

<b>Subject: Tethered Cord Surgery</b>		<b>Original Effective Date: Developed 6/17/2021</b>
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## Contents

**DISCLAIMER** ..... 1

Description of Procedure/Service/Pharmaceutical and Summary of Medical Evidence ..... 3

Position Statement ..... 3

Miscellaneous ..... 4

Review/Revision History – Document any revisions ..... 4

**DISCLAIMER**

*This Passport Health Plan by Molina Healthcare clinical policy is intended to facilitate the Utilization Management process. It expresses Passport’s determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered for a particular member. The member’s benefit plan determines coverage. Each benefit plan defines which services are covered, excluded, and subject to dollar caps or other limits. Members and their providers will need to consult the member’s benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member’s plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members. CMS’s Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this Molina clinical policy document and provide the directive for all Medicare members.*

**COVERAGE POLICY**

Impacted Code = 63200 (Reminder : Check for code on IPO)

Surgical intervention for the treatment of tethered cord:

At least one of the following:

- Neurologic abnormalities in the legs (i.e., motor weakness, sensory loss, reflex changes, abnormal plantar responses)
- Urologic symptoms (i.e., urinary incontinence/retention, urinary tract infections)
- Orthopedic problems (i.e., foot deformities, scoliosis, leg length discrepancy, kyphosis)
- Dermatologic lesions, as manifested by dimples, hypertrichosis, nevi, hyper/hypopigmentation, and hemangiomas
- Presence of a subcutaneous back mass

AND

Imaging finding of tethered cord by MRI, CT and Ultrasound

AND

Diagnosis documentation includes:

- Thorough history and physical examination documenting the neurologic, dermatologic, urologic, spinal dysraphism or orthopedic concerns
- MRI or CT scan plus ultrasound

**DESCRIPTION OF PROCEDURE/SERVICE/PHARMACEUTICAL AND SUMMARY OF MEDICAL EVIDENCE**

**Definition:** Tethered spinal cord syndrome is a neurological disorder caused by tissue attachments that limit the movement of the spinal cord within the spinal column. Attachments may occur congenitally at the base of the spinal cord (conus medullaris) or they may develop near the site of an injury to the spinal cord. These attachments cause an abnormal stretching of the spinal cord. The course of the disorder is progressive. In children, symptoms may include lesions, hairy patches, dimples, or fatty tumors on the lower back; foot and spinal deformities; weakness in the legs; low back pain; scoliosis; and incontinence. This type of tethered spinal cord syndrome appears to be the result of improper growth of the neural tube during fetal development and is closely linked to spina bifida. Tethered spinal cord syndrome may go undiagnosed until adulthood, when pain, sensory and motor problems, and loss of bowel and bladder control emerge. This delayed presentation of symptoms is related to the degree of strain placed on the spinal cord over time and may be exacerbated during sports or pregnancy, or may be due to narrowing of the spinal column (stenosis) with age. Tethering may also develop after spinal cord injury and scar tissue can block the flow of fluids around the spinal cord. Fluid pressure may cause cysts to form in the spinal cord, a condition called syringomyelia. This can lead to additional loss of movement, feeling or the onset of pain or autonomic symptoms.

**Treatment:** MRI imaging is often used to evaluate individuals with these symptoms and can be used to diagnose the location of the tethering, lower than normal position of the conus medullaris, or presence of a tumor or fatty mass (lipoma). In children, early surgery is recommended to prevent further neurological deterioration. Regular follow-up is important: retethering may occur in some individuals during periods of rapid growth and may be seen between five to nine years of age. If surgery is not advisable, spinal cord nerve roots may be cut to relieve pain. In adults, surgery to free (detether) the spinal cord can reduce the size and further development of cysts in the cord and may restore some function or alleviate other symptoms. Other treatments are symptomatic and supportive.

**POSITION STATEMENT****References**

UpToDate, Closed spinal dysraphism: Clinical manifestations, diagnosis, and management; Khoury C, MD, MS; Dec 15, 2020

- Xu, Ketao; He, Jianhua; Wang, Leibo. “A systematic review and meta-analysis of minimally invasive surgery in children with occult tethered cord syndrome.” *Translational Pediatrics*. March 2022. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8976679/> Accessed 23, May 2022.
- Bradko, Viachaslau; Castillo, Heidi; Janardhan, Shruthi; Dahl, Benny; Gandy, Kellen; Castillo, Jonathan. “Towards Guideline-Based Management of Tethered Cord Syndrome in Spina Bifida: A Global Health Paradigm Shift in the Era of Prenatal Surgery.” *Neurospine*. 8, April 2022. <https://pubmed.ncbi.nlm.nih.gov/31284336/> Accessed 23, May 2022.

- Iskandar, Bermans J.; Fulmer, Benjamin B.; Handley, Mark N.; Oakes, W. Jerry. “Congenital tethered spinal cord syndrome in adults.” Journal of Neurosurgery. January 2001.  
<https://pubmed.ncbi.nlm.nih.gov/9609288/> Accessed 23, May 2022.
- [Tethered Spinal Cord Syndrome Information Page | National Institute of Neurological Disorders and Stroke \(nih.gov\)](#)

National Organization for Rare Disorders (NORD), Tethered Cord Syndrome, Yamada S MD, PhD

**MISCELLANEOUS**

Length of stay: Utilization Management may utilize the laminectomy guidelines (MCG 25th edition Lumbar Laminectomy RRG RRG: S-830-RRG (ISC) Length of stay guidelines

**REVIEW/REVISION HISTORY – DOCUMENT ANY REVISIONS**

6/17/2021: New Policy

6/17/2022: Revision

6/20/23: Revision

1/7/2025 : Annual Review

DMS Review

Date	Approved by