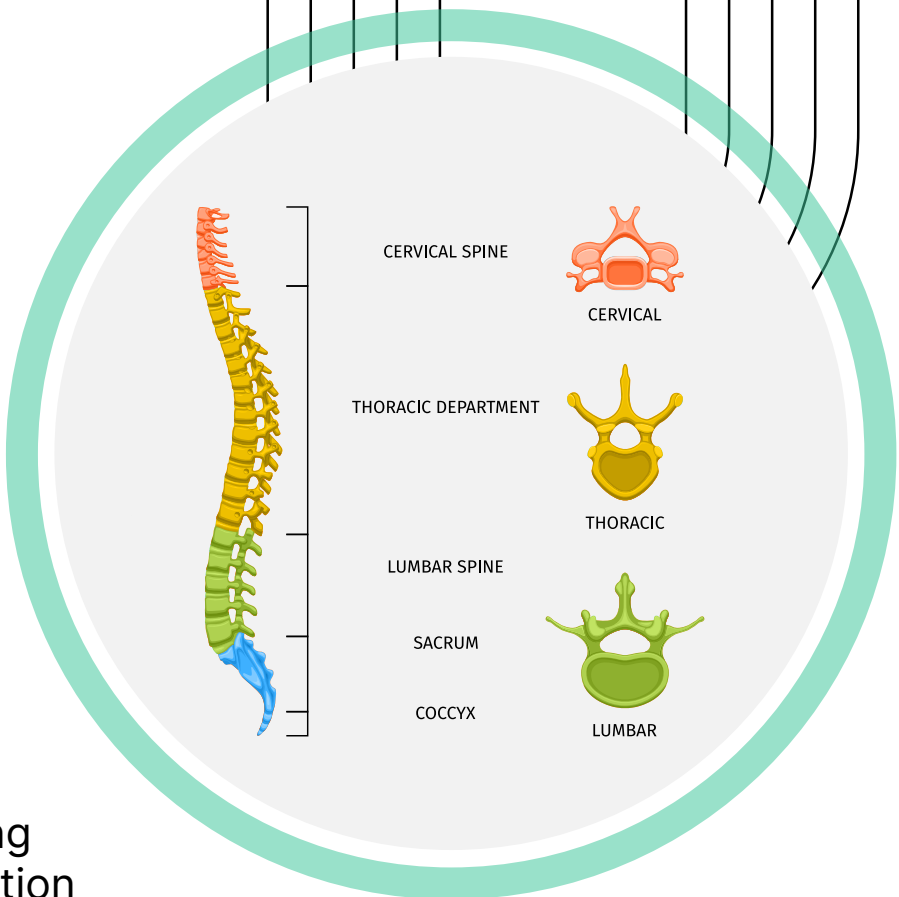


# CPT Additions 2024: Thoracic Vertebral Body Tethering



This blog serves as a guide to the newly introduced Current Procedural Terminology (CPT) codes, ensuring accurate and compliant billing practices. This information is vital to every stakeholder involved in thoracic vertebral body tethering care, including surgeons performing the procedure, medical coders translating clinical actions into precise codes, and payers seeking clarity and transparency.

## Adolescent Idiopathic Scoliosis (AIS)

AIS is the most common form of idiopathic scoliosis, which affects 1-3% of adolescents between the ages of 10 and 18. As the name "idiopathic" suggests, the exact cause of AIS is unknown. AIS represents abnormal lateral and rotational curvature of the spinal column. Still, clinicians suspect that asymmetric growth, genetic variation, hormonal imbalance, and muscle imbalance might be involved. While the cause remains elusive, it is clear that the progression of the curvature during rapid growth periods can lead to significant deformity. In severe cases, this can cause cosmetic concerns, pain, and even cardiopulmonary complications due to pressure on the lungs and heart.

## Less Invasive Treatment for AIS: Alternative to Fusion/Bracing

Then, around 2013, less invasive methods of vertebral body tethering (VBT) and anterior scoliosis correction (ASC) came along, which spare the back muscles completely.

## FDA Approval of Spinal Tether Device in 2019:

The Food and Drug Administration approved the first-ever spinal tether device for children and adolescents with idiopathic scoliosis. This landmark approval offered a minimally invasive alternative to traditional surgical procedures and marked a significant advancement in treatment options for young patients.

## Tethering Device

- **Implantation:** The surgeon makes small incisions on the back and inserts the tether device, typically made of flexible materials like polyethylene terephthalate (PET), onto the convex side of the deformity.
- **Anchoring:** The device is anchored to the vertebrae using screws or hooks, creating a multi-level construct along the spine.
- **Tensioning:** The tether is gradually tightened over time, applying a gentle compressive force to the convex side of the curve, guiding its growth towards correction.
- **Monitoring:** Regular X-rays monitor the spine's alignment and adjust the tensioning as needed.

## Applicable Codes:

| Anatomical Location      | Approach | # of Vertebral Segments | CPT Codes | Code Description   |
|--------------------------|----------|-------------------------|-----------|--|
| Thorax                   | Anterior | 1-7                     | 22836     | Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments   |
| Thorax                   | Anterior | 8 or 8+                 | 22837     | Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments |
| Lumbar or Thoraco-lumbar | Anterior | 1-7                     | 0656T     | Anterior lumbar or thoracolumbar vertebral body tethering; up to 7 vertebral segments                            |
| Lumbar or Thoraco-lumbar | Anterior | 8 or 8+                 | 0657T     | Anterior lumbar or thoracolumbar vertebral body tethering; 8 or more vertebral segments.                         |

Familiarize yourself with the changes now, and ease your way into the 2024 CPT coding guidelines... Stay tuned to more articles from CoverSelf!

### References:

1. <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/vertebral-body-tethering-scoliosis.pdf>
2. <https://www.ama-assn.org/delivering-care/public-health/less-invasive-approach-option-patients-scoliosis>
3. [https://www.accessdata.fda.gov/cdrh\\_docs/pdf19/H190005D.pdf](https://www.accessdata.fda.gov/cdrh_docs/pdf19/H190005D.pdf)
4. AMA CPT2024, Professional Edition