

**Policy terminated because Medicaid covers codes in the same manner as  
Health Choice.**

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## **1.0 Description of the Procedure, Product, or Service**

Chest wall deformities are usually congenital but may be acquired due to trauma. There are three (3) types of congenital chest wall deformities:

- a. pectus excavatum,
- b. pectus carinatum, and
- c. Poland syndrome.

Chest wall abnormalities can cause cardiopulmonary problems due to physiologic impairment. Symptoms frequently do not appear during childhood because of the pliability of the chest. As the child grows, their chest gets more rigid causing the patient to become more symptomatic.

**Pectus excavatum (PE)** is the most common congenital chest wall deformity and is found predominantly in males. Pectus excavatum is also known as cobbler's chest, sunken chest, hallowed breast or funnel breast. This condition is thought to occur due to an excessive growth of the lower costal cartilages, which causes a concave appearance of the chest. The lower third part of the inwardly displaced sternum is usually most affected. PE is usually diagnosed within the first year of life and tends to worsen as the child grows. It typically worsens during puberty, which is a time of rapid growth. The deformity may be deeper on the right side than the left possibly due to a rotation of the sternum. This can cause various degrees of sternal depression. Sternal depression may cause dyspnea, chest pain, palpitations and fatigue with mild physical activity. Other symptoms of PE are frequent respiratory infections, asthmatic symptoms and functional impairment due to respiratory impairment. PE is frequently associated with scoliosis, Marfan syndrome, and congenital heart disease.

**Pectus carinatum (PC)** is not as common as pectus excavatum but like PE is most frequently seen in males. Pectus carinatum is also known as pigeon breast, chicken breast and keeled chest. PC appears as a flattened chest with a bowed out appearance. This condition is not usually diagnosed until the rapid growth that occurs during puberty. Patients with pectus carinatum may have symptoms such as restrictive air exchange. Depending on the degree of the defect they may have difficulty with expiration if air out of the lungs. Conditions associated with PC are respiratory infections, rickets, asthma and cardiac abnormalities.

**Poland syndrome** is a rare birth defect and appears with lateral depression of the ribs usually on the right side more often than the left side. Poland syndrome is also known as Poland's anomaly or Poland's syndactyly. It, like PE and PC, is seen most frequently in males. When the defect occurs on the left side of the sternum the heart and lungs are more affected because they are covered only by a thin layer of skin and tissue. Poland syndrome appears with absences or incomplete development of the pectoralis minor muscles and of the costal cartilages. Hypoplasia of the breast, subcutaneous tissue, lack of axillary hair and hand and upper extremity defects are also signs. Portions of the second, third and fourth ribs may be partially absent as well as upper costal cartilage.

## 1.1 Cosmetic and Reconstructive Procedures

The terms are defined as follows:

- a. Cosmetic-to improve appearance. This does not include restoration of physiological function resulting from accidental injury, trauma or previous treatment that would be considered a covered service. This also does not include reconstructive surgery to correct congenital or developmental anomalies that have resulted in functional impairment.
- b. Reconstructive procedures are performed on structures of the body for the purpose of improving/restoring bodily function or correcting significant deformity resulting from accidental injury, trauma, or previous therapeutic process.

## 2.0 Eligible Recipients

### 2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

## 3.0 When the Procedure, Product, or Service Is Covered

### 3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

### 3.2 Specific Criteria

Surgical treatment of chest wall deformities (congenital or acquired) may be covered under the NC Health Choice Program when it is medically necessary and reconstructive, when the following guidelines are met:

- a. Surgical treatment for Pectus Excavatum:
  1. when there is documented functional impairment (i.e., decreased cardiac output and/or abnormal pulmonary function during exercise;
  2. when future cardiovascular compromise is anticipated;
  3. when there is medical record documentation of signs or symptoms that impair the recipient's ability to participate in usual activities, such as shortness of breath (dyspnea) at rest or on exertion; or

4. when there are arrhythmias or clinical stigmata of decreased cardiac output; and
  5. the Haller Index is greater than or equal to 3.2. and
  6. the procedure is expected to correct the functional impairment.
- b. Surgical treatment for Pectus Carinatum:
1. when there is documented functional impairment (i.e., decreased cardiac output and/or abnormal pulmonary function during exercise;
  2. when future cardiovascular compromise is anticipated;
  3. when there is medical record documentation of signs or symptoms that impair the recipient's ability to participate in usual activities, such as shortness of breath (dyspnea) at rest or on exertion; or
  4. when there are arrhythmias or clinical stigmata of decreased cardiac output; and
  5. the Haller Index is less than or equal to 2.0; and
  6. the procedure is expected to correct the functional impairment.
- c. Surgical treatment for Poland syndrome:
1. when there is documented functional impairment (i.e., decreased cardiac output and/or abnormal pulmonary function during exercise; or
  2. when future cardiovascular compromise is anticipated; or
  3. when there is medical record documentation of signs or symptoms that impair the recipient's ability to participate in usual activities, such as shortness of breath (dyspnea) at rest or on exertion; or
  4. when there are arrhythmias or clinical stigmata of decreased cardiac output; and
  5. when rib formation is absent; and
  6. the procedure is expected to correct the functional impairment.

### 3.3 Policy Guidelines

The Haller index or pectus severity index is an objective tool to rate the severity of the impairment. This sign is obtained by using computerized tomography (CT) measurements to calculate the Haller index. A normal Haller index should be about 2.5. The Haller index combined with a detailed description of the patient's physical condition at rest and during exercise is important to determine whether surgery is reconstructive or cosmetic. If a patient is not having any physical symptoms then surgery is likely to be for cosmetic reasons.

## 4.0 When the Procedure, Product, or Service Is Not Covered

### 4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;

- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

#### **4.2 Specific Criteria**

Surgical treatment of chest wall deformities (congenital or acquired) is not covered in the following situations:

- a. When the criteria in **Subsection 3.2** are not met; or
- b. When the surgical treatment is for cosmetic reasons (intended to improve appearance and not primarily to restore bodily function or to correct significant deformity resulting from accidental injury, trauma, or previous therapeutic process).

### **5.0 Requirements for and Limitations on Coverage**

#### **5.1 Prior Approval**

Prior approval is not required for surgical treatment of chest wall deformities (congenital or acquired).

### **6.0 Providers Eligible to Bill for the Procedure, Product, or Service**

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

### **7.0 Additional Requirements**

#### **7.1 Compliance**

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

## 8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

| Date              | Section Revised | Change                                                                                                                                     |
|-------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| July 1, 2010      | Throughout      | Policy Conversion: Implementation of Session Law 2009-451, <b>Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.”</b> |
| February 29, 2012 | Throughout      | Policy Termination                                                                                                                         |

## Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

### A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

### B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

### C. Procedure Code(s)

| CPT Code(s) |
|-------------|
| 21740       |
| 21742       |
| 21743       |

### D. Modifiers

Providers are required to follow applicable modifier guidelines.

### E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

### F. Place of Service

Inpatient Hospital and Outpatient Hospital

### G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

### H. Reimbursement

Providers must bill their usual and customary charges.