Titanium Rib Implant-Device

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Effective Date	7/2001
Next Review Date	7/15/2024
Coverage Policy	Surgical 75
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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Purpose:

This policy addresses 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:

- 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:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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(2023). Retrieved July 11, 2023, from Carelon Medical Benefits Management: https://guidelines.carelonmedicalbenefitsmanagement.com/?s=vertical+expandable+prosthetic+titanium+rib&et_pb_searchform_submit=et_search_proccess&et_pb_search_cat=11%2C1%2C96&et_pb_include_posts=yes

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Surgical management of severe rib fractures. (2023, June). Retrieved July 11, 2023, from UpToDate: https://www.uptodate.com/contents/surgical-management-of-severe-rib-fractures?search=Titanium%20Rib&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1

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Vertical Expandable Prosthetic Titanium Rib. (2023, July 10). Retrieved July 11, 2023, from FDA: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm?ID=K142587

Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. 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.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

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