MEDICAL MUTUAL®

Medical Policy

Policy:	**200905**	**Effective Date:**	**02/11/2025**
SUBJECT:	**Surgical Repair of Pectus Deformities** **- Pectus Excavatum** **- Pectus Carinatum**	**Annual Review Date:**	**01/13/2025**
		Last Revised Date:	**01/13/2025**

Prior approval is required for some or all procedure codes listed in this Corporate Medical Policy.

Definition: Surgical repair of pectus deformities such as pectus excavatum (funnel chest) or carinatum (pigeon chest, chicken breast) is performed to correct an associated functional impairment and/or the restoration of a normal appearance.

Pectus excavatum is a chest wall deformity consisting of a central depression overlying the sternum. Severe deformity of the chest wall due to pectus excavatum is associated with cardiopulmonary insufficiency and diminished lung capacity resulting from compression of the right atrium and right ventricle.

Pectus carinatum is a chest wall deformity characterized by an anterior protrusion of the sternum or costal cartilage. Pectus carinatum may occur as a solitary abnormality or in association with other genetic disorders or syndromes.

Medical Necessity:

I. Pectus excavatum: The Company considers surgical repair of pectus excavatum **[CPT Codes 21740, 21742, 21743 and applicable ICD-10-PCS Code(s)] medically necessary** and eligible for reimbursement providing that ***all*** of the following medical criteria are met:

- Medical complications due to pectus excavatum including, but not limited to, ***at least one*** of the following:

    1. Cardiopulmonary impairment documented by pulmonary and/or cardiac function tests; or
    2. Frequent lower respiratory tract infections; or
    3. Exercise limitations; or

- Haller index (pectus severity index) $\geq$3.25.
- Surgical procedure is expected to correct the impairment.

AND

At least one of the following clinical conditions is present:

- Acquired deformity of chest and rib

- Pectus excavatum

II. **Pectus carinatum:** The Company considers surgical repair of pectus carinatum **[CPT Codes 21740, 21742, 21743 and applicable ICD-10-PCS Code(s)] medically necessary** and eligible for reimbursement providing that ***all*** of the following medical criteria are met:

- Medical complications due to pectus carinatum including, but not limited to, ***at least one*** of the following:

    1. Cardiopulmonary impairment documented by pulmonary and/or cardiac function tests; or
    2. Frequent lower respiratory tract infections; or
    3. Exercise limitations; or

- Haller index (pectus severity index) $\leq$2.0
- Surgical procedure is expected to correct the impairment.

AND

At least one of the following clinical conditions is present:

- Acquired deformity of chest and rib
- Pectus carinatum

NOTE: The Company considers external pressure bracing **cosmetic** and **non-covered**.

The Company considers surgical repair of pectus excavatum or pectus carinatum for ***all*** other clinical conditions **cosmetic** and **non-covered**.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member, and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

NOTE: After reviewing the relevant documentation, the Company reserves the right to apply this policy to the service, or procedure, supply, product, or accommodation performed or furnished regardless of how the service, or procedure, supply, product, or accommodation was coded by the Provider.

Approval or clearance by the U.S. Food and Drug Administration alone is not a basis for coverage.

Coverage may differ for Medicare Advantage plan members; please see any applicable national and/or local coverage determinations for details. This information may be available at the Centers for Medicare & Medicaid Services (CMS) website.

Prior approval is required for CPT Codes 21740, 21742, 21743 and applicable ICD-10-PCS Code(s).

Sources of Information:

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Applicable Code(s):	
CPT:	**21740, 21742, 21743**
HCPCS:	**L1320**
ICD10 Procedure Codes:	**0WU80JZ, 0WU84JZ**