CIGNA MEDICAL COVERAGE POLICIES - MUSCULOSKELETAL

CMM-616: Vertebral Body Tethering for Adolescent Idiopathic Scoliosis

Effective Date: September 25, 2026

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.

These guidelines include procedures EviCore does not review for Cigna. Please refer to the **Cigna CPT code list** for the current list of high-tech imaging procedures that EviCore reviews for Cigna.

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CMM-616.1: General Criteria

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CMM-616.1: General Criteria

CMM.SP.GG.616.1
v2.0.2026

Application of Guideline

- The determination of medical necessity for the performance of replacement, revision, or removal of a thoracic/thoracolumbar vertebral body tethering system 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 (Hammad et al., 2023; Raitio et al., 2022).

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Lenke Curve Classification	a radiographic system used to categorize adolescent idiopathic scoliosis into six curve types based on the location and structural nature of spinal deformities. It incorporates curve type, lumbar modifier, and sagittal alignment to guide treatment planning and surgical decision-making, including patient selection for procedures such as vertebral body tethering (Lenke et al., 2001). The six Lenke curve types are as follows: • Lenke 1 (main thoracic): Structural main thoracic curve with nonstructural proximal thoracic and thoracolumbar/ lumbar curves • Lenke 2 (double thoracic): structural proximal thoracic and main thoracic curves • Lenke 3 (double major): structural main thoracic and thoracolumbar/lumbar curves • Lenke 4 (triple major): structural proximal thoracic, main thoracic, and thoracolumbar/lumbar curves • Lenke 5 (thoracolumbar/lumbar): structural thoracolumbar/ lumbar curve with nonstructural thoracic curves • Lenke 6 (thoracolumbar/lumbar–main thoracic): structural thoracolumbar/lumbar and main thoracic curves
Sanders Maturity Scale	a skeletal maturity classification system based on hand and wrist radiographs that assesses remaining growth potential in children and adolescents (Sanders et al., 2008). • Sanders 1–2: Early puberty, substantial growth remaining • Sanders 3–4: Peak growth period • Sanders 5: Slowing growth, limited growth remaining • Sanders 6–7: Near skeletal maturity • Sanders 8: Skeletal maturity complete

Vertebral Body Tethering (VBT)	a compression-based surgical treatment for adolescent idiopathic scoliosis (AIS) and is based on the concept of growth modulation. • Vertebral body tethering (VBT) refers to anterior vertebral body tethering performed using an anterior approach consistent with FDA-approved device labeling. 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 (Hammad et al., 2023; Raitio et al., 2022).

Health Equity Considerations

Health equity is the highest level of health for all individuals; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which individuals are born, grow, live, work, and age. Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include the following: safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

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CMM-616.2: Initial Vertebral Body Tethering (VBT)

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CMM-616.2: Initial Vertebral Body Tethering (VBT)

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Criteria

Initial vertebral body tethering is considered medically necessary when ALL of the following criteria have been met:

- VBT system is approved by the FDA and is used in accordance with FDA labeling.
- The planned VBT system will be limited to use between T4-L4.
- VBT will **not** be performed as part of a hybrid construct (i.e., thoracic spinal fusion combined with lumbar VBT).
- Skeletal immaturity at a Sanders Maturity Scale score of 3–5
- Imaging findings include ALL of the following
  - major coronal Cobb angle between 45°– 65°
  - flexibility of the major coronal Cobb angle, with correction to <30° on fulcrum-bending or side-bending radiographs
  - osseous anatomy is adequate for vertebral body screw fixation
- Physical exam findings are consistent with adolescent idiopathic scoliosis (AIS), based on clinical evaluation and absence of known congenital, neuromuscular, or syndromic etiology.

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CMM-616.3: Replacement, Revision, Removal of Existing VBT System

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CMM-616.3: Replacement, Revision, Removal of Existing VBT System

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Criteria

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

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Evidence Discussion (CMM-616)

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Evidence Discussion (CMM-616)

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Vertebral Body Tethering for Adolescent Idiopathic Scoliosis

Vertebral body tethering is a relatively new surgical technique for the treatment of adolescent idiopathic scoliosis. Although it has been proposed as a motion-preserving alternative to posterior spinal fusion (PSF), there are currently no prospective, randomized or nonrandomized controlled trials comparing VBT to PSF, and the available evidence is largely observational.

VBT devices are approved by the U.S. Food and Drug Administration (FDA) under the Humanitarian Device Exemption (HDE) pathway, which is based on probable benefit rather than demonstrated safety and effectiveness, reflecting the limited evidence base (U.S. FDA, 2019; U.S. FDA, 2025).

Current evidence demonstrates that VBT can achieve early deformity correction; however, most correction occurs in the immediate postoperative period, with limited and variable improvement over time. Outcomes are therefore highly dependent on patient selection and early postoperative alignment rather than predictable growth modulation (Abdelaal et al., 2025; Hantouly et al., 2025; Eaker et al., 2024; Todderud et al., 2025; Silk et al., 2024).

Emerging evidence suggests that VBT outcomes vary by Lenke curve type, with the most favorable results observed in flexible single-curve deformities (e.g., Lenke 1 and Lenke 5) and thoracolumbar/lumbar curves (Lenke 5), while more complex curve patterns (e.g. Lenke 3 or double major curves) may be associated with higher risks of mechanical failure and conversion to fusion (De Varona-Cocero et al., 2025; Jeandel et al., 2023; Eaker et al., 2024; Shaw et al., 2024).

Compared with PSF, VBT is associated with higher complication and reoperation rates, with published literature generally reporting revision rates in the range of approximately 16%-40%, most commonly due to mechanical failure (e.g. tether breakage), curve progression, and over- or under-correction (Abdelaal et al., 2025; Shin et al., 2021; Yang et al., 2023). Mechanical failure remains a key limitation, with evidence demonstrating that larger, less flexible curves and residual deformity increase the risk of early tether breakage, particularly in thoracolumbar and lumbar constructs (Baroncini et al., 2022; Raitio et al., 2022; Yang et al., 2023).

Although hybrid approaches, including combinations of posterior spinal fusion and VBT as well as combined anterior and posterior tethering constructs, have been described, evidence is limited to small, short-term case series and does not establish long-term

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safety or effectiveness (Cherian et al., 2023; Siu et al., 2023). Consequently, currently available evidence is insufficient to determine whether hybrid constructs provide outcomes comparable to established VBT approaches performed in accordance with FDA-approved labeling.

At this time, although the evidence base for VBT remains limited and long-term outcomes continue to be evaluated, available data support its use in a carefully selected subset of skeletally immature individuals with favorable curve characteristics and adequate predicted early correction (Abdelaal et al., 2025; Hantouly et al., 2025); Todderud et al., 2025; Silk et al., 2024). Posterior spinal fusion surgery remains the most established and predictable treatment for AIS; however, VBT may be considered an appropriate alternative when performed in accordance with FDA labeling and in patients who meet defined clinical and radiographic criteria (Abdelaal et al., 2025).

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References (CMM-616)

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1. Abdelaal, M., Ghandour, M., Mert, Ü., Pishnamaz, M., Knobe, M., Hildebrand, F., Sobottke, R., Kabir, K., & Mahmoud, M. A. (2025). Anterior vertebral body tethering versus posterior spinal fusion in adolescent idiopathic scoliosis: A systematic review and meta-analysis of comparative outcomes. *Journal of Clinical Medicine, 14*(19), 6707. https://doi.org/10.3390/jcm14196707
2. Al-Naseem, A. O., Al-Naseem, A., Al Balushi, B., Marwan, Y., Leong, J., & Shafafy, R. (2025). Posterior spinal fusion versus vertebral body tethering for paediatric scoliosis: A meta-analysis of comparative studies. *Spine Deformity, 13*(3), 681–694. https://doi.org/10.1007/s43390-025-01050-x
3. Brooks, J. T., Glover, B., Weldon, E., Sample, K., & Hariharan, A. (2026). Making the Case for Vertebral Body Tethering: What's the Evidence?. *The Orthopedic clinics of North America, 57*(1), 41–50. https://doi.org/10.1016/j.ocl.2025.08.005
4. Baroncini, A., & Courvoisier, A. (2023). The different applications of vertebral body tethering: Narrative review and clinical experience. *Journal of Orthopaedics, 37*, 86–92. https://doi.org/10.1016/j.jor.2023.02.012
5. Cherian, D., Samdani, A. F., Schüpper, A. J., Stein, A. A., Naseer, Z., Pahys, J. M., Nice, E., & Hwang, S. W. (2023). Early outcomes in hybrid fixation for idiopathic scoliosis: Posterior spinal fusion combined with anterior vertebral body tethering. *Journal of Neurosurgery: Case Lessons, 6*(15), CASE23331.
6. De Varona-Cocero, A., Robertson, D., Myers, C., Ani, F., Maglaras, C., Raman, T., Protopsaltis, T., & Rodriguez-Olaverri, J. C. (2025). Which Lenke type curve is most appropriate for vertebral body tethering in adolescent idiopathic scoliosis? *Spine Deformity*. https://doi.org/10.1007/s43390-025-01049-4
7. Eaker, L., Mucollari, O., Maza, N., & Lonner, B. S. (2024). Vertebral body tethering for thoracolumbar curvatures in adolescent idiopathic scoliosis: Radiographic and clinical outcomes at 2–6-year follow-up. *Journal of Clinical Medicine, 13*(21), 6330. https://doi.org/10.3390/jcm13216330
8. Hammad, A. M., Balsano, M., & Ahmad, A. A. (2023). Vertebral body tethering: An alternative to posterior spinal fusion in idiopathic scoliosis? *Frontiers in Pediatrics, 11*, 1133049. https://doi.org/10.3389/fped.2023.1133049
9. Hantouly, A. T., Muthu, S., Derbas, J., Al-Abri, R., Al-Hashmi, A., Basha, A., & El-Darier, W. (2025). Vertebral body tethering for adolescent idiopathic scoliosis: Quality of evidence and recommendations from a systematic overview of systematic reviews in literature. *International Journal of Spine Surgery, 19*(6), 670–682. https://doi.org/10.14444/8822
10. Hoernschemeyer, D. G., Hawkins, S. D., Tweedy, N. M., & Boeyer, M. E. (2024). Anterior vertebral body tethering: A single-center cohort with 4.3 to 7.4 years of follow-up. *The Journal of Bone and Joint Surgery. American Volume, 106*(20), 1857–1865. https://doi.org/10.2106/JBJS.23.01229
11. Jeandel, C., Bremond, N., de Maximin, M. C., Lefèvre, Y., & Courvoisier, A. (2023). Thoracoscopic anterior vertebral body tethering in Lenke type-1 right adolescent idiopathic scoliosis. *JBJS Essential Surgical Techniques, 13*(3), e22.00027. https://doi.org/10.2106/JBJS.ST.22.00027
12. Larson, A. N., Todderud, J. E., Mathew, S. E., Kelly, D. M., McClung, A. M., Erickson, M., & Yaszay, B. (2025). Vertebral body tethering in skeletally immature patients: Results of a prospective U.S. FDA investigational device exemption study. *The Journal of Bone and Joint Surgery. American Volume, 107*(3), 249–256. https://doi.org/10.2106/JBJS.24.00033
13. Lenke, L. G., Betz, R. R., Harms, J., Bridwell, K. H., Clements, D. H., Lowe, T. G., & Blanke, K. (2001). Adolescent idiopathic scoliosis: A new classification to determine extent of spinal arthrodesis. *The Journal of Bone and Joint Surgery. American Volume, 83*(8), 1169–1181.
14. Lott, C., Capraro, A., Qiu, C., Talwar, D., Gordon, J., Flynn, J. M., Anari, J. B., & Cahill, P. J. (2025). How does anterior vertebral body tethering compare to posterior spinal fusion for thoracic idiopathic scoliosis? A nonrandomized clinical trial. *Clinical Orthopaedics and Related Research, 483*(12), 2366–2376. https://doi.org/10.1097/CORR.0000000000003575
15. Miyanji, F., Pawelek, J., Nasto, L. A., Rushton, P., Simmonds, A., & Parent, S. (2020). Safety and efficacy of anterior vertebral body tethering in the treatment of idiopathic scoliosis. *The Bone & Joint Journal, 102#B*(12), 1703–1708. https://doi.org/10.1302/0301-620X.102B12.BJJ-2020-0426.R1

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16. Newton, P. O. (2020). Spinal growth tethering: Indications and limits. *Annals of Translational Medicine, 8*(2), 27. https://doi.org/10.21037/atm.2019.12.159
17. Newton, P. O., Parent, S., Miyanji, F., Sucato, D., Upasani, V. V., Marks, M. C., & the Harms Study Group. (2022a). Anterior vertebral body tethering compared with posterior spinal fusion for major thoracic curves: A retrospective comparison by the Harms Study Group. *The Journal of Bone and Joint Surgery. American Volume, 104*(24), 2170–2177. https://doi.org/10.2106/JBJS.22.00127
18. Newton, P. O., Takahashi, Y., Yang, Y., Miller, S., Kim, Y., & Vitale, M. G. (2022b). Anterior vertebral body tethering for thoracic idiopathic scoliosis leads to asymmetric growth of the periapical vertebrae. *Spine Deformity, 10*(3), 553–561. https://doi.org/10.1007/s43390-021-00464-7
19. Nugraha, H. K., Haber, L. L., Hoernschemeyer, D. G., Cahill, P. J., Samdani, A. F., Miyanji, F., Newton, P. O., & Larson, A. N., on behalf of the Harms Study Group. (2026). Outcomes of vertebral body tethering in adolescent idiopathic scoliosis: A prospective, multicenter study. *JBJS Open Access, 11*(1), e25.00309. https://doi.org/10.2106/JBJS.OA.25.00309
20. Onobun, D. E., Hussain, R., Lim, G., et al. (2025). Evaluating surgical strategies for adolescent idiopathic scoliosis: A meta-analysis of posterior spinal fusion and vertebral body tethering. *Cureus, 17*(8), e90739.
21. Phan, T. N., Wren, T. A. L., Heffernan, M. J., et al. (2024). Vertebral body tethering surgery. *The Journal of Bone and Joint Surgery. American Volume, 107*(3), 257-264. https://doi.org/10.2106/JBJS.23.00930
22. Raitio, A., Syvänen, J., & Helenius, I. (2022). Vertebral body tethering: Indications, surgical technique, and a systematic review of published results. *Journal of Clinical Medicine, 11*(9), 2576. https://doi.org/10.3390/jcm11092576
23. Roser, M. J., Askin, G. N., Labrom, R. D., Zahir, S. F., Izatt, M., & Little, J. P. (2023). Vertebral body tethering for idiopathic scoliosis: A systematic review and meta-analysis. *Spine Deformity, 11*(6), 1297–1307. https://doi.org/10.1007/s43390-023-00723-9
24. Sanders JO, Khoury JG, Kishan S, et al. Predicting scoliosis progression from skeletal maturity: A simplified classification during adolescence. *J Bone Joint Surg Am*. 2008;90(3):540-553.
25. Shah, S. A., Kraft, D. B., & Miyanji, F. (2024). Anterior vertebral body tethering: A review of the available evidence. *Journal of the American Academy of Orthopaedic Surgeons, 32*(6), 247–256. https://doi.org/10.5435/JAAOS-D-23-00312
26. Shaw, K. A., Miyanji, F., Bryan, T., Parent, S., Newton, P. O., Murphy, J. S., & the Harms Study Group. (2024). Vertebral body tethering for Lenke 1A curves: The lumbar modifier predicts less optimal outcomes. *Spine Deformity, 12*(3), 663–670. https://doi.org/10.1007/s43390-023-00815-6
27. Shin, M., Arguelles, G. R., Cahill, P. J., Flynn, J. M., Baldwin, K. D., & Anari, J. B. (2021). Complications, reoperations, and mid-term outcomes following anterior vertebral body tethering versus posterior spinal fusion: A meta-analysis. *JBJS Open Access, 6*(2), e21.00002. https://doi.org/10.2106/JBJS.OA.21.00002
28. Silk, Z. M., Tishelman, J. C., Eaker, L., & Lonner, B. S. (2024). Reducing uncertainty in anterior vertebral body tethering: Predicting postoperative curvature with fulcrum bending radiographs. *Global Spine Journal, 14*(1), 219–224. https://doi.org/10.1177/21925682221100444
29. Siu, J. W., Wu, H.-H., Saggi, S., Allahabadi, S., Katyal, T., & Diab, M. (2023). Radiographic and perioperative outcomes following anterior thoracic vertebral body tethering and posterior lumbar spine tethering: A pilot series. *Spine Deformity, 11*(6), 1399–1408. https://doi.org/10.1007/s43390-023-00717-7
30. Stamiris, S., Sofos, C., Sarridimitriou, A., et al. (2025). Comparative meta-analysis of vertebral body tethering and posterior spinal fusion in patients with idiopathic scoliosis: Evaluation of radiographic, perioperative, clinical, patient-reported outcomes, and complication rates. *Spine Deformity, 13*(5), 1399-1420. https://doi.org/10.1007/s43390-025-01113-z
31. Todderud, J. E., Milbrandt, T. A., Potter, D. D., & Larson, A. N. (2025). Achieving the needed correction in vertebral body tethering: The relationship between preoperative flexibility, intraoperative correction, and first erect imaging. *Journal of Pediatric Orthopaedics, 45*(3), e261–e268. https://doi.org/10.1097/BPO.0000000000002857
32. Trobisch, P. D., Kim, H. J., Da Paz, S., Alkharsawi, M., Castelein, R., & Chang, D. G. (2024). Early-term outcome of apical fusion with vertebral body tethering for thoracolumbar curves in adolescent idiopathic scoliosis: A preliminary study. *European Spine Journal*. https://doi.org/10.1007/s00586-024-08242-5
33. U.S. Food & Drug Administration (FDA). (2019). *Summary of Safety and Probable Benefit (SSPB) HDE H190005: The Tether™ – Vertebral Body Tethering System*. https://www.accessdata.fda.gov/cdrh_docs/pdf19/H190005b.pdf

34. U.S. Food & Drug Administration (FDA). (2025). *Executive Summary: H190005 The Tether™ – Vertebral Body Tethering System*. https://www.fda.gov/media/187213/download
35. Yang, M. J., Samdani, A. F., Pahys, J. M., Quinonez, A., McGarry, M., Grewal, H., & Hwang, S. W. (2023). What happens after a vertebral body tether break? Incidence, location, and progression with five-year follow-up. *Spine, 48*(11), 742–747. https://doi.org/10.1097/BRS.0000000000004665
36. Zhang, H., Fan, Y., Ni, S., & Pi, G. (2022). The preliminary outcomes of vertebral body tethering in treating adolescent idiopathic scoliosis: A systematic review. *Spine Deformity, 10*(6), 1233–1243. https://doi.org/10.1007/s43390-022-00546-0
37. Zhu, F., Qiu, X., Liu, S., & Cheung, K. M. C. (2022). Minimum 3-year experience with vertebral body tethering for treating scoliosis: A systematic review and single-arm meta-analysis. *Journal of Orthopaedic Surgery, 30*(3), 10225536221137753. https://doi.org/10.1177/10225536221137753

Codes (CMM-616)

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Codes (CMM-616)

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The inclusion of any code in this table does not imply that the code is under management or requires prior authorization. Refer to the applicable health plan for management details. Prior authorization of a code listed in this table is not a guarantee of payment. The Certificate of Coverage or Evidence of Coverage policy outlines the terms and conditions of the member's health insurance policy.

Code	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

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