

Pectus Surgery and Devices

Table of Content
Purpose
Description & Definitions
Criteria
Coding
Document History
References
Special Notes
Keywords

<u>Effective Date</u>	2/2010
<u>Next Review Date</u>	1/9/2024
<u>Coverage Policy</u>	Surgical 05
<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 of Pectus Surgery and associated devices.

Description & Definitions:

Pectus excavatum, or funnel chest, and pectus carinatum, known as pigeon breast, is a congenital defect known as anomalies of the anterior chest wall characterized by a deep depression of the sternum. Surgical procedures and devices exist to correct the anomaly.

Criteria:

Repair of pectus excavatum or pectus carinatum is considered medical necessary for **1 or more** of the following:

- Repair of pectus excavatum by any technique is considered medically necessary for **1 or more** of the following:
 - Restrictive lung disease as demonstrated by a total lung capacity less than 80 percent of predicted value
 - Cardiac compression as demonstrated by **1 or more** of the following:
 - Computed tomography patients with a Haller index (pectus severity index) of greater than or equal to 3.2
 - Magnetic resonance imaging
 - Ultrasound of the chest
- Repair of pectus carinatum by surgical repair or orthotic compression bracing is considered medically necessary with **1 or more** of the following:
 - Documentation of cardiopulmonary compromise in severe forms of pectus carinatum with **All** of the following:
 - Haller index (pectus severity index) of less than or equal to 2.0
 - Individual must meet criteria of **1 or more** of the following:
 - Pulmonary function tests to document obstructive abnormalities
 - Chest x-ray demonstrating an increased anteroposterior diameter of the chest wall with emphysematous-appearing lungs and narrow cardiac shadow

- Echocardiography demonstrating deformity of the cardiac silhouette resulting in reduced cardiac function (Malposition of the cardiac silhouette in the absence of study demonstrating reduced cardiac function is not, of itself, a function deficit)

Pectus Surgery and Devices are considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- Suit or vest therapy including, but not limited to the Benik vest, Stabilizing Pressure Input Orthosis (SPIO), Adeli Suit, Penguin Suit, Polish Suit, Therapy Suit, Therasuit, and TheraTogs
- Repair of pectus excavatum or pectus carinatum by any technique is cosmetic and not a covered benefit when it is done to improve appearance, in the absence of a physiologic functional impairment.
- Dynamic compression bracing for members who require more than 7.5 psi compression to achieve correction is cosmetic and not a covered benefit.
- Dynamic compression bracing for mild or moderate pectus carinatum is cosmetic and not a covered benefit.
- Vacuum bell, sternal magnet, silicone prosthetic inserts and physical therapy are considered investigational and not medically necessary for pectus excavatum.

Coding:

Medically necessary with criteria:

Coding	Description
21740	Reconstructive repair of pectus excavatum or carinatum; open
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code

Considered Not Medically Necessary:

Coding	Description
	None

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

Document History:

Revised Dates:

- 2020: January
- 2016: February
- 2015: October
- 2013: February, June

Reviewed Dates:

- 2024: January
- 2023: January
- 2022: January
- 2021: January
- 2018: August
- 2017: November
- 2015: February
- 2014: February
- 2012: February
- 2011: February

Effective Date:

- February 2010

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2023). Retrieved Dec 2023, from MCG 27th Edition: <https://careweb.careguidelines.com/ed27/index.html>

(2023). Retrieved Dec 2023, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=pectus+excavatum&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all>

(2023). Retrieved Dec 2023, from Virginia Department of Medical Assistance Services (DMAS): <https://vamedicaid.dmas.virginia.gov/search#gsc.tab=0&gsc.q=Pectus%20excavatum%20&gsc.sort=>

Code of Federal Regulations Title 21 CFR Sec. 888.3030 Single/multiple component metallic bone fixation appliances and accessories. (2023, Oct 17). Retrieved Dec 2023, from FDA: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/cfrsearch.cfm?fr=888.3030>

Nuss Procedure For Pectus Excavatum In Children. (2012). Retrieved Dec 2023, from Hayes: <https://evidence.hayesinc.com/report/htb.nuss2001>

Placement of pectus bar for pectus excavatum (also known as MIRPE or the Nuss procedure). (2009). Retrieved 2023, from National Institute for Clinical Excellence (NICE): <https://www.nice.org.uk/guidance/ipg310>

Surgical Correction of Chest Wall Deformities . (2023). Retrieved Dec 2023, from Pectus Clinic: <https://www.pectusclinic.com/>

Special Notes: *

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.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

Pectus, excavatum, sternum, brace, orthotic, carinatum, Haller index, pectus severity index, SHP Pectus Surgery and Devices, SHP Surgical 05, cardiopulmonary compromise, cardiac compression, Suit therapy, vest therapy, Benik vest, Stabilizing Pressure Input Orthosis, SPIO, Adeli Suit, Penguin Suit, Polish Suit, Therapy Suit, Therasuit, TheraTogs, Vacuum bell, sternal magnet, silicone prosthetic inserts, Nuss Procedure, Pectus support bar, Pectus Excavatum Strut

