



MEDICAL COVERAGE GUIDELINES (CLINICAL CRITERIA) FOR UM DECISIONS Thoracic Outlet Syndrome

Included codes:

CPT codes: 21700, 21705, 21615, 23406

ICD-10 code: G54.0

Surgery for thoracic outlet syndrome must be prior authorized. Capital Health Plan requires a second opinion with a vascular surgeon at a contracted tertiary facility confirming the diagnosis of thoracic outlet syndrome and the medical necessity of **any initial surgery**.

Any revision or secondary surgical intervention will be reviewed for medical necessity prior to surgical intervention being authorized.

Any image confirmed congenital anomaly (i.e. cervical rib) does not require a second opinion prior to surgical intervention.

Medical Necessity Approvals to be made by:

- Medical Director
- Physician Reviewer
- Utilization Management Nurse
- Nurse Reviewer
- Authorized CCD staff when UM criteria are met

These criteria apply to the following products when determined to be included in the member's benefit package: Commercial

Medicare

Approved by G&A: 9/15/16, 11/30/17

Approved by UMWG: 8/30/18, 11/7/19, 12/10/20, 12/9/21, 12/8/22, 12/14/23

Capital Health Plan reserves the right to make changes to these criteria at any time to accommodate changes in medical necessity and industry standards.