

Cigna Medical Coverage Policies – Musculoskeletal Vertebral Body Tethering for Adolescent Idiopathic Scoliosis Guidelines

Effective November 1, 2024



Instructions for use

The following coverage policy applies to health benefit plans administered by Cigna. Coverage policies are intended to provide guidance in interpreting certain standard Cigna benefit plans and are used by medical directors and other health care professionals in making medical necessity and other coverage determinations. Please note the terms of a customer's particular benefit plan document may differ significantly from the standard benefit plans upon which these coverage policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a coverage policy.

In the event of a conflict, a customer's benefit plan document always supersedes the information in the coverage policy. In the absence of federal or state coverage mandates, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of:

1. The terms of the applicable benefit plan document in effect on the date of service
2. Any applicable laws and regulations
3. Any relevant collateral source materials including coverage policies
4. The specific facts of the particular situation

Coverage policies relate exclusively to the administration of health benefit plans. Coverage policies are not recommendations for treatment and should never be used as treatment guidelines.

This evidence-based medical coverage policy has been developed by eviCore, Inc. Some information in this coverage policy may not apply to all benefit plans administered by Cigna.

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CMM-616: Vertebral Body Tethering for Adolescent Idiopathic Scoliosis

CMM-616.1: General Guidelines**CMM-616.2: Indications****CMM-616.3: Non-Indications****Procedure (CPT®) Codes (CMM-616)****References (CMM-616)**

CMM-616.1: General Guidelines

Application of Guideline

- The determination of medical necessity for the replacement, revision, or removal of vertebral body tethering (VBT) is always made on a case-by-case basis.
- For additional timing and documentation requirements, see **CMM-600.1: Prior Authorization Requirements**.

Definitions

- **Adolescent Idiopathic Scoliosis (AIS):** a form of scoliosis (deviation of the lateral curvature of the spine beyond 10°). This form occurs among pediatric population between 10 and 18 years of age and is a three-dimensional deformity that includes a lateral deviation of the spine, reduced thoracic kyphosis, and a rotation of the vertebral bodies. As the name implies, adolescent idiopathic scoliosis (AIS) is of unknown etiology and is not related to a congenital, syndromic, or neuromuscular condition.
- **Vertebral Body Tethering (VBT):** a compression-based surgical treatment for adolescent idiopathic scoliosis (AIS) and is based on the concept of 'growth modulation'.
 - ◆ During vertebral body tethering, a surgeon places screws in the vertebrae on the convexity of the curve. A surgeon then connects the screws with a tether (flexible cord) that is placed under tension. The tether slows the growth on the curved side of the spine allowing for straighter spine growth as the other side of the spine catches up in growth and lengthens during the adolescence period.

CMM-616.2: Indications

Replacement, Revision, or Removal of an existing thoracic/thoracolumbar vertebral body tethering system is considered **medically necessary** when performed for **ANY** of the following clinical scenarios:

- ◆ Hardware failure (e.g., tether breakage, screw pullout/loosening, etc.)
- ◆ Progression of curvature with/without hardware failure
- ◆ Undercorrection/overcorrection of curvature
- ◆ Infection
- ◆ Pulmonary complications (e.g., atelectasis, pleural effusion, pulmonary edema, pneumothorax, etc.)
- ◆ Neurological injury
- ◆ Vascular complications

CMM-616.3: Non-Indications

Not Medically Necessary

- **Replacement, Revision, or Removal** of an existing thoracic/thoracolumbar vertebral body tethering system is considered **not medically necessary** when performed without meeting the criteria in the **General Guidelines** and in the **Indications** section.

Experimental, Investigational, or Unproven (EIU)

- Primary vertebral body tethering is considered **experimental, investigational, or unproven (EIU)**.

Procedure (CPT®) Codes (CMM-616)

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required.

CPT®	Code Description/Definition
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 (e.g., augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed
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 (e.g., augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed

This list may not be all-inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the health plan and is based on the individual's policy or benefit entitlement structure as well as claims processing rules.

References (CMM-616)

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