



VERTEBRAL BODY STAPLING

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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Description:

Vertebral body stapling is a fusionless surgical procedure that has been investigated as alternative to bracing as an intervention for scoliosis. Nickel-titanium alloy staples with shape memory are applied to the convex (outer) side of the spinal curve. The goal is to unilaterally reduce the rate of spine growth thus allowing the other side to “catch up”.



VERTEBRAL BODY STAPLING (cont.)

Criteria:

➤ Vertebral body stapling for the treatment of scoliosis is considered ***experimental or investigational*** based upon:

1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
2. Insufficient evidence to support improvement of the net health outcome, and
3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
4. Insufficient evidence to support improvement outside the investigational setting.

Resources:

1. 2.01.83 BCBS Association Medical Policy Reference Manual. Interventions for Progressive Scoliosis. Re-Issue date 05/22/2014, issue date 05/13/2010.