

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 09/09/24
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 03/05/24
<b>Clinical Policy Document:</b> Chest Wall Deformities, Surgical Reconstruction	<b>Replaces Effective Clinical Policy Dated:</b> 03/05/24
<b>Reference #:</b> MC/A009	<b>Page:</b> 1 of 5

## PURPOSE:

The intent of this clinical policy is to ensure services are medically necessary.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

## POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

Health care services that are *cosmetic* are not considered medically necessary and therefore, not eligible for coverage.

## GUIDELINES:

Medical Necessity Criteria – Must satisfy any of the following: I or II

- I. Chest wall deformity causing a *functional defect/physical impairment* – must satisfy any of the following: A – B
  - A. Pectus excavatum – must satisfy all of the following: 1 – 3
    1. Documentation shows evidence of complications due to the sternal deformity – any of the following: a – c
      - a. Echocardiography or functional MRI [fMRI] demonstrating cardiac compression or displacement resulting in decreased cardiac output; or
      - b. Pulmonary function test demonstrating reduced lung capacity with total lung capacity (TLC) of less than or equal to 80% of predictive value; or
      - c. Cardiopulmonary exercise testing objectively demonstrating exercise intolerance that is below the predicted values (respiratory or cardiac).
    2. Pectus severity index (PSI) greater than 3.25 as shown on a CT scan of the chest dividing the transverse diameter of the chest by the anterior-posterior diameter; and
    3. If a heart murmur or known heart disease (eg, conduction abnormality, mitral valve prolapse) is present, an electrocardiogram or echocardiogram has been performed showing the association between the cardiac problem and the sternal deformity.
  - B. Musculoskeletal chest wall deformities associated with Poland syndrome (eg, congenital absence or hypoplasia of pectoralis major and minor muscles, congenital partial absence of the upper costal cartilage)

[Note: Intra-operative and post-operative cryoanalgesia is medically necessary for post-operative pain management related to minimally invasive surgical repair, eg, Nuss or Ravitch procedure)

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- II. Requests for chest wall deformity causing a psychological condition – any of the following: A or B
- A. ETF Health Plan (Wisconsin Department of Employee Trust Funds) – excludes coverage for psychological reasons; or
  - B. All other plans/groups - must have both of the following: 1 and 2
    1. Documentation from a *mental health professional* supporting that the member’s clinical condition meets the diagnostic criteria for a DSM mental disorder diagnosis (eg, anxiety disorder, major depressive disorder, body dysmorphic disorder) and is causing clinically significant distress or impairment as evidenced by validated scales and measures - must satisfy either of the following: a or b
      - a. Clinically significant distress is defined as a score of 2 standard deviations (SD) from the mean, by a disorder-specific symptom rating scale such as the Appearance Anxiety Inventory; or
      - b. Clinically significant impairment is defined as a World Health Organization Disability Schedule (WHODAS) General Disability Score (GDS) of 2.6 using the current 0-4 scoring convention. (See Attachment A); and
    2. Where applicable, there must be documentation that the member has not responded, is intolerant to, or a poor candidate for other appropriate or conservative treatments for the member’s clinical condition (eg, psychotherapy).

**EXCLUSIONS (not limited to):**

Refer to member’s Certificate of Coverage or Summary Plan Description

**DEFINITIONS:**

Activities of Daily Living (ADL):

Activities related to personal self-care and independent living, which include eating, bathing, dressing, transferring, walking/mobility, and toileting/continence

Cosmetic:

Services, medications and procedures that improve physical appearance but do not correct or improve a physiological function or are not medically necessary.

DSM:

The most current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders.

Functional Defect/ Physical Impairment:

A functional defect or physical/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 *activities of daily living*.

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Mental Health Professional:

Licensed Independent Clinical Social Worker, Licensed Psychologist, Psychiatric Advanced Practice Provider, Psychiatrist

**BACKGROUND:**

Pectus excavatum is a chest wall deformity characterized by sterna depression typically over the midportion of the manubrium and progressing inward through the xiphoid process. Poland syndrome (also known as Poland sequence) may be characterized by partial or complete absence of pectoral muscles. Pectus carinatum (also known as thorax cuneiform or sternal kyphosis) is an uncommon anterior chest wall protrusion deformity that presents in childhood and typically worsens in adolescence.

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Prior Authorization: Yes, per network provider agreement

Precertification: Yes

## CODING:

CPT® or HCPCS

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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## REFERENCES:

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy Breast Reconstruction (MC/G004)
3. Clinical Policy: Cosmetic Treatments/Procedures (MP/C002)
4. Clinical Policy: Coverage Determination Guidelines (MP/C009)
5. Clinical Policy: Reconstructive Surgery (MP/R002)
6. Veale D, Eshkevari E, Kanakam N, Ellison N, Dosta A, Werner T. The Appearance Anxiety Inventory: validation of a process measure in the treatment of body dysmorphic disorder. *Behav Cogn Psychother* 2014 Sep;42(5):605-16.
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11. Parrado R, Lee J, McMahan LE, et al. The use of cryoanalgesia in minimally invasive repair of pectus excavatum: Lessons learned. *J Laparoendosc Adv Surg Tech A*. 2019;29(10):1244-1251.

## DOCUMENT HISTORY:

<b>Created Date:</b> 04/29/21
<b>Reviewed Date:</b> 01/06/22, 01/06/23, 01/04/24
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## **Attachment A**

WHODAS 2.0, 12-items

### **12-item World Health Organization Disability Assessment Schedule.**

In the past 30 days, how much difficulty did you have in. . .

(0) None. (1) Mild. (2) Moderate. (3) Severe. (4) Extreme/Cannot do.

1. Standing for long periods such as 30 minutes?
2. Taking care of your household responsibilities?
3. Learning a new task, for example, learning how to get to a new place?
4. How much of a problem did you have in joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?
5. How much have you been emotionally affected by your health problems?
6. Concentrating on doing something for ten minutes?
7. Walking a long distance such as a kilometre (or equivalent)?
8. Washing your whole body?
9. Getting dressed?
10. Dealing with people you do not know?
11. Maintaining a friendship?
12. Your day-to-day work?

The World Health Organisation Disability Assessment Schedule, WHODAS 2.0, 12 items, can be found at:

[https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health/who-disability-assessment-schedule#:~:text=Scoring&text=Simple%3A%20the%20scores%20assigned%20to,\(4\)%20%E2%80%93%20are%20summed.](https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health/who-disability-assessment-schedule#:~:text=Scoring&text=Simple%3A%20the%20scores%20assigned%20to,(4)%20%E2%80%93%20are%20summed.)

### General Disability Score

- < 1.0 = Little or no impairment
- 1.0 to 1.9 = Mild
- 2.0 to 2.9 = Moderate
- 3.0 to 3.9 = Severe
- 4.0 = Extreme or cannot do

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- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

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If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist  
PreferredOne Community Health Plan  
PO Box 59052  
Minneapolis, MN 55459-0052  
Phone: 1.800.940.5049 (TTY: 763.847.4013)  
Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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