

Vertebral Body Tethering, Surgical 123

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Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details <u>*</u>.

Purpose:

This policy addresses the medical necessity for Vertebral Body Tethering.

Description & Definitions:

Vertebral Body Tethering is a series of anchor bone screws that are connected via a cord. Tension is applied to straighten the spine.

Criteria:

Vertebral Body Tethering for the treatment of scoliosis is considered medically necessary for all of the following criteria:

- Curve progression following conservative management (for example, observation, exercise therapy, or bracing); and
- Cobb angle 40 to 60 degrees; and
- Curve flexibility greater than 30%; and
- Skeletal immaturity, defined **1 or more**:
 - Risser grade 0 or 1; or
 - Sanders Maturity Scale less than or equal to 4.

Vertebral Body Tethering is considered not medically necessary for any use other than those indicated in clinical criteria.

Coding:

Medically necessary with criteria:

Coding	Description
0656T	Anterior lumbar or thoracolumbar vertebral body tethering; up to 7 vertebral segments

0657T	Anterior lumbar or thoracolumbar vertebral body tethering; 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	

Considered Not Medically Necessary:

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Coding	Description	
	None	

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

• 2023: October

Reviewed Dates:

- 2024: September review completed, no changes to criteria. References and coding updated.
- 2022: October

Effective Date:

• February 2021

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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(2024). Retrieved Aug 23, 2024, from Centers for Medicare and Medicaid Services: <u>https://www.cms.gov/medicare-coverage-database/search-</u> <u>results.aspx?keyword=0656T&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,</u> <u>5,1,F,P&contractOption=all&sortBy=relevance</u>

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(2024, Mar 14). Retrieved Aug 23, 2024, from MCG 28th Edition: https://careweb.careguidelines.com/ed28/index.html

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Scherl, S. (2024, Mar 12). Adolescent idiopathic scoliosis: Management and prognosis. Retrieved Aug 23, 2024, from UpToDate: <u>https://www.uptodate.com/contents/adolescent-idiopathic-scoliosis-management-and-prognosis?search=Vertebral%20body%20tether&source=search_result&selectedTitle=1%7E150&usage_type=de fault&display_rank=1#H15</u>

Subpart H—Humanitarian Use Devices. (2024). Retrieved Aug 23, 2024, from Code of Federal Regulations: <u>https://www.ecfr.gov/current/title-21/chapter-l/subchapter-H/part-814/subpart-H</u> Vertebral body tethering system. (2024, Aug 19). Retrieved Aug 23, 2024, from U.S. Food and Drug Administration: <u>https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPCD/classification.cfm?id=5095</u>

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

Vertebral Body Tethering, SHP Surgical 123, Scoliosis, The tether, VBT, MAGEC System Phenix Growing Rod device