Vertebral Body Tethering

Policy Number: 064

<table>
<thead>
<tr>
<th>Commercial and Qualified Health Plans</th>
<th>MassHealth</th>
<th>Medicare Advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization Required</td>
<td>X</td>
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<tr>
<td>No Prior Authorization</td>
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<tr>
<td>Not Covered</td>
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Overview
The purpose of this document is to describe the guidelines Mass General Brigham Health Plan uses to determine the medical necessity for vertebral body tethering (VBT) to treat idiopathic scoliosis. The treating provider must be a qualified spine/orthopedic specialist trained and experienced in VBT.

Coverage Guidelines
The use of an FDA approved vertebral body tethering (VBT) device to treat idiopathic scoliosis of the thoracic and/or lumbar spine may be considered medically necessary when ALL the following conditions are met:

1. The treating provider has completed an in person evaluation and documented the members suitability for VBT and the rationale for the procedure.
2. The member’s radiographic imaging confirms all of the following:
   a. Skeletal immaturity defined as Risser Grade 0-2 and under, or Sanders Skeletal Maturation stage less than 5; and
   b. Major Cobb angle of 35 to 65 degrees and osseous structure is dimensionally adequate to accommodate screw fixation; and
   c. Cobb angle decreases in magnitude below 30 degrees on bending films
3. The member has progressive curvature that has not responded to one of the following conservative treatment options:
   a. Failed external bracing defined as curvature progression greater than 5 degrees despite external brace wear;
   b. External bracing is not/no longer indicated secondary to skeletal maturity or severe scoliosis (greater than 45 degrees);
   c. There is clinical documentation of intolerance to external brace wear as prescribed despite reasonable efforts to improve brace comfort, fit, and wear compliance.
4. The surgery is to be performed at a facility with appropriate experience and expertise in the VBT procedure.

Exclusions
1. The member has congenital scoliosis
2. The member has achieved Skeletal maturity with no spinal growth remaining
3. The member has hyperkyphosis (40-50 degrees)
4. Kyphosis in the lumbar spine or at the thoracolumbar junction
5. Vertebral or chest wall deformity malformation in addition to scoliosis (e.g., pectus excavatum, severe rib prominence defined as trunk rotation greater than 20 degrees as measured by a scoliometer)
6. Previous surgery at the spinal levels where scoliotic curve(s) exist, unless related to prior tether correction
7. Member is non-ambulatory
8. Altered muscle function as a result of progressive neuromuscular disease

CPT/HCPCS Codes

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

This list of codes applies to Commercial and MassHealth plans only.

<table>
<thead>
<tr>
<th>Authorized CPT/HCPCS Codes</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>22836</td>
<td>Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments</td>
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<tr>
<td>22837</td>
<td>Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments</td>
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<tr>
<td>22838</td>
<td>Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed</td>
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<tr>
<td>0656T</td>
<td>Vertebral body tethering, anterior; up to 7 vertebral segments</td>
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<tr>
<td>0657T</td>
<td>Vertebral body tethering, anterior; 8 or more vertebral segments</td>
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<tr>
<td>0790T</td>
<td>Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed</td>
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Effective
July 2023: Effective Date

References


Scoliosis Research Society (SRS), American Academy of Orthopaedic Surgeons (AAOS), Pediatric Orthopaedic Society of North America (POSNA), and American Academy of Pediatrics (AAP) Position