

Children's Hospital and Health System Chrous Community Health Plans Policy and Procedure

This policy applies to the following entity(s):

- | | |
|--|---|
| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Medical Utilization Management Policy

SUBJECT: ORTHOTIC COMPRESSION BRACING FOR PECTUS CARINATUM

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Individual and Family

Commercial

Marketplace

PURPOSE OR DESCRIPTION:

This policy addresses the medical necessity of a chest compressive brace in the treatment of pectus carinatum. Bracing is a nonsurgical approach developed to apply external pressure to the chest wall at the area of protrusion. Bracing is done during adolescence at a time of high chest wall plasticity.

POLICY:

CCHP follows the recommendations of the American Pediatric Surgical Association (APSA) for treatment of pectus carinatum.¹

Treating a pectus carinatum deformity through bracing will be considered reconstructive and medically necessary to restore function and alleviate symptoms when **ALL** of the conditions are met:

Effective: 06/20

Revised:

Reviewed: 10/21

Q: \CCHP Leadership\Utilization Management Medical Policies\APPROVED MEDICAL UM POLICIES\Orthotic Compression Braces for Pectus Carinatum Medical UM Policy

Developed by: CCHP Medical Director and Executive Director Health Plan Clinical Services

1. The patient has been evaluated by a physician who specializes in the treatment of pectus carinatum (for example a pediatric surgeon) and that physician recommends bracing
2. Patient is still expected to grow (has not reached skeletal maturity)
3. Patient has been educated about the rigors of complying with the brace and the longevity of this treatment for effectiveness
4. Additional braces requested due to growth of the individual will be authorized if there is documentation the current brace no longer fits and the individual has had an updated evaluation by the specialist documenting the ongoing need for bracing.

REFERENCES

1. American Pediatric Surgical Association, APSA Practice Committee. Pectus Carinatum Guidelines. 2012.
2. Frey AS, Garcia VF, Brown RL, et al. Nonoperative management of pectus carinatum. *J Pediatr Surg.* 2006;41(1):40-45; discussion 40-45.
3. Lee SY, Lee SJ, Jeon CW, Lee CS, Lee KR. Effect of the compressive brace in pectus carinatum. *Eur J Cardiothorac Surg.* 2008;34(1):146-149.
4. Martinez-Ferro M, Fraire C, Bernard S. Dynamic compression system for the correction of pectus carinatum. *Semin Pediatr Surg.* 2008;17(3):194-200.
5. Lee RT, Moorman S, Schneider M, et al. Bracing is an effective therapy for pectus carinatum: interim results. *JPediatrSurg.* 2013; 48(1): 184– 190; doi: 10.1016/j.jpedsurg.2012.10.037

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