Medical Utilization Management Policy

SUBJECT: ORTHOTIC COMPRESSION BRACING FOR PECTUS CARINATUM

INCLUDED PRODUCT(S):

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<tr>
<th>Medicaid</th>
<th>Individual and Family</th>
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<tbody>
<tr>
<td>BadgerCare Plus</td>
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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:
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