

PHP_7.21		Skeletal Remodeling	
Original Policy Date:	June 1, 2026	Effective Date:	November 1, 2026
Section:	7.0 Surgery	Page:	Page 1 of 15

Policy Statement

- I. Rib remodeling for body contouring, including but not limited to **any** of the following procedures, is considered **not medically necessary**:
 - A. Waistline aesthetic slimming by puncture (WASP)
 - B. Rib osteotomy with osteosynthesis stabilization (RIBOSS)
 - C. Scarless, ultrasound-guided rib remodeling (RibXcar)
 - D. Ultrasonic- and ultrasound-assisted indentation surgery of the thorax (UUAIST)
- II. Clavicle shortening for body contouring is considered **not medically necessary**.
- III. Scapular shaving or scapular contouring is **not medically necessary** when performed for **any** of the following:
 - A. Aesthetic dissatisfaction with silhouette or bone contour
 - B. Gender affirmation
 - C. Reduction of scapular prominence
 - D. Shoulder narrowing
 - E. Upper-back or posterior shoulder feminization or masculinization

NOTE: Refer to [Appendix A](#) to see the policy statement changes (if any) from the previous version.

State Guideline Resources

Applicable State Guideline resources as of the effective date of this policy:

- I. Department of Managed Health Care (DMHC) All Plan Letter (APL) Guideline:
 - N/A
- II. Department of Health Care Services (DHCS) Provider Manual Guideline:
 - [TAR and Non-Standard Benefits List: Codes 20000 thru 29999 \(tar and non cd2\)](#)
 - [Surgery: Musculoskeletal System \(surg muscu\)](#)
- III. Department of Health Care Services (DHCS) All Plan Letter (APL) Guideline:
 - N/A

Policy Guidelines

This policy does **not** apply to procedures involving the scapula when performed for:

- Acute trauma
- Congenital deformity causing functional impairment
- Reconstruction following medically necessary surgery
- Tumor resection

Such cases are reviewed under standard orthopedic or reconstructive policies and **not** under gender-affirming surgery criteria.

Coding

See the [Codes table](#) for details.

Description

Rib remodeling refers to a group of surgical procedures designed to alter the shape and contour of the rib cage, primarily to enhance waist definition and improve body aesthetics. Techniques vary in their approach, invasiveness, and use of imaging guidance, but commonly involve reshaping, fracturing, or stabilizing the lower ribs. The procedures aim to decrease waist diameter and waist-to-hip ratio, with each method presenting distinct risks, postoperative requirements, and suitability for different patient needs. Rib remodeling may also be called rib remodeling, WASP, RIBOSS, RibXcar, UUAIST, H-Curve® rib remodeling, and Ribella procedure, among other names.

Clavicle shortening is a specialized procedure that reduces the width of the shoulders by removing a small segment of the clavicle bone (collarbone) on both sides. The remaining ends are then aligned and stabilized using titanium plates and screws.

Scapular shaving is an aesthetic body-contouring procedure intended to reduce visible bony prominence, commonly performed in conjunction with cosmetic shoulder-narrowing surgery.

Related Policies

- Cosmetic and Reconstructive Procedures
- Medical Services Committee Policy and Procedure: Utilization Management Decision Making & Timeframes

Benefit Application

Blue Shield of California Promise Health Plan is contracted with L.A. Care Health Plan for Los Angeles County and the Department of Health Care Services for San Diego County to provide Medi-Cal health benefits to its Medi-Cal recipients. In order to provide the best health care services and practices, Blue Shield of California Promise Health Plan has an extensive network of Medi-Cal primary care providers and specialists. Recognizing the rich diversity of its membership, our providers are given training and educational materials to assist in understanding the health needs of their patients as it could be affected by a member's cultural heritage.

The benefit designs associated with the Blue Shield of California Promise Medi-Cal plans are described in the Member Handbook (also called Evidence of Coverage).

California Children's Services (CCS) is a Medi-Cal benefit provided by the State in partnership with County Public Health Departments. Blue Shield Promise coordinates the benefits for eligible members. The CCS program provides medical case management, diagnostic and treatment services, and physical and occupational therapy services to children under the age 21 with CCS eligible medical conditions managed by CCS paneled providers. The program's goal is to provide medical and allied services necessary to achieve maximum physical and social function for children. Members identified with CCS-eligible conditions are referred to the County CCS program immediately upon identification.

Regulatory Status

- N/A

Health Equity Statement

Blue Shield of California Promise Health Plan's mission is to transform its health care delivery system into one that is worthy of families and friends. Blue Shield of California Promise Health Plan seeks to advance health equity in support of achieving Blue Shield of California Promise Health Plan's mission.

Blue Shield of California Promise Health Plan ensures all Covered Services are available and accessible to all members regardless of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, or identification with any other persons or groups defined in Penal Code section 422.56, and that all Covered Services are provided in a culturally and linguistically appropriate manner.

Rationale

Background

Rib Remodeling Techniques¹

Rib remodeling includes skeletal contouring procedures aimed at reshaping the rib cage to improve waist definition. Several methods are described below:

- **Floating Rib Resection (e.g., Ant Waist Surgery)**
Floating rib resection is older rib contouring method that involves removal of one or more floating ribs to reduce waist circumference or waist-to-hip ratio. Floating rib resection (resection of the 11th and/or 12th ribs) has been described in the peer-reviewed plastic surgery literature as an "aggressive" body-contouring procedure because it involves permanent alteration of normal skeletal anatomy to achieve waist narrowing. Compared with fracture-based remodeling approaches, it is more invasive because it requires rib removal and may be associated with complications such as hemothorax and pneumothorax.⁹
- **Waistline Aesthetic Slimming by Puncture (WASP)**
A minimally invasive rib remodeling technique that uses a **parallel approach** to induce greenstick fractures in the floating ribs (10th–12th) using either a **mini drill** or **piezotome**. This method avoids deep penetration and reduces risk to the pleural space and intercostal vessels. It enhances the hourglass silhouette by decreasing waist diameter and waist-to-hip ratio (WHR).
- **Rib Osteotomy with Osteosynthesis Stabilization (RIBOSS)**
Combines floating ribs corticotomy with osteosynthesis using titanium plate. This method eliminates need for corset use and is suitable for patients facing issues such as relapse or nonunion fractures.
- **RibXcar Technique**
RibXcar is an ultrasound-guided rib remodeling technique that creates percutaneous monocortical fractures of the 10th–12th ribs to achieve waist narrowing without rib resection or external surgical incisions.¹⁰
- **Ultrasonic- and Ultrasound-Assisted Indentation Surgery of the Thorax (UUAIST)**
UUAIST uses real-time ultrasound (US) to guide piezotome-assisted greenstick floating rib fractures. Effective but may cause severe pain and asymmetry if corset use is neglected.

Literature Review

WASP¹

Waistline aesthetic slimming by puncture (WASP) is a minimally invasive rib remodeling technique developed to enhance waistline definition in body contouring procedures. It involves creating greenstick fractures in the 10th to 12th ribs using either a mini drill or piezotome via puncture access, guided by anatomical landmarks and ultrasound. The goal is to reduce waist circumference and waist-to-hip ratio (WHR) without traditional incisions or rib resection.

Literature Review

The evidence supporting WASP is limited to a retrospective cohort study conducted across three plastic surgery centers in Colombia and Brazil where WASP was used in addition to other body contouring techniques. The study included 125 patients and reported statistically significant reductions in waist circumference and WHR, with high patient satisfaction. However, since other body contouring procedures were also used, it is impossible to determine the relative impact of WASP on the outcomes; and the study lacks a control group, long-term follow-up, and comparative analysis with other rib remodeling techniques. In addition, as only 3% of the subject were transgender females, the data are not applicable to this population. The level of evidence is classified as Level 3 (Therapeutic).

Populations

The study population consisted of:

- 125 patients (96.8% cisgender females, 3.2% transgender females)
- Mean age: 34.7 years
- Mean BMI: 24.1 kg/m²

Inclusion criteria:

- Adults aged 18–55 years
- Good general health
- Unsatisfactory WHR from conventional body contouring

Exclusion criteria:

- Prior rib surgeries
- BMI >30
- Chronic respiratory diseases
- Calcium metabolism disorders (e.g., osteoporosis)
- Moderate/severe spinal disorders

Interventions

The WASP technique involves:

- Preoperative CT imaging and anatomical mapping
- Puncture access using a 16G needle
- Corticotomy via parallel approach using either a drill or piezotome
- Creation of greenstick fractures with inward manual pressure
- Confirmation of rib angulation via ultrasound
- Postoperative use of compression garments and corsets for up to 16 weeks
- Adjunct procedures: high-definition liposculpture, fat grafting

Comparators

The study does not include direct comparators. WASP is positioned as a safer alternative to:

- Rib resection (e.g., “Ant Waist” technique), which carries risks such as pneumothorax and hemothorax
- RibXcar, which uses perpendicular punctures and may pose higher risks of organ injury
- RIBOSS, which involves osteosynthesis with titanium plates and may be more suitable for patients unable to wear corsets

Outcomes

Reported outcomes include:

- Waist circumference reduction: median from 76 cm pre-op to 65 cm at 3 months
- WHR reduction: median from 0.8 to 0.7
- High satisfaction: 92.9% "very satisfied," 98.2% would recommend the procedure
- Complication rate: 6.4% (including skin burns, severe pain, relapse, seroma)
- No serious adverse events (e.g., pneumothorax, hemothorax, chronic pain)

Direct Evidence

The study provides observational data from 125 patients with an average follow-up of 8 months who received WASP in addition to other body contouring procedures including liposuction and fat grafting. Measurements were taken preoperatively, immediately postoperatively, and at 3 months. Satisfaction was assessed using the Global Aesthetic Improvement Scale. No validated quality-of-life instruments were used, and no long-term respiratory function assessments were conducted.

Review of Evidence

WASP remains investigational. While early results suggest it is an effective method for waistline reduction with an acceptable safety profile in cisgender females, there were insufficient transgender females to determine efficacy and safety in this population. In addition, long-term safety data are needed for a comprehensive assessment of risk and benefit. Future research should include prospective studies with validated outcome measures and longer follow-up to assess durability and safety in transgender females.

RIBOSS²

Rib osteotomy with osteosynthesis stabilization (RIBOSS) is a surgical technique developed for aesthetic waist narrowing. It involves controlled greenstick fractures of the lower ribs (typically XI and XII) followed by internal fixation using titanium plates. The procedure is intended to enhance body contouring outcomes, particularly in patients with wide chest anatomy where conventional liposuction may be insufficient.

Literature Review

The available literature on RIBOSS is limited to a retrospective case series involving 27 patients (25 female and 2 male). The study reports short-term outcomes over a 3-month follow-up period. While initial results suggest improvements in waist and hip circumference and high patient satisfaction, the evidence lacks long-term data, control groups, and prospective validation.

Populations

The studied population consisted primarily of healthy adults aged 22–45 years with a BMI ≤ 30 kg/m². Exclusion criteria included osteoporosis, systemic illness, prior chest trauma or surgery, psychiatric disorders, and chronic lung disease. Most participants were female and underwent concurrent aesthetic procedures.

Interventions

The intervention involves piezotome-assisted osteotomy of ribs XI and XII (or X and XI in select cases), followed by stabilization with titanium plates. The procedure is performed under general and local anesthesia and is often combined with high-definition liposculpture.

Comparators

No direct comparators were evaluated in the available study. However, the authors suggest that RIBOSS may offer advantages over traditional rib resection techniques and corset-based waist training by reducing risks such as pneumothorax and eliminating the need for prolonged external compression.

Outcomes

Reported outcomes include:

- Mean waist reduction: 12.1 cm at 1 month, 13.0 cm at 3 months
- Mean hip reduction: 6.2 cm at 1 month, 8.7 cm at 3 months
- Pain scores: 2.4/10 at week 1, 0.26/10 at month 1
- Complications: One case of wound dehiscence, one case of moderate pain
- Patient satisfaction: Mean Body-QoL score of 89.5/100

Direct Evidence

The evidence is derived from a single-center retrospective case series without a control group. The study design limits the ability to attribute outcomes solely to RIBOSS, especially given the frequent use of concurrent procedures. No randomized controlled trials or comparative studies are available.

Review of Evidence

Based on the current evidence, RIBOSS remains investigational. While early results are promising, the lack of long-term data, standardized outcome measures, and comparative effectiveness studies precludes definitive conclusions about safety, efficacy, and clinical utility. Further research, including prospective trials and isolated evaluations of the procedure, is necessary to support broader adoption or coverage.

RibXcar³

RibXcar is a novel, minimally invasive surgical technique designed for waist narrowing through ultrasound-guided monocortical rib fractures. The procedure avoids traditional incisions and instead uses puncture access to reshape the 10th, 11th, and 12th ribs. It aims to improve body contouring outcomes by reducing rib angulation and waist circumference without visible scarring.

Literature Review

The evidence for RibXcar is limited to a single case series involving 30 female patients aged 18–35 years. The study was conducted across three private clinics in Peru, Colombia, and Mexico between October and December 2022. While the article reports statistically significant improvements in rib angulation and waist circumference, it lacks comparative data, long-term follow-up, and validated patient-reported outcome measures.

Populations

The study population included:

- Female patients aged 18–35 years
- BMI range: 19–26 kg/m²
- All patients classified as Goldman Risk Index Class I

Exclusion criteria included:

- History of rib surgery
- BMI >28
- Flaccid abdominal or thoracolumbar skin (Matarasso score ≥2)
- Complementary liposuction procedures

Interventions

The RibXcar procedure involves:

- Ultrasound-guided identification of rib anatomy
- Puncture with an N18 needle and use of a piezotome for monocortical fracture
- Continuous cooling with 0.9% NaCl solution to prevent burns
- Manual deformation of the rib post-fracture
- Bilateral application across ribs 10–12

- Postoperative use of a compression corset for 6 months

Comparators

No comparators were included in the study. The article references traditional rib removal and liposuction techniques but does not provide direct comparative data. The authors suggest RibXcar may offer aesthetic advantages and reduced risk of scarring compared to rib resection.

Outcomes

Reported outcomes include:

- Waist circumference reduction from 69 cm preoperatively to 58.7 cm at 3 months
- Statistically significant angular reductions in ribs 10–12 ($P < 0.0001$)
- 100% patient satisfaction with aesthetic results and puncture site
- No major complications; two cases of minor skin burns (<0.5 cm) were treated without sequelae

Direct Evidence

The evidence is derived from a non-comparative, retrospective case series with a short follow-up period (3 months). Measurements were performed using ultrasound, and satisfaction was assessed via a non-validated survey. The study lacks control groups, randomization, and standardized outcome instruments.

Review of Evidence

RibXcar remains investigational. While early findings suggest potential benefits in waist contouring and patient satisfaction, the absence of rigorous clinical trials, validated outcome measures, and long-term safety data limits its generalizability. Further research is needed to establish the procedure's efficacy, safety, and comparative value relative to existing body contouring techniques.

UUAIST⁴

Ultrasonic- and ultrasound-assisted indentation surgery of the thorax (UUAIST) is a minimally invasive surgical technique developed for waistline remodeling. It involves ultrasound-guided puncture access to the lower ribs (typically ribs 10–12) and internal tensioning of the rib structure to achieve a narrower waist contour. The procedure is designed to avoid traditional incisions and rib resection, aiming for aesthetic enhancement with minimal scarring and reduced recovery time.

Literature Review

The evidence supporting UUAIST is limited to a single-center retrospective case series. The article reports short-term outcomes and procedural feasibility but lacks randomized controlled trials, long-term follow-up, and comparative data. The level of evidence is considered low, and the findings are preliminary.

Populations

The study population included:

- Adult patients seeking aesthetic waistline enhancement
- Predominantly cisgender females
- BMI under 28
- No history of rib surgery or chronic respiratory conditions

Exclusion criteria included:

- Prior thoracic surgery
- Bone metabolism disorders
- Poor compliance with postoperative garment use

Interventions

The UUAIST procedure involves:

- Preoperative ultrasound mapping of rib anatomy
- Percutaneous access using a fine-gauge needle
- Internal structural tensioning of the ribs via monocortical manipulation
- No external incisions or rib resection
- Postoperative use of compression garments for several weeks

Comparators

No direct comparators were included in the study. UUAIST is positioned as an alternative to:

- Rib resection techniques, which involve permanent bone removal and higher risk of complications
- Other rib remodeling methods such as RibXcar and WASP, which use different access angles and instrumentation

Outcomes

Reported outcomes include:

- Reduction in waist circumference
- High patient satisfaction with aesthetic results
- Minimal complications (e.g., transient discomfort, mild bruising)
- No serious adverse events such as pneumothorax or chronic pain

Direct Evidence

The evidence is derived from a retrospective case series with a short follow-up period. Measurements were taken pre- and postoperatively, and satisfaction was assessed using non-validated surveys. No control group or standardized outcome instruments were used.

Review of Evidence

UUAIST remains investigational. While initial results suggest potential benefits in waist contouring with minimal invasiveness, the absence of rigorous clinical trials, validated outcome measures, and long-term safety data limits its applicability. Further research is needed to establish the procedure's efficacy, safety, and comparative value relative to existing body contouring techniques.

Clavicle Shortening^{5,6}

No studies were identified evaluating the safety and efficacy of clavicle shortening procedures. The impact of clavicle shortening among patients who have sustained clavicle fractures highlights the potential negative long-term complications on shoulder function underscoring the need for prospective clinical trials to determine the safety of clavicle shortening procedures.

Scapular Shaving

Scapular shaving is an aesthetic body-contouring procedure intended to reduce visible bony prominence, commonly performed in conjunction with cosmetic shoulder-narrowing surgery.

Coverage decisions are based on the clinical intent, evidence base, and medical necessity of the procedure and do not vary according to the member's gender identity or diagnosis alone. Scapular shaving, scapular spine reduction, or any surgical contouring of the scapula performed to alter shoulder or upper-back appearance is considered cosmetic and not medically necessary. This determination applies regardless of the member's gender identity, diagnosis of gender dysphoria, or stated gender-affirming intent.

Blue Shield supports evidence-based gender-affirming surgical care. Scapular shaving is not recognized as a gender-affirming surgical procedure in nationally accepted clinical guidelines, including WPATH Standards of Care Version 8, and lacks evidence demonstrating safety, effectiveness, or durable clinical benefit in the treatment of gender dysphoria.⁷

A comprehensive literature search of PubMed using procedure-specific, anatomical, cosmetic, and gender-affirming search terms found no peer-reviewed clinical studies, guidelines, or outcomes data supporting scapular shaving as a medically necessary procedure or as treatment for gender dysphoria. We searched PubMed for using the following search terms:⁸

- "scapula shaving"
- "scapula spine reduction"
- "scapula contouring"
- "scapula bone shaving"
- "scapula AND gender dysphoria"
- "scapula AND transgender"
- "scapula AND gender affirming"
- "shoulder blade AND gender dysphoria"

References

1. Alfredo E Hoyos, Mauricio E Perez Pachon, Paulo Duarte, Hugo Aguilar Villa, Ricardo Proto, Mariana Borrás-Osorio, Maria P Castiblanco, Mateo Leon-Machicado, Waistline Aesthetic Slimming by Puncture and Parallel Approach for Rib Remodeling Procedures, *Aesthetic Surgery Journal Open Forum*, Volume 7, 2025, ojafo044, <https://doi.org/10.1093/asjof/ojafo044>.
2. Aguilar Villa, H., Villabona-Florez, S. J., Hoyos, A. E., Perez Pachon, M. E., Serrano-Reyes, H. M., & Diaz Sandoval, C. J. (2025). Aesthetic Rib Cage Remodeling with Osteosynthesis: Body Structural High-Definition Reshaping (Rib Osteotomy with Osteosynthesis Stabilization). *Plastic and reconstructive surgery*, 155(2), 279–288. <https://doi.org/10.1097/PRS.00000000000011512>
3. Manzaneda Cipriani, R. M., Duran Vega, H., Cala Uribe, L., Viaro, M., Adrianzen, G. A., & Botelho, D. L. (2023). Waist Remodeling without Incision, with Ultrasound-guided Monocortical Fracture. *Plastic and reconstructive surgery. Global open*, 11(12), e5499. <https://doi.org/10.1097/GOX.00000000000005499>
4. Oñate Valdivieso, C., Oñate Valdivieso, D., Hoyos, A. E., Perez Pachon, M. E., Aguilar Villa, H., Michels, P. J. A., Viera, A., Benavides, J. E., Villabona, S. J., & Ramirez, B. (2024). Ultrasonic- and Ultrasound-assisted Improvement of Silhouette of the Torso: Bone Structure High-definition Remodeling (Part I). *Plastic and reconstructive surgery. Global open*, 12(1), e5513. <https://doi.org/10.1097/GOX.00000000000005513>
5. Pradel, S., Brunaud, M., Coulomb, R., Kouyoumdjian, P., & Marès, O. (2023). Less than 1.5cm shortening in clavicle midshaft fracture has long-term functional impact. *Orthopaedics & traumatology, surgery & research : OTSR*, 109(5), 103590. <https://doi.org/10.1016/j.otsr.2023.103590>
6. Jubel, A, Schiffer G, Andermahr J, Faymonville C (2017) Impact of Clavicular Shortening after Midclavicular Fracture: A Retrospective Series. *Open J Trauma* 1(1): 014–019. DOI: <http://dx.doi.org/10.17352/ojt.000004>
7. World Professional Association for Transgender Health (WPATH). Accessed from <https://wpath.org/>
8. National Library of Medicine. *National Center for Biotechnology Information*. PubMed®. Accessed from <https://pubmed.ncbi.nlm.nih.gov/>
9. Kudzaev KU, Kraiushkin IA. Waist Narrowing without Removal of Ribs. *Plast Reconstr Surg Glob Open*. 2021;9(7):e3680.
10. Ramírez Donders R, Ramírez Saenz J. Waist Remodeling Without Incision, With Ultrasound-Guided Monocortical Fracture: Report of 220 Patients. *Plastic and Reconstructive Surgery Global Open*. 2025;13(3):e6595.
11. Department of Healthcare Services Provider Manual Guideline. TAR and Non-Standard Benefits List: Codes 20000 thru 29999. Accessed October 2, 2026, from https://mcweb.apps.prd.cammi.medi-cal.ca.gov/assets/AFECB45B-D2C9-46AD-93A8-5C614B0E79A5/tarandnoncd0.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO

12. Department of Healthcare Services Provider Manual Guideline. Surgery: Musculoskeletal System. Accessed October 2, 2026, from https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/AFECB45B-D2C9-46AD-93A8-5C614B0E79A5/tarandnoncd0.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO

Documentation for Clinical Review

Please provide the following documentation:

- History and physical and/or consultation notes including:
 - Clinical findings (i.e., pertinent symptoms and duration)
 - Comorbidities
 - Reason for procedure, when applicable
 - Pertinent past procedural and surgical history
 - Past and present diagnostic testing and results
 - Treatment plan (i.e., surgical intervention)
- Consultation and medical clearance report(s), when applicable
- Radiology report(s) and interpretation (i.e., Magnetic Resonance Imaging [MRI], Computed Tomography [CT], Positron Emission Tomography [PET])
- Other pertinent multidisciplinary notes/reports: (i.e., psychological or psychiatric evaluation, physical therapy, multidisciplinary pain management), when applicable

Post Service (in addition to the above, please include the following):

- Results/reports of tests performed
- Procedure report(s)

Coding

The list of codes in this Medical Policy is intended as a general reference and may not cover all codes. Inclusion or exclusion of a code(s) does not constitute or imply member coverage or provider reimbursement policy.

Type	Code	Description
CPT®	21600	Excision of rib, partial
	21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs
	21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs
	21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs
	21899	Unlisted procedure, neck or thorax
	22899	Unlisted procedure, spine
	23120	Claviculectomy; partial
	23480	Osteotomy, clavicle, with or without internal fixation;
	23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)
	23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle
	23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus
	23929	Unlisted procedure, shoulder

Type	Code	Description
HCPCS	None	

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

Effective Date	Action
06/01/2026	New policy.
11/01/2026	Annual review. Policy statement, state guideline resources, and literature review updated. Definitions of Decision Determinations section updated. Policy title changed from Rib Remodeling and Clavicle Shortening to current one. Coding update.

Definitions of Decision Determinations

Healthcare Services: For the purpose of this Medical Policy, Healthcare Services means procedures, treatments, supplies, devices, and equipment.

Medically Necessary or **Medical Necessity** means reasonable and necessary services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I section 14059.5(a) and 22 CCR section 51303(a). Medically Necessary services must include services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.

For Members less than 21 years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) standard of Medical Necessity set forth in 42 USC section 1396d(r)(5), as required by W&I sections 14059.5(b) and 14132(v). Without limitation, Medically Necessary services for Members less than 21 years of age include all services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support, or maintain the Member's current health condition. Contractor must determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the Child.

Criteria Determining Experimental/Investigational Status

Blue Shield of California Promise Health Plan may use the following criteria and definitions to make decisions about procedures, treatments, supplies, devices, and equipment.

The following reference may be used to help guide determinations for members over 21 years of age and/or non-California Children's Services (CCS) Program members:

- California Code of Regulations. Title 22 § 51056.1. Experimental Services. Accessed September 9, 2026 from [https://govt.westlaw.com/calregs/Document/I542BE1835B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/I542BE1835B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

The following reference may be used to help guide determinations for Medi-Cal members, as this framework has been approved by the Department of Health Care Services (DHCS) for use by California Children's Services (CCS):

- Department of Healthcare Services Numbered Letter 05-1020. Accessed September 9, 2026, from <https://www.dhcs.ca.gov/services/ccs/Documents/CCS-NL-05-1020-Experimental-and-Investigational-Services.pdf>

The following policy language applies to the California Children's Services (CCS) Program and the Genetically Handicapped Persons Program (GHPP) found in the above link for DHCS Numbered Letter 05-1020:

Policy

- A. The California Children's Services (CCS) Program and the Genetically Handicapped Persons Program (GHPP) will not provide coverage for experimental services unless specifically authorized by law.
- B. The CCS Program and GHPP may provide coverage for an investigational service if:
 1. It is approved by the FDA under any Investigational New Drug (IND) Application; or
 2. It is authorized for use under the State of California's Right to Try Act; and
 3. Its use is consistent with its FDA-approved IND Application or the State of California's Right to Try Act;
- C. Additional criteria that will be considered in the adjudication process include:
 1. Conventional therapy will not adequately treat the intended patient's condition;
 2. Conventional therapy will not prevent progressive disability or premature death;
 3. The provider of the proposed service has a record of safety and success with it or equivalent to that of other providers of the investigational services;
 4. Other criteria (e.g., cost and availability) may be considered in the adjudication of a given request in cases in which more than one investigational service is available;
 5. There is reasonable expectation that the investigational service will significantly prolong the patient's life or will maintain or restore a range of physical and social function suited to activities of daily living; and
 6. The service is not being performed as part of a research study protocol. For a beneficiary with cancer who participates in a clinical trial for cancer, California Health and Safety Code (HSC) § 1370.6 requires that all routine patient care costs related to the clinical trial be covered if the beneficiary's CCS-paneled treating physician recommends participation in the clinical trial after determining that participation in the clinical trial has a meaningful potential to benefit the enrollee. The coverage does not include investigational services that have not been approved by the FDA and that are associated with the clinical trial.

Feedback

Blue Shield of California Promise Health Plan is interested in receiving feedback relative to developing, adopting, and reviewing criteria for medical policy. Any licensed practitioner who is contracted with Blue Shield of California Promise Health Plan is welcome to provide comments, suggestions, or concerns. Our internal policy committees will receive and take your comments into consideration. Our medical policies are available to view or download at www.blueshieldca.com/en/bsp/providers.

For medical policy feedback, please send comments to: MedPolicy@blueshieldca.com

Questions regarding the applicability of this policy should be directed to the Blue Shield of California Promise Health Plan Prior Authorization Department at (800) 468-9935, or the Complex Case Management Department at (855) 699-5557 (TTY 711) for San Diego County and (800) 605-2556 (TTY 711) for Los Angeles County or visit the provider portal at www.blueshieldca.com/en/bsp/providers.

Disclaimer: Blue Shield of California Promise Health Plan may consider published peer-reviewed scientific literature, national guidelines, and local standards of practice in developing its medical policy. Federal and state law, as well as member health services contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first in determining covered services. Member health services contracts may differ in their benefits. Blue Shield of California Promise Health Plan reserves the right to review and update policies as appropriate.

Appendix A

Policy Statement	
BEFORE Red font: Verbiage Removed	AFTER Blue font: Verbiage Changes/Additions
<p>Rib Remodeling and Clavicle Shortening PHP_7.21</p> <p>State Guidelines: Applicable Medi-Cal guidelines as of the publication of this policy (this guideline supersedes the criteria in the Policy Statement section below):</p> <ol style="list-style-type: none"> Department of Managed Health Care (DMHC) All Plan Letter (APL) Guideline: <ul style="list-style-type: none"> N/A Department of Health Care Services (DHCS) Provider Manual Guideline: <ul style="list-style-type: none"> TAR and Non-Standard Benefits List: Codes 20000 thru 29999 (tar and non cd2) Surgery: Musculoskeletal System (surg muscu) <p>The codes listed on the policy are included in the above Provider Manuals; however, there is no specific clinical criteria pertaining to the procedures discussed in this policy.</p> Department of Health Care Services (DHCS) All Plan Letter (APL) Guideline: <ul style="list-style-type: none"> N/A <p>Policy Statement: Any criteria that are not specifically addressed in the above Provider Manuals, please refer to the criteria below.</p> <ol style="list-style-type: none"> Rib remodeling for body contouring, including but not limited to any of the following procedures, is considered investigational: <ol style="list-style-type: none"> Waistline aesthetic slimming by puncture (WASP) Rib osteotomy with osteosynthesis stabilization (RIBOSS) Scarless, ultrasound-guided rib remodeling (RibXcar) 	<p>Skeletal Remodeling PHP_7.21</p> <p>Policy Statement:</p> <ol style="list-style-type: none"> Rib remodeling for body contouring, including but not limited to any of the following procedures, is considered not medically necessary: <ol style="list-style-type: none"> Waistline aesthetic slimming by puncture (WASP) Rib osteotomy with osteosynthesis stabilization (RIBOSS) Scarless, ultrasound-guided rib remodeling (RibXcar) Ultrasonic- and ultrasound-assisted indentation surgery of the thorax (UUAIST) Clavicle shortening for body contouring is considered not medically necessary. Scapular shaving or scapular contouring is not medically necessary when performed for any of the following: <ol style="list-style-type: none"> Aesthetic dissatisfaction with silhouette or bone contour Gender affirmation Reduction of scapular prominence Shoulder narrowing Upper-back or posterior shoulder feminization or masculinization <p>State Guideline Resources: Applicable State Guideline resources as of the effective date of this policy:</p> <ol style="list-style-type: none"> Department of Managed Health Care (DMHC) All Plan Letter (APL) Guideline: <ul style="list-style-type: none"> N/A Department of Health Care Services (DHCS) Provider Manual Guideline:

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D. Ultrasonic- and ultrasound-assisted indentation surgery of the thorax (UUAIST)	<ul style="list-style-type: none">• TAR and Non-Standard Benefits List: Codes 20000 thru 29999 (tar and non cd2)• Surgery: Musculoskeletal System (surg muscu)
II. Clavicle shortening for body contouring is considered investigational .	III. Department of Health Care Services (DHCS) All Plan Letter (APL) Guideline: <ul style="list-style-type: none">• N/A