

# Titanium Rib Implant-Device, Surgical 75

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<u>Effective Date</u>	7/2001
<u>Next Review Date</u>	6/2025
<u>Coverage Policy</u>	Surgical 75
<u>Version</u>	5

**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual’s benefit plan for details\*.**

**Purpose:**

This policy addresses the medical necessity for Titanium Rib Implant-Device.

**Description & Definitions:**

**The Titanium Rib Implant/Device** is an implantable device which helps to stabilize the ribs and spine of an individual.

**Criteria:**

The **Titanium Rib Implant/Device** is considered medically necessary with **all of the following**:

- Individual has Thoracic Insufficiency Syndrome with **1 or more** of the following:
  - Progressive scoliosis with fused or absent ribs producing thoracic insufficiency syndrome in skeletally immature children
  - Jeune’s Asphyxiating Thoracic Dystrophy
  - Pierre-Robin Syndrome
  - Cerebrocostomandibular Syndrome
  - Golden-Har Syndrome
  - Spina bifida
  - VATER Syndrome (vertebrae, anus, trachea, esophagus, renal (kidneys))
  - Progressive kyphoscoliosis
  - Jarcho-Levin Syndrome (spondylocostal dysplasia)

**Titanium Rib Implant/Device** is considered not medically necessary for any use other than those indicated in clinical criteria.

**Coding:**

Medically necessary with criteria:

Coding	Description
21899	Unlisted procedure, neck or thorax

### Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

### Document History:

#### Revised Dates:

- 2020: January
- 2015: April
- 2013: April
- 2012: April
- 2008: April
- 2006: October

#### Reviewed Dates:

- 2024: June – no changes references updated
- 2023: July
- 2022: July
- 2021: August
- 2020: August
- 2019: May
- 2018: March
- 2017: January
- 2014: April
- 2011: April
- 2010: April
- 2009: April
- 2007: December
- 2005: October
- 2004: June, October
- 2003: June
- 2002: June

#### Effective Date:

- July 2001

### References:

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#### Special Notes: \*

This medical policy expresses Sentara Health Plan's determination of medical necessity of services, and they are based upon a review of currently available clinical information. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

#### Keywords:

Titanium Rib Implant/Device, SHP Surgical 75, Thoracic Insufficiency Syndrome, Progressive scoliosis, Jeune's Asphyxiating Thoracic Dystrophy, Pierre-Robin Syndrome, Cerebrocostomandibular Syndrome, Golden-Har Syndrome, Spina bifida, VATER Syndrome, vertebrae, anus, trachea, esophagus, renal, kidneys, Progressive kyphoscoliosis, Jarch-Levin Syndrome, spondylocostal dysplasia, fused ribs, absent ribs