

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 03/08/22
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 03/08/22
<b>Clinical Policy Document:</b> Chest Wall Deformities, Surgical Reconstruction	<b>Replaces Effective Clinical Policy Dated:</b> 06/09/21
<b>Reference #:</b> MC/A009	<b>Page:</b> 1 of 6

**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.

Health care services that are *reconstructive* (ie, performed for an injury, sickness, congenital disease or anomaly) causing a *functional defect/physical impairment* are not considered *cosmetic*.

**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 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.

[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)

- 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)

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- II. Chest wall deformity causing a psychological condition – must satisfy both of the following: A – B
- A. There must be documentation from a *mental health professional*, that the member's clinical condition meets the diagnostic criteria for a *DSM* mental disorder diagnosis (eg, anxiety disorder, major depressive disorder, gender dysphoria, body dysmorphic disorder) causing *clinically significant* distress or impairment as evidenced by validated scales and measures - must satisfy both of the following: 1 – 2
    - 1. Distress must be quantified by a disorder-specific symptom rating scale such as the Appearance Anxiety Inventory; and
    - 2. Impairment must be quantified using a standard measure such as the World Health Organization Disability Schedule 2.0 (WHODAS). (See Attachment A)
  - B. 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

Clinically significant:

A T-score > 59

Cosmetic:

Services and procedures that improve physical appearance but do not correct or improve a physiological function and 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*.

Mental Health Professional:

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

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Reconstructive:

Surgery to restore or correct:

1. A defective body part when such defect is incidental to or resulting from *injury, sickness, or prior surgery* of the involved body part; or
2. A covered dependent child's congenital disease or anomaly which has resulted in a functional defect as determined by a physician.

**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

- 19340 Insertion of breast implant on same day of mastectomy (ie, immediate)
- 19342 Insertion or replacement of breast implant on separate day from mastectomy
- 19357 Tissue expander placement in breast reconstruction, including subsequent expansion(s)
- 19361 Breast reconstruction; with latissimus dorsi flap
- 19364 Breast reconstruction with free flap
- 19366 Breast reconstruction with other technique
- 19367 Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap
- 19368 Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)
- 19369 Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap

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**REFERENCES:**

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy MC/G004 Breast Reconstruction
3. Clinical Policy: MP/C002 Cosmetic Treatments/Procedures
4. Clinical Policy: MP/C009 Coverage Determination Guidelines
5. Clinical Policy: MP/R002 Reconstructive Surgery
6. Minnesota Statute 62A.25, Sub. 2. Reconstructive Surgery
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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: <http://www.who.int/classifications/icf/whodasii/en/>

## Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. *We* do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

*We* will:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If *you* need these services, contact *us* at the phone number shown on the inside cover of this *COC*, *your* id card, or [aspirushealthplan.com](http://aspirushealthplan.com).

If *you* believe that *we* have 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:

Nondiscrimination Grievance Coordinator  
Aspirus Health Plan, Inc.  
PO Box 1062  
Minneapolis, MN 55440  
Phone: 1. 866.631.5404 (TTY: 1.866.631.8597)  
Fax: 763.847.4010  
Email: [customerservice@aspirushealthplan.com](mailto:customerservice@aspirushealthplan.com)

*You* can file a grievance in person or by mail, fax, or email. If *you* need help filing a grievance, the Nondiscrimination Grievance Coordinator 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>.

## Language Assistance Services

**Albanian:** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 1.866.631.8597).

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية 1.866.631.5404 (رقم هاتف الصم والبك : 1.866.631.8597) متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف  
**Arabic**

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.866.631.5404 (ATS : 1.866.631.8597).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 1.866.631.8597).

**Hindi:** \_यान द\_ : य\_द आप िहंदी बोलते ह\_ तो आपके िलए मु\_त म\_ भाषा सहायता सेवाएं उपल\_ध ह\_। 1-800-332-650 (TTY: 1.866.631.8597) पर कॉल कर\_।

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 1.866.631.8597).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 1.866.631.8597) 번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 1.866.631.8597).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 1.866.631.8597).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 1.866.631.8597).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 1.866.631.8597).

**Traditional Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.866.631.5404 (TTY : 1.866.631.8597)

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 1.866.631.8597).

**Pennsylvania Dutch:** Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 1.866.631.8597).

**Lao:** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1.866.631.5404 (TTY: 1.866.631.8597).