Medical Coverage Policy

Orthognathic Surgery--PREAUTH

☐ Device/Equipment  ☐ Drug  ☐ Medical  ☒ Surgery  ☐ Test  ☐ Other

| Effective Date:  | 6/15/2007 | Policy Last Updated: | 01/18/2012 |

☒ Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

☐ Prospective review is not required.

Description:
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. 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 dento skeletal deformity.

Orthognathic Surgery is a complex, comprehensive surgical procedure performed by Oral and Maxillofacial Surgeons. It is essentially the process of cutting and realigning the maxilla (upper jaw) or the mandible (lower jaw) in order for a patient to occlude and speak normally. The surgery most often requires two surgeons, in that the movement and proper positioning of the segments is critical to the successful outcome of the procedure.

The American Association of Oral and Maxillofacial Surgeons (AAOMS) believe 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.
Medical Criteria:
Orthognathic surgery is considered **medically necessary for all product lines EXCEPT BlueCHiP for Medicare** 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:
- Study models (bite-wax registration)
- 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 (study models, photos, cephalogram, panoramic film, consultation letter, prediction tracing) must be completed within six (6) months of submitting the case for review.

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.

**Prior authorization is required.**

**Policy:**
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 any of the above 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 which 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 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 member 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.

Orthognathic surgery is **not covered for BlueCHiP for Medicare** members.

The following are considered a **contract exclusion** 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.

**Coding:**
Cosurgery for the primary procedure should be reported utilizing the -62 modifier.

**Related topics:**
Orthognathic Surgery
Temporomandibular Joint Dysfunction
Maxillofacial Surgery
Sleep Apnea
Malocclusion

**Published:**
*Policy Update*, October 2007
*Provider Update*, February 2009
Provider Update, March 2012

**References:**


Lucille Packard Children's Hospital at Stanford: Craniofacial Anomalies: Orthognathic (Maxillofacial) Facial Surgery


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