



MEDICAL COVERAGE GUIDELINES
SECTION: SURGERY

ORIGINAL EFFECTIVE DATE: 06/13/12
LAST REVIEW DATE: 07/31/18
LAST CRITERIA REVISION DATE: 07/19/17
ARCHIVE DATE:

PECTUS DEFORMITY REPAIR

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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Description:

Pectus excavatum is a congenital chest wall deformity in which the sternum is depressed inward and the adjacent cartilage may be fused, deformed or rotated. Pectus excavatum is most frequently recognized in early childhood. Rapid growth in adolescence may increase the severity of the depression until skeletal maturity is reached. Although most instances are asymptomatic, in severe cases the deformity can cause cardiac and pulmonary complications. Pectus excavatum may be referred to as sunken chest or funnel chest. Pectus carinatum is a chest wall abnormality in which the breastbone is pushed outward. The abnormality can be associated with certain genetic disorders and syndromes, as well as certain chromosome abnormalities.

Criteria:

COVERAGE FOR TREATMENT TO CORRECT A CONGENITAL DEFECT OR BIRTH ABNORMALITY IS DEPENDENT UPON BENEFIT PLAN LANGUAGE AND IS SUBJECT TO THE PROVISIONS OF THE RECONSTRUCTIVE BENEFIT AND THE COSMETIC BENEFIT EXCLUSION. REFER TO MEMBER'S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS AND THE FUNCTIONAL IMPAIRMENT REQUIREMENT.

- Surgical repair for treatment of pectus excavatum is considered **medically necessary** with documentation of **ALL** of the following:
 1. Haller index (pectus severity index) greater than or equal to 3.2
 2. **ONE** of the following:
 - Cardiac compression or displacement documented
 - Severe restrictive disease on pulmonary function studies (i.e. $\leq 80\%$ of predicted value)
 - Documented evidence of exercise limitations
 - Progression of deformity with symptoms increasing in severity (e.g., dyspnea, chest pain, palpitations, tachycardia, progressive loss of endurance, fatigue)
- Surgical repair for treatment of pectus carinatum is considered **medically necessary** with documentation of cardiac or pulmonary compression.
- Surgical repair for treatment of pectus excavatum or pectus carinatum for all other indications not previously listed is considered **cosmetic** and **not eligible for coverage**, even when the procedure will improve emotional, psychological or mental condition or performance, based upon **ANY** of the following:
 1. Intent to enhance or improve appearance
 2. Absence of a functional physical impairment



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Resources:

Literature reviewed 07/31/18. We do not include marketing materials, poster boards and non-published literature in our review.

1. American Pediatric Surgical Association. Pectus Carinatum Guideline. 08/12/2012.
2. InterQual® Care Planning, Procedures Pediatric. Pectus Deformity Repair.
3. Jaroszewski D, Notrica D, McMahon L, Steidley DE, Deschamps C. Current management of pectus excavatum: a review and update of therapy and treatment recommendations. *J Am Board Fam Med.* Mar-Apr 2010;23(2):230-239.
4. Kelly RE, Jr. Pectus excavatum: historical background, clinical picture, preoperative evaluation and criteria for operation. *Semin Pediatr Surg.* Aug 2008;17(3):181-193.
5. Lawson ML, Mellins RB, Paulson JF, et al. Increasing severity of pectus excavatum is associated with reduced pulmonary function. *J Pediatr.* Aug 2011;159(2):256-261 e252.
6. Nevriere R, Montaigne D, Benhamed L, et al. Cardiopulmonary response following surgical repair of pectus excavatum in adult patients. *Eur J Cardiothorac Surg.* Aug 2011;40(2):e77-82.
7. Rattan AS, Laor T, Ryckman FC, Brody AS. Pectus excavatum imaging: enough but not too much. *Pediatr Radiol.* Feb 2010;40(2):168-172.
8. Swanson JW, Avansino JR, Phillips GS, et al. Correlating Haller Index and cardiopulmonary disease in pectus excavatum. *Am J Surg.* Mar 12 2012.
9. UpToDate.com. Pectus carinatum. 01/17/2017.



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Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ 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: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilínigíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idííkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idííkidgo beehaz'áanii hólg díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ilínígóó. Ata' halne'ígíí kojí' bich'í' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

