



Name of Policy:

COPES Scoliosis Treatment Recovery System

Policy #: 019

Latest Review Date: February 2009

Category: Orthotic/Physical Therapy/ Chiropractor Services

Policy Grade: **Active Policy but no longer scheduled for regular literature reviews and updates.**

Background/Definitions:

As a general rule, benefits are payable under Blue Cross and Blue Shield of Alabama health plans only in cases of medical necessity and only if services or supplies are not investigational, provided the customer group contracts have such coverage.

The following Association Technology Evaluation Criteria must be met for a service/supply to be considered for coverage:

- 1. The technology must have final approval from the appropriate government regulatory bodies;*
- 2. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes;*
- 3. The technology must improve the net health outcome;*
- 4. The technology must be as beneficial as any established alternatives;*
- 5. The improvement must be attainable outside the investigational setting.*

Medical Necessity means that health care services (e.g., procedures, treatments, supplies, devices, equipment, facilities or drugs) that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury or disease or its symptoms, and that are:

- 1. In accordance with generally accepted standards of medical practice; and*
- 2. Clinically appropriate in terms of type, frequency, extent, site and duration and considered effective for the patient's illness, injury or disease; and*
- 3. Not primarily for the convenience of the patient, physician or other health care provider; and*
- 4. Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.*

Description of Procedure or Service:

The **COPES Scoliosis Treatment Recovery System (STRS)** incorporates several treatments into its plan of care.

The following services are included in the **COPES Scoliosis Treatment Recovery System**:

- **Dynamic, Air-injected Bracing**
 - The **COPES Scoliosis Dynamic Brace** is custom-cast, custom-fitted, and custom-fabricated to the exact body dimensions of each patient
 - The **COPES Scoliosis Dynamic Brace** works in two distinct ways; it de-weights the spine to relieve gravitational pressure and supports the body in a symmetrical environment so the pneumatic force vector units (PFVU) can apply a spectrum of pressure to straighten and de-rotate the vertebral bodies and rib structure
 - Injections of air into the PFVUs are performed every six weeks. This technique was borrowed from the orthodontic community that adjusts teeth braces monthly; therefore, slowly correcting dental misalignment
- **A Three-Phase Exercise Plan**
 - Phase 1: 13 distinct exercises designed to regain patient's normal range of motion
 - Phase 2: 12 distinct exercises designed to increase patient's strength
 - Phase 3: Body-building exercises designed to increase patient's overall system strength
- **Scoliosis Muscle Stimulation Therapy**
 - Eight or more sites of stimulation are identified and a treatment protocol is established through x-ray analysis and **Surface Electromyography (EMG)** studies
- **Chiropractic Mobilization Therapy**
 - Intersegmental adjustments and flexion distraction
Five distinct areas are addressed:
 1. Osseous
 - Bone changes
 - Growth problems
 2. Biomechanical
 - Increase in ligamentous flexibility
 - Curve structure deformities
 - Decrease and increase in ROM
 3. Neurological
 - Ocular
 - Vestibular
 - Proprioception
 - Central Nervous System
 - Upper Motor Neuron deformities
 - Somatical sensory
 4. Muscular
 - Imbalance origins and interactions

- A & B fibers
- Scarring of the myotendon area
- 5. Endocrinology
 - Trace Elements
 - Nutritional deficits
 - Hormonal imbalances
 - Digestive
 - Genetics
 - **Ocular Vestibular Therapy**
 - o The STRS therapy includes cross-crawl training in conjunction with cervical traction that applies pressure while the patient is wearing the brace. This therapy is administered 1 to 3 times per week, extending throughout the duration of treatment.
 - **Nutritional Therapy**
 - o Nutrition and diet are an integral part of the STRS.
 - **Hydrotherapy**
 - o Consists of a daily 20-minute soak in hot water to which two tablespoons of baking soda are added. In the last five minutes of hydrotherapy, a full capful of Alpha-Keri™ is added.

Policy:

COPES Scoliosis Dynamic Brace, Ocular Vestibular Therapy, and Nutritional Therapy does not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage and is considered **investigational**.

EMG and Hydrotherapy does not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage and is considered **investigational** when used for the treatment of scoliosis.

Chiropractic treatment and Physical Therapy will be subject to medical necessity review and pre-certification requirement based on specific contract language.

For **chiropractor services** to be considered for coverage as reasonable and necessary, the following conditions must be met:

1. The service must be performed by a chiropractor.
2. The therapy must be of a skilled nature and require the services of a skilled provider as defined above.
3. The services/therapy must not be maintenance in nature.
4. Services performed must achieve a specific diagnosis-related goal.
5. There must always be a documented expectation that the patient will, in fact, achieve reasonable improvement over a predictable period of time for the services to be eligible for reimbursement.

The following services do not require the skills of a chiropractor and are not eligible for reimbursement:

1. Repetitive exercise to improve gait, maintain strength and assist with walking such as that provided in support for feeble or unstable patients.
2. Range of motion and passive exercises that are not related to restoration of a specific loss of function, but are useful in maintaining range of motion in paralyzed extremities.
3. General or weighted exercise programs, and aerobic conditioning.

For **physical therapy** to be medically necessary, it must be reasonable and necessary for the patient's diagnosis or the treatment of the patient's condition. Medical Necessity is indicated when:

1. The diagnosis established by the physician supports utilization of the therapy.
2. There is documentation of objective physical and functional limitations (strength/ROM/mobility/ADL levels).
3. There is a plan of care that includes treatment services that are expected to result in improvement of these limitations in a reasonable and generally predictable period of time. The amount, frequency, and duration of services must be reasonable.
4. The services are one-to-one.
5. The services are skilled. The services must be of a level of complexity and sophistication, or the condition of the patient must be such that the services required can be safely and effectively performed only by a qualified physical therapist or under his/her supervision when covered by the contract.

Services such as the application of hot and cold packs, use of exercise equipment, and repetitive exercises **do not** ordinarily require the skills and full attention of a qualified physical therapist, and therefore are not separately billable. If such treatments are given as a prerequisite to a skilled physical therapy procedure, they are considered part of that modality and are not separately billable.

Blue Cross and Blue Shield of Alabama does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Cross and Blue Shield of Alabama administers benefits based on the members' contract and corporate medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.

Key Points:

Some degree of scoliosis is frequent in the general population, although few patients have curves that require treatment. There is no reliable method for predicting at initial evaluation, which curves will progress; thus observation is the primary treatment of all curves.

NelsonTextbook of Pediatrics states the following:

“The generally accepted methods of treatment of progressive idiopathic adolescent scoliosis are bracing and surgical correction. There is no evidence that exercise programs

alter the outcome of scoliosis; transcutaneous electrical stimulation has been shown to have no effect. Most orthopedic surgeons recommend a trial of brace treatment for immature patients with curves less than 40 degrees. Although the efficacy of brace treatment has been questioned, current studies suggest a small decrease in the likelihood of progression for patients treated with bracing when compared with age-, sex-, and curve-matched peers followed by observation alone. Bracing does not correct curvature; although improvement in Cobb angles is often noted during the active period of brace treatment, there are no studies that demonstrate consistent long-term maintenance of correction. Surgical treatment is usually considered for patients with idiopathic curves greater than 45 degrees. Surgical treatment usually combines correction of deformity with permanently implanted internal fixation rods and posterior fusion of the involved vertebrae. Occasionally, anterior spinal fusion and instrumentation may be indicated, especially in thoracolumbar and lumbar curves.”

The STRS is the invention of Arthur L. Copes, Orthotist, Ph.D. Dr. Copes created the Copes Foundation. It is a for-profit organization dedicated to the detection and treatment of idiopathic scoliosis. The foundation has two locations, one in Baton Rouge, Louisiana and the other in San Diego, California. No published, peer-reviewed studies were found to demonstrate the effectiveness of this therapy in the treatment of scoliosis.

February 2007 Update

No published peer-reviewed literature was found that would alter the coverage statements in this policy.

February 2008 Update

No new published peer-reviewed literature was found that would alter the coverage statement in this policy.

February 2009 Update

There is no new published peer-reviewed literature available that would alter the coverage statement in this policy.

Key Words:

STRS, Scoliosis Dynamic Brace, COPES Scoliosis Brace

Approved by Governing Bodies:

Per www.scoliosis.com, FDA approved

Benefit Application:

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

ITS: Home Policy provisions apply

FEP contracts: FEP does not consider investigational if FDA approved. Review for medical necessity.

Pre-certification: Pre-certification for physical therapy and chiropractor services subject to contract language

Current Coding:

CPT codes:

- 95860** Needle electromyography, one extremity with or without related paraspinal areas
- 95861** Needle electromyography, two extremities with or without related paraspinal areas
- 95863** Needle electromyography, three extremities with or without related paraspinal areas
- 95864** Needle electromyography, four extremities with or without related paraspinal areas
- 95869** Needle electromyography; thoracic paraspinal muscles
- 97014** Application of a modality to one or more areas; electrical stimulation (unattended)
- 97022** Application of a modality to one or more areas; whirlpool
- 97032** Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
- 97110** Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
- 97112** Therapeutic procedure, one or more areas; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception
- 97530** Therapeutic activities, direct (one-to-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
- 98940** Chiropractic manipulative treatment (CMT); spinal, one to two regions
- 98941** ; spinal, three to four regions
- 98942** ; spinal, five regions
- 98943** ; extraspinal, one or more regions

- HCPCS: **L1499** Spinal orthosis not otherwise specified
 L1300 Other scoliosis procedure, body jacket molded to patient model

References:

1. Behrman R.E., Kliegman R.M., Jenson H.B. Nelson Textbook of Pediatrics, 16th Edition Mosby, 2000.
2. Canale S.T. Campbell's Operative Orthopaedics, 9th Edition. Mosby, 1998.
3. Scoliosis. Supplemental treatments,
<http://www.netspace.org/~dbilbao/scoliosis/supptreat.html>

4. Taft E, and Francis R. Practice Guidelines: Evaluation and management of scoliosis, J Pediatr Health Care 2003; 17(1): 42-44.
5. www.scoliosis.com COPES Scoliosis Treatment Recovery System.

Policy History

Medical Review Committee, February 1998

Medical Policy Group, September 2001

Medical Policy Administration Committee, October 2001

Medical Policy Group, January 2003

Medical Policy Group, February 2004

Medical Policy Group, February 2006 **(1)**

Medical Policy Group, February 2007 **(1)**

Medical Policy Group, February 2008 **(1)**

Medical Policy Group, February 2009 **(1): Active Policy but no longer scheduled for regular literature reviews and updates effective February 13, 2009.**

Medical Policy Group, December 2012 **(3)**: 2013 Coding Updates: Code **97530**-removed “by the provider”

Medical Policy Group, October 2013 **(1)** Removed ICD-9 Diagnosis/Procedure codes; no change to policy statement.

This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case by case basis according to the terms of the member's plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.

This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield's administration of plan contracts.