GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Most injuries to the chest wall do not result in long-term respiratory dysfunction and operative indications for chest wall injuries are rare. Recent studies have explored the option of internal fixation of rib fracture for treatment of complex rib fractures, including flail chest, open fracture, symptomatic nonunion, and thoracotomy for other indications. Flail chest is diagnosed when multiple, consecutive ribs are fractured in two or more places, creating an incompetent region of the chest wall.

Internal Fixation is indicated to stabilize and provide fixation for fractures, fusions, and osteotomies of the ribs. The MatrixRIB Fixation and RibLoc Rib Fracture Plating Systems consist of plates and screws for fractures, fusions, and osteotomies. The plates are pre-contoured to minimize bending that is done intra-operatively. Instrumentation is supplied with the implants to aid in the insertion of the plates and screws. All plates and screws are manufactured from titanium or titanium alloy.

POLICY
Internal fixation of rib fractures (21812, 21813) do not require prior authorization for all product lines.

Procedure 21811 is non-covered for HMO, PPO, Individual Marketplace, & Elite.

Procedure 21811 does not require prior authorization for Advantage.

Paramount considers internal fixation of rib fractures (e.g., MatrixRIB Fixation System, RibLoc Rib Fracture Plating System) medically necessary in cases of severe flail chest failing to wean from a ventilator or when thoracotomy is required for other reasons.

Paramount considers internal fixation of rib fractures experimental and investigational for all other indications.

HMO, PPO, Individual Marketplace, Elite
Paramount will cover CPT codes 21812 and 21813.
CPT 21811 is non-covered, as in most instances fractures involving 1-3 ribs do not require internal fixation.

Advantage
CPT codes 21811, 21812, 21813 are covered.

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODES</th>
<th>Description</th>
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<tbody>
<tr>
<td>21811</td>
<td>Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs</td>
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<tr>
<td>21812</td>
<td>Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs</td>
</tr>
<tr>
<td>21813</td>
<td>Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs</td>
</tr>
</tbody>
</table>

TAWG REVIEW DATES: 06/24/16

REVISION HISTORY EXPLANATION
06/24/16: Policy created to reflect most current clinical evidence per TAWG.
REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.