Vertebral Body Tethering

General Guidelines

- **Units, Frequency, & Duration:** This service is unproven and not medically necessary.
- **Criteria for Subsequent Requests:** This service is unproven and not medically necessary.
- **Recommended Clinical Approach**[1-5]: Vertebral body tethering uses hardware such as screws and cords that are implanted near the curved area of a spine with scoliosis. The cords are tightened, thereby purported to straighten the spine. The procedure requires only small incisions, and devices are available for pediatric[5] and adult patients.[3]
- **Exclusions:** This policy addresses vertebral body tethering for scoliosis. There may be unique clinical scenarios where this procedure is considered medically necessary and supported by the medical literature (i.e., "off-label use").

Medical Necessity Criteria

Indications

➔ **Vertebral body tethering** is considered appropriate if **ALL** of the following are **TRUE**:

- ◆ This procedure is unproven and not medically necessary. There is insufficient evidence of their effectiveness for these indications.

Non-Indications

➔ **Vertebral body tethering** is not considered appropriate if **ALL** of the following are **TRUE**:

- ◆ This procedure is unproven and not medically necessary. There is insufficient evidence of their effectiveness for these indications.

Level of Care Criteria

Inpatient or Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS/CPT Code	Code Description
0656T	Vertebral body tethering, anterior; up to 7 vertebral segments
0657T	Vertebral body tethering, anterior; 8 or more vertebral segments
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed
22899	Unlisted procedure, spine

Medical Evidence

The United States Food and Drug Administration has granted approval to the Tether Vertebral Body Tethering System, for skeletally immature patients for progressive idiopathic scoliosis, after failing or not tolerating brace wear (2023)

The Pediatric Orthopaedic Society of North America (POSNA) and the Scoliosis Research Society (SRS) (2020) jointly recommended the use of vertebral body tethering in skeletally immature patients only for the management of idiopathic scoliosis as part of shared decision-making.

In 2016, the International Society for the Advancement of Spine Surgery (ISASS) did not recommend decompression with interlaminar stabilization in patients with degenerative lumbar scoliosis (Cobb angle greater than 25° lumbar segmental.)

References

1. Food and Drug Administration (FDA) Pediatric Advisory Committee. *FDA Executive Summary - The Tether Vertebral Body Tethering System.* FDA.gov. 2023.
2. Food and Drug Administration (FDA). *Summary of Safety & Effectiveness Data (SSED) - coflex Interlaminar Technology.* FDA.gov. 2012.
3. Guyer R, Musacchio M, Cammisa FP Jr, Lorio MP. ISASS Recommendations/Coverage Criteria for Decompression with Interlaminar Stabilization - Coverage Indications, Limitations, and/or Medical Necessity. Int J Spine Surg. 2016;10:41. Published 2016 Dec 5. doi:10.14444/3041
4. Food and Drug Administration (FDA). Zimmer Spine Dynesys Spinal System Approval for Marketing. FDA.gov. 20016.
5. Pediatric Orthopaedic Society of North Amrica (POSNA) Board of Directors and Scoliosis Research Society (SRS) Board of Directors. Joint SRS/Posna Position Statement on Payor Coverage for Anterior Fusionless Scoliosis Technologies for Immature Patients with Idiopathic Scoliosis. Posna.org. April 2, 2020.

Clinical Guideline Revision History/Information

Original Date: October 6, 2023	
Review History	
Version 2	4/26/2024