

# 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	Description
22899	Unlisted procedure, spine
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)

Hospital Inpatient: ICD-10-PCS Code and Description			
<b>Insertion</b> (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 H Insertion			
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 H Insertion			
Body Part	Approach	Device	Qualifier
Ø Lumbar Vertebra	Ø Open 4 Percutaneous Endoscopic	4 Internal Fixation Device	Z No Qualifier
<b>Removal</b> (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
4 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
<b>Revision</b> (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 R 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 R 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	Description	OPPS Status Indicator	APC	ASC Payment Indicator
22899	Unlisted procedure, spine	T	5111	NA
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	Q2	5073	A2

OPPS - Medicare’s Outpatient Prospective Payment System; APC - Ambulatory Payment Classification; ASC - Ambulatory Surgery Centers  
Status Indicator Q2 – T-Packaged Codes. Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator “T”; T – Multiple procedure reduction applies

APC: 5073 - Level 3 Excision/ Biopsy/ Incision and Drainage; 5111 – Level 1 Musculoskeletal Procedures

Payment Indicator A2 – Payment based on OPPS relative payment weight; 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.

**For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or [reimbursement@zimmerbiomet.com](mailto:reimbursement@zimmerbiomet.com), or visit our reimbursement web site at [zimmerbiomet.com/reimbursement](http://zimmerbiomet.com/reimbursement).**

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