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
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 maxillar 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 malocclusion 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**

**Commercial 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)

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.
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, May 2019
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
This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.