

PECTUS DEFORMITY REPAIR

Policy Number: SURGERY 065.14 T2

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Related Policy

- [Cosmetic and Reconstructive Procedures](#)

INSTRUCTIONS FOR USE

This Clinical Policy provides assistance in interpreting Oxford benefit plans. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify its policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Clinical Policy is based. In the event of a conflict, the member specific benefit plan document supersedes this Clinical Policy. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Clinical Policy. Other Policies may apply.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

CONDITIONS OF COVERAGE

Applicable Lines of Business/ Products	This policy applies to Oxford Commercial plan membership.
Benefit Type	General benefits package
Referral Required (Does not apply to non-gatekeeper products)	No
Authorization Required (Precertification always required for inpatient admission)	Yes ¹
Precertification with Medical Director Review Required	Yes ¹
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	Inpatient, Outpatient
Special Considerations	¹ Precertification with review by a Medical Director or their designee is required.

BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

Indications for Coverage

Surgical repair of Pectus Excavatum is considered reconstructive and medically necessary when the following criteria have been met:

Pectus Excavatum

- Imaging studies confirm Haller Index greater than 3.25; and
- The Functional Impairment is defined in physician current office notes, and
 - For restrictive lung capacity the total lung capacity is documented in the physician current office notes as <80% of the predicted value; or
 - There is cardiac compromise as demonstrated by decreased cardiac output on the echocardiogram ; or
 - There is objective evidence of exercise intolerance as documented by cardiopulmonary exercise testing that is below the predicted values.

Pectus Carinatum

It is extremely uncommon that Pectus Carinatum will cause a functional or physiological deficit. Pectus Carinatum is not a Congenital Anomaly; it is a developmental condition of the cartilage that generally occurs during an adolescents growth spurt (Goretsky, 2004). Requests for coverage of repair of Pectus Carinatum will be reviewed by an Oxford Medical Director on a case by case basis.

Coverage Limitations and Exclusions

Some states require benefit coverage for services that Oxford considers cosmetic procedures, such as repair of external Congenital Anomalies in the absence of a Functional or Physical Impairment. Please refer to member specific benefit plan document.

- Cosmetic Procedures are excluded from coverage. Procedures that correct an anatomical Congenital Anomaly without improving or restoring physiologic function are considered Cosmetic Procedures. The fact that a Covered Person may suffer functional or psychological consequences or socially avoidant behavior as a result of an Injury, Sickness or Congenital Anomaly does not classify surgery (or other procedures done to relieve such consequences or behavior) as a reconstructive procedure.
- Any procedure that does not meet the reconstructive criteria above in the Indications for Coverage section.

DEFINITIONS

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

Congenital Anomaly: A physical developmental defect that is present at the time of birth, and that is identified within the first twelve months of birth.

Cosmetic Surgery: Defined by the American Society of Plastic Surgeons, "is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem."

Functional or Physical or Physiological Impairment: A Physical or Functional or Physiological Impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing basic life functions.

Haller Index: The Haller Index, or pectus severity index, is the most commonly used scale for determining the severity of chest wall deformities. Computerized tomography (CT) is used to determine the index, which is obtained by dividing the inner width of the chest at its widest point by the distance between the posterior surface of the

sternum and the anterior surface of the spine. This measurement uses the deepest level of the inner sternal depression to the anterior aspect of the vertebral body. A normal chest has a Haller Index of about 2.5.

Pectus Carinatum: A protrusion of the chest over the sternum.

Pectus Excavatum: Posterior depression of the sternum and adjacent costal.

Sickness: Physical illness, disease or Pregnancy. The term Sickness does not include mental illness or substance-related and addictive disorders, regardless of the cause or origin of the Mental Illness or substance-related and addictive disorder.

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

CPT Code	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

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ICD-10 Diagnosis Code	Description
Q67.6	Pectus excavatum
Q67.7	Pectus carinatum

REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare Coverage Determination Guideline (CDG) that was researched, developed and approved by the UnitedHealthcare Coverage Determination Committee. [CDG.015.09]

Goretsky M, Kelly R, Croitoru D, et al. Chest wall anomalies: pectus excavatum and pectus carinatum. Adolescent Med Clinic. 2004 Oct;15(3):455-71.

Jaroszewski, D., Notrica, D., McMahon, L., Steidely, D. E., Deschamps, C. (2010). Current Management of Pectus Excavatum. Journal of the American Board of Family Medicine. March-April 2010. 23(2), 230-239.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
08/01/2018	<ul style="list-style-type: none"> • Updated coverage rationale; replaced reference to: <ul style="list-style-type: none"> ○ "Functional/physiological deficit" with "functional or physiological deficit" ○ "Functional/Physical" with "Functional or Physical Impairment" ○ "Functional/psychological consequences" with "functional or psychological consequences" • Updated definition of: <ul style="list-style-type: none"> ○ Functional or Physical or Physiological Impairment ○ Sickness • Archived previous policy version SURGERY 065.13 T2