

# Titanium Rib Implant-Device, Surgical 75

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**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 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:

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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Schwartzstein, R. (2024, Jan 04). Chest wall diseases and restrictive physiology. Retrieved May 30, 2024, from UpToDate: [https://www.uptodate.com/contents/chest-wall-diseases-and-restrictive-physiology?search=jeune%20syndrome&source=search\\_result&selectedTitle=1%7E15&usage\\_type=default&display\\_rank=1#H17](https://www.uptodate.com/contents/chest-wall-diseases-and-restrictive-physiology?search=jeune%20syndrome&source=search_result&selectedTitle=1%7E15&usage_type=default&display_rank=1#H17)

Sec. 888.3070 Thoracolumbosacral pedicle screw system. (2023, Dec 22). Retrieved May 30, 2024, from Code of Federal Regulations: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm?FR=888.3070>

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### 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:

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