SUBJECT: Vertebral Body Tethering

Prior approval is required for some or all procedure codes listed in this Corporate Medical Policy.

Definition: Scoliosis is a musculoskeletal disorder that is characterized by abnormal or exaggerated lateral curvature of the spine. Scoliotic curves may consist of a single curve or of 2 curves. Treatment options may include observation, bracing, or surgery. Spinal fusion surgery may be recommended for severe scoliosis but carries its own risks such as arrested growth and limited mobility in the fused region. Vertebral body tethering (VBT) is a less invasive approach that involves placing screws along the spine that are tethered to each other with a flexible plastic cord. Tension is created along the outside of the curve, aiming to slow growth in this area while facilitating growth along the inside of the curve. This approach harnesses the patient’s own spinal growth to slowly straighten the curve without need for surgery. This is a new technique and research is limited, particularly regarding long-term outcomes.

Medical Necessity: The Company considers VBT (CPT Code 22899†, relevant ICD-10 procedure codes†) for treatment of progressive idiopathic scoliosis to be medically necessary and eligible for reimbursement providing that all of the following medical criteria are met:

- Patient is a suitable candidate for VBT††; and
- Patient is not skeletally mature; and
- Major Cobb angle of 30 to 65 degrees; and
- Osseous structure is dimensionally adequate to accommodate screw fixation; and
- Bracing has failed or the patient is intolerant to wear.

†When unlisted procedure, spine (22899) or a relevant ICD-10 procedure code is determined to be VBT.

††A surgeon experienced in VBT must have examined the patient face-to-face and evaluated the patient’s suitability for VBT, and the rationale for VBT is documented and available for review. The surgeon conducting the procedure must have experience with the technique, and the procedure must be undertaken at a facility with appropriate experience and expertise in VBT.

NOTE: The Company considers VBT (CPT Code 22899†, relevant ICD-10 procedure codes†) for patients that do not meet the above criteria to be investigational and not eligible for reimbursement.
Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member, and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

NOTE: After reviewing the relevant documentation, the Company reserves the right to apply this policy to the procedure performed regardless of how the procedure was coded by the Provider.
Sources of Information:


**Applicable Code(s):**

<table>
<thead>
<tr>
<th>CPT:</th>
<th>22899</th>
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<tbody>
<tr>
<td>HCPCS:</td>
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<tr>
<td>ICD10 Procedure Codes:</td>
<td>0PH404Z, 0PH434Z, 0PH444Z, 0QH004Z, 0QH034Z, 0QH044Z</td>
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