

The Tether™ – Vertebral Body Tethering System Coding Reference Guide



The Tether - Vertebral Body Tethering System is intended to treat skeletally immature patients that require surgical treatment to obtain and maintain correction of progressive idiopathic scoliosis, with a major Cobb angle of 30 to 65 degrees whose osseous structure is dimensionally adequate to accommodate screw fixation, as determined by radiographic imaging. Patients should have failed bracing and/or be intolerant to brace wear.

Physician	
CPT® Code	CPT Description
0656T	Vertebral body tethering, anterior; up to 7 vertebral segments
0657T	Vertebral body tethering, anterior; 8 or more vertebral segments

Hospital Inpatient: ICD-10-PCS Code and Description

Insertion (Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part.)

Ø Medical and Surgical
P Upper Bones
S Reposition

Body Part	Approach	Device	Qualifier
4 Thoracic Vertebra	Ø Open 4 Percutaneous Endoscopic	3 Spinal Stabilization Device, Vertebral Body Tether	Z No Qualifier

Ø Medical and Surgical
Q Lower Bones
S Reposition

Body Part	Approach	Device	Qualifier
Ø Lumbar Vertebra	Ø Open 4 Percutaneous Endoscopic	3 Spinal Stabilization Device, Vertebral Body Tether	Z No Qualifier

Removal (Taking out or off a device from a body part. If a device is taken out and a similar device put in without cutting or puncturing the skin or mucous membrane, the procedure is coded to the root operation CHANGE. Otherwise, the procedure for taking out the device is coded to the root operation REMOVAL.)

Ø Medical and Surgical
P Upper Bones
P Removal

Body Part	Approach	Device	Qualifier
Ø Thoracic Vertebra	Ø Open 4 Percutaneous Endoscopic	4 Internal Fixation Device	Z No Qualifier

Ø Medical and Surgical
Q Lower Bones
P Removal

Body Part	Approach	Device	Qualifier
Ø Lumbar Vertebra	Ø Open 4 Percutaneous Endoscopic	4 Internal Fixation Device	Z No Qualifier

Revision (Correcting, to the extent possible, a portion of a malfunctioning device or the position of a displaced device)			
Ø Medical and Surgical P Upper Bones W Revision			
Body Part	Approach	Device	Qualifier
4 Thoracic Vertebra	Ø Open 4 Percutaneous Endoscopic	4 Internal Fixation Device	Z No Qualifier
Ø Medical and Surgical Q Lower Bones W Revision			
Body Part	Approach	Device	Qualifier
Ø Lumbar Vertebra	Ø Open 4 Percutaneous Endoscopic	4 Internal Fixation Device	Z No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	Description
518	Back and Neck Procedures except Spinal Fusion with MCC or Disc Device/Neurostimulator
519	Back and Neck Procedures except Spinal Fusion with CC
520	Back and Neck Procedures except Spinal Fusion without CC/MCC

CC – Complication and/or Comorbidity. MCC – Major Complication and/or Comorbidity.

*Other MS-DRGs may be applicable. MS-DRG will be determined by the patient's diagnosis and any procedure(s) performed.

Hospital Outpatient and Ambulatory Surgical Center (ASC)				
CPT® Code	CPT Description	OPPS Status Indicator	Ambulatory Payment Classification	ASC Payment Indicator
0656T	Vertebral body tethering, anterior; up to 7 vertebral segments	C	--	NA
0657T	Vertebral body tethering, anterior; 8 or more vertebral segments	C	--	NA

OPPS - Medicare's Outpatient Prospective Payment System; APC - Ambulatory Payment Classification; ASC - Ambulatory Surgery Centers Status Indicator: C – Inpatient Only

Payment Indicator: NA – This procedure is not on Medicare's ASC Covered Procedures List (CPL)

HCPCS (Healthcare Common Procedure Coding System)	
Code	Description
C1889	Implantable/insertable device, not otherwise classified
L8699	Prosthetic implant, not otherwise specified

Note: HCPCS codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare's Outpatient Prospective Payment System.

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