Subject: Orthognathic Surgery*

Effective Date: May 28, 1996

Department(s): Utilization Management

Policy: Orthognathic surgery is reimbursable under Plans administered by QualCare, Inc., when criteria in this policy are met.

Objective: To assure proper and consistent reimbursement and to delineate criteria of medical necessity of a specific category of surgery.

Procedure:

1. The following information must accompany all requests for orthognathic surgery:

   a. Medical history and physical examination documenting symptoms and physical findings related to deformity to be addressed by the proposed orthognathic procedure

   b. Description of functional impairment caused by the facial deformity to be addressed by the proposed orthognathic procedure, which must include at least one of the following:

      i. Persistent difficulties with mastication and swallowing (ICD-9 V41.6; ICD-10 R13.10)

      ii. Malnutrition, weight loss, or failure-to-thrive (ICD-9 783.41, 783.7; ICD-10 R62.51, R62.7)
iii. Speech dysfunction which a licensed speech-language pathologist attributes to the facial deformity (ICD-9 784.51; ICD-10 R47.1)

iv. Myofascial pain of face and/or jaws (ICD-9 729.1; ICD-10 M60.80) of at least six months’ duration unresponsive to less invasive measures

v. Airway obstruction in patients with BOTH of the following:
   a) polysomnogram-documented obstructive sleep apnea (ICD-9 327.23; ICD-10 G47.33) in patients who meet criteria for CPAP but are intolerant of or have failed a trial of CPAP
   b) failure of less invasive surgical intervention OR narrowed posterior airway space

vi. Temporomandibular joint (TMJ) dysfunction(ICD-9 524.60 – 524.69; ICD-10 M26.60, M26.69 ), when surgical management of TMJ dysfunction is covered under the specific SPD

c. Lateral and anterior-posterior cephalometric radiographs

d. Cephalometric tracings

e. Photographs, frontal and lateral, demonstrating the deformity to be addressed by the proposed orthognathic procedure

2. ONE of the following facial skeletal deformities must be present for orthognathic surgery to be covered (ICD-9 524.00-524.59, 526.89, 748.1, 754.0; ICD-10 M26.00-M26.07, M26.09, M27.8, Q30.8, Q30.9, Q67.0, Q67.1, Q67.4 ):

   a. Anteroposterior (A-P) discrepancies
i. Maxillary/mandibular overjet of \( \geq 5 \text{ mm} \) or \( \leq 0 \)

ii. Maxillary/mandibular A-P molar relationship of \( \geq 4 \text{ mm} \)

b. Vertical discrepancies

i. Vertical facial skeletal deformity \( \geq 2 \) standard deviations from published norms as documented in the letter of medical necessity

ii. Open bite with no vertical overlap of anterior teeth

iii. Deep overbite causing impingement or irritation of buccal or lingual soft tissue of the opposing arch

iv. Eruption-related dysfunction of a dentoalveolar segment not manageable with conventional prosthetics, due to absence of opposing occlusion

c. Transverse discrepancies

i. Transverse skeletal discrepancy \( \geq 2 \) standard deviations from published norms as documented in the letter of medical necessity

ii. Total bilateral maxillary palatal cusp-to-mandibular fossa discrepancy of \( \geq 4 \text{ mm} \) or unilateral discrepancy of \( \geq 3 \text{ mm} \)

d. Asymmetries

i. Anteroposterior, transverse, or lateral asymmetries \( \geq 3 \text{ mm} \) with concomitant occlusal asymmetry.

3. In the absence of one of the deformities listed in Paragraph 2 above, orthognathic surgery is reimbursable for patients with craniofacial skeletal deformities that contribute to obstructive sleep apnea or other airway dysfunction, when the obstructive sleep apnea or other dysfunction has not improved with non-surgical treatments including positive airway pressure and oral airway appliance therapy.
4. In the absence of one of the deformities listed in Paragraph 2 or Paragraph 3, orthognathic surgery is considered cosmetic and is not reimbursable.

5. Orthodontic treatments (HCPCS D8010 – D8999) required in conjunction with orthognathic surgery are not covered by medical plans administered by QualCare, Inc. The member should be referred to his/her dental plan to determine whether orthodontic treatments are covered by it.

6. **CPT and HCPCS codes** in the category of orthognathic surgery include but are not limited to:

   a. Interdental fixation device application (21110)
   b. Prosthetic mandibular augmentation (21125)
   c. Bone graft mandibular augmentation (21127)
   d. LeFort I midface reconstruction
      i. 21141
      ii. 21142
      iii. 21143
      iv. 21145
      v. 21146
      vi. 21147
   e. LeFort II midface reconstruction
      i. 21150
      ii. 21151
      iii. D7948
   f. LeFort III midface reconstruction
      i. 21154
      ii. 21155
      iii. D7948
   g. Mandibular reconstruction
      i. 21193
      ii. 21194
      iii. 21195
      iv. 21196
      v. 21247 (bone, cartilage autografts, including obtaining graft)
   h. Osteotomy
i. Mandible, segmental (21198)
ii. Maxilla, segmental (21206)

i. Osteoplasty, facial bones (D7940)
   i. Augmentation (21208)
   ii. Reduction (21209)

j. Bone graft (includes obtaining graft)
   i. Nasal, maxillary, or malar (21210)
   ii. Mandible (21215)

7. Computer-assisted technologies, including computerized tomography guided planning procedures and three-dimensional virtual treatment planning, are considered integral to the primary procedure when performed as part of orthognathic surgery.

8. Procedures such as rhinoplasty, genioplasty or rhytidectomy performed in conjunction with orthognathic surgery for the sole purpose of improving individual appearance and profile are not reimbursable because they are considered cosmetic in nature and not medically necessary.

9. All requests orthognathic surgery must be submitted for medical review.

References


Couch ME, Senior B. Nonsurgical and surgical treatments for sleep apnea. *Anesthesiol Clin N Amer* 2005;23(3):525-534 (Sep)

*Consistent with Summary Plan Description ( SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.