Orthotic Compression Braces for Pectus Carinatum

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 that applies external pressure to the chest wall at the area of protrusion. Bracing is done during adolescence, 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. Member 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. Member is still expected to grow (has not reached skeletal maturity)
3. Member has been educated that long term rigorous compliance with this treatment is required for effectiveness

Additional braces will be considered medically necessary if there is documentation that the current brace no longer fits and the member has had an updated evaluation by the prescribing specialist who documents an ongoing need for bracing, provided **ALL** three of the criteria listed above also are met.

**REFERENCES**