Medical Coverage Policy | Orthognathic Surgery

EFFECTIVE DATE:06|01|2015
POLICY LAST UPDATED: 02|06|2018

OVERVIEW

Orthognathic surgery refers to the surgical correction of abnormalities of the maxilla, mandible, or both. This policy is not applicable to BlueCHiP for Medicare members.

MEDICAL CRITERIA

Commercial Products

Orthognathic surgery is considered medically necessary when any of the following facial skeletal deformities are present:

1. **Anteroposterior discrepancies**:
    - Maxillary/mandibular incisor relationship: overjet of 5mm or more, or a 0 to a negative value (norm 2mm); **or**
    - Maxillary/mandibular anteroposterior molar relationship discrepancy of 4mm or more (norm 0 to 1mm). (These values represent two or more standard deviations from published norms.*)
2. **Vertical discrepancies**:
    - Presence of a vertical facial skeletal deformity that is two or more standard deviations from published norms for accepted skeletal landmarks; **or**
    - Open bite:
        - No vertical overlap of anterior teeth; **or**
        - Unilateral or bilateral posterior open bite greater than 2mm
    - Deep overbite with impingement or irritation of buccal or lingual soft tissues of the opposing arch; **or**
    - Supraeruption of a dentoalveolar segment due to lack of occlusion.
3. **Transverse discrepancies**:
    - Presence of a transverse skeletal discrepancy that is two or more standard deviations from published norms; **or**
    - Total bilateral maxillary palatal cusp to mandibular fossa discrepancy of 4mm or greater, or a unilateral discrepancy of 3mm or greater, given normal axial inclination of the posterior teeth.
4. **Asymmetries**:
    - Anteroposterior, transverse, or lateral asymmetries greater than 3mm with concomitant occlusal asymmetry.

* "Published norms" available from *Surgical Correction of Dentofacial Deformities* by Epker, Fish & Stella and *Contemporary Treatment of Dentofacial Deformity* by Proffit, Sarver & White.

Required Documentation

The following clinical documentation is required to determine medical necessity for orthognathic surgery:

- Photos for both frontal and profile smiling
- Presurgical frontal and lateral cephalograms
- Panoramic film

- Consultation letter (diagnostic/treatment plan)
- Prediction tracing using presurgical cephalogram

The required documentation (photos, cephalogram, panoramic film, consultation letter, prediction tracing) must be completed within six (6) months of submitting the case for review.

PRIOR AUTHORIZATION

BlueCHiP for Medicare
Not applicable

Commercial Products
Prior authorization is recommended for Commercial products and obtained via the online tool for participating providers. See the Related Policies section.

POLICY STATEMENT

BlueCHiP for Medicare
Orthognathic surgery is not covered for BlueCHiP for Medicare members as CMS considers these procedures to be dental and dental services are not covered.

Commercial Products
Orthognathic surgery is considered medically necessary when the severity of the skeletal deformity results in significant functional impairment and the deformity cannot be adequately treated through dental or orthodontic services alone when medical criteria are present.

An orthognathic case involves essentially four phases:

Phase 1: Pre-operative (Noncovered*)

This is a monitoring and work-up phase, which can last 1-3 years depending on the complexity of the case. The oral surgeon is monitoring the patient during orthodontic treatment/growth to determine the correct timing for the surgery.

Phase 2: Pre-operative Records/Stabilization (Noncovered*)

As the date for surgery gets closer, the surgeon must perform model surgery, tracings of the pre- and post-op results, and fabrication of the fixation devices that will stay in the patient's mouth for approximately 6-8 weeks after surgery. This is all accomplished outside of patient office visits.

Phase 3: Surgery (Covered with prior authorization)

The surgical procedure of jaw movement and fixation in the hospital setting is performed. The patient usually has a 3-5 day hospital stay. A 90-day post-operative period is included in this fee.

Phase 4: Post-op After 90 Days (Noncovered*)

The oral surgeon continues to monitor the patient for a period of 1-3 years following the surgical phase.

Under Blue Cross & Blue Shield of Rhode Island (BCBSRI) policy, the surgery (phase 3) with preauthorization is a covered benefit and reimbursed by Blue Cross medical coverage.

*The pre-operative phase (phase 1), pre-operative records/stabilization (phase 2), and post-op after 90-days (phase 4) are not covered benefits under the member's medical or BCBSRI dental plan. The services performed in phases 1, 2, and 4 are the member's responsibility. The fee for phases 1, 2, and 4 is determined by the oral surgeon prior to surgery and is dependent on the complexity of the case. It is the surgeon's responsibility to discuss the fee with the patient prior to surgery.

The following are considered contract exclusions when performed in conjunction with orthognathic surgery for the sole purpose of improving patient appearance:

- Rhinoplasty for nose reshaping
- Osteoplasty for facial bone reductions for cosmetic reasons
- Genioplasty to improve the appearance of the chin
- Rhytidectomy (face-lift)

COVERAGE

Benefits may vary between groups and/or contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Member Certificate for the applicable surgery benefits/coverage.

BACKGROUND

Orthognathic surgery refers to the surgical correction of abnormalities of the maxilla, mandible, or both. The underlying abnormality may be present at birth or may become evident as the patient grows and develops or may be the result of traumatic injuries, systemic conditions, or environmental influences. Surgery is generally performed when the severity of the skeletal deformity results in significant functional impairment and the deformity cannot be adequately treated through dental or orthodontic services alone. Examples of conditions that could require orthognathic surgery are mandibular prognathism, crossbite, open bite, overbite, underbite, mandibular deformity, and maxillary deformity. The goal of treatment is to improve function through correction of the underlying dentoskeletal deformity.

Correcting this dentoskeletal deformity through orthognathic surgery requires comprehensive preoperative planning and coordination with other dentists and dental specialists. An oral and maxillofacial surgeon or plastic and reconstructive surgeon performs the surgery itself. Due to its complexity, precision, and duration, it often requires two surgeons. The surgery involves cutting the maxilla (upper jaw) or mandible (lower jaw) or both. The bones are then realigned to achieve goals such as normalized occlusion, relief of pain, improved chewing, swallowing, and speech.

The American Association of Oral and Maxillofacial Surgeons (AAOMS) believes orthognathic surgery is supported by clinical evidence for specific conditions. These include the treatment of maxillary and/or mandibular facial skeletal deformities associated with masticatory maloccusion such as specific anteroposterior, vertical transverse discrepancies, and asymmetries.

Orthognathic surgery in the absence of significant physical functional impairment is considered cosmetic and not medically necessary.

Augmentation, such as implants, to reshape or enhance parts of the face is considered not medically necessary when performed in conjunction with orthognathic surgery for the sole purpose of improving patient appearance.

CODING

Commerical Products

The following codes are covered when medical criteria has been met:

21141 Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft
21142 Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
21143 Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
21145 Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
21146 Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)

21147 Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)
21150 Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome)
21151 Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
21154 Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
21155 Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
21159 Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I
21160 Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I
21188 Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21193 Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194 Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
21195 Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196 Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21198 Osteotomy, mandible, segmental
21199 Osteotomy, mandible, segmental; with genioglossus advancement
21206 Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard)
21208 Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209 Osteoplasty, facial bones; reduction

RELATED POLICIES

Preauthorization via Web-Based Tool for Procedures

PUBLISHED

Provider Update, April 2018
Provider Update, March 2017
Provider Update, March 2016
Provider Update, July 2015
Provider Update, January 2015
Provider Update, February 2014
Provider Update, March 2012
Provider Update, February 2009
Policy Update, October 2007

REFERENCES

1. Lucille Packard Children's Hospital at Stanford: Craniofacial Anomalies: Orthognathic (Maxillofacial) Facial Surgeryhttp://www.lpch.org/DiseaseHealthInfo/HealthLibrary/craniofacial/maxface.html
2. American Association of Oral and Maxillofacial Surgeons: *Coding for Orthognathic Surgery*. Retrieved on 4/16/2007 from hhttp://www.aaoms.org/docs/practice_mgmt/coding_papers/orthognathic_surgery.pdf
3.J Oral Maxillofacial Surg. 2003 Jun; 61 (6): 655-61. Wolford, LM, Reiche-Fischel O., Mehra P. Changes in temporomandibular joint dysfunction after orthognathic surgery. Retrieved on 4/30/2007 from http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12796870&dopt=

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