

BENEFIT COVERAGE POLICY

Title: BCP-36 Orthognathic Surgery

Effective Date: 04/01/2020



Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

- The terms of the applicable benefit document in effect on the date of service.
- Any applicable laws and regulations.
- Any relevant collateral source materials including coverage policies.
- The specific facts of the situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

Health Plan covers orthognathic surgery when medically necessary for correction of skeletal deformities of the maxilla or mandible if clinical criteria below have been met. All orthognathic procedures require prior approval for coverage.

For all non-network covered services to be paid at the network benefit level except for emergency/urgent services, prior approval is required.

Refer to member's benefit coverage document for specific benefit description, guidelines, coverage, and exclusions.

2.0 Background:

Orthognathic surgery is the revision by ostectomy, osteotomy or osteoplasty of the upper jaw (maxilla) and/or the lower jaw (mandible) intended to alter the relationship of the jaws and teeth. These surgical procedures are intended (i) to correct skeletal jaw and cranio-facial deformities that may be associated with significant functional impairment, and (ii) to reposition the jaws when conventional orthodontic therapy alone is unable to provide a satisfactory, functional dental occlusion within the limits of the available alveolar bone. Congenital or developmental defects can interfere with the normal development of the face and jaws. These birth defects may interfere with the ability to chew properly, and may also affect speech and swallowing. In addition, trauma to the face and jaws may create skeletal deformities that cause significant functional impairment. Functional deficits addressed by this type of surgery are those that affect the skeletal masticatory apparatus such that chewing, speaking and/or swallowing are impaired.

During the procedure, an oral and maxillofacial surgeon repositions the affected areas (mentum, mandible and/or maxilla) to approximate normal alignment and structure; sometimes adding, removing or reshaping bone. Synthetic prosthetic materials may be used along with surgical plates, screws, wires and rubber bands to hold the jaws into the new position. The most common surgical technique is known as the LeFort I (though there are variations of this technique that may be performed, depending on the exact indications for the surgery).

3.0 Clinical Determination Guidelines:

- A. Orthognathic surgery is considered medically necessary when documentation of the following criteria below is met:
1. Skeletal deformities are contributing to significant functional impairment (e.g., airway, difficult chewing or food avoidance); AND
 2. The severity of the deformities precludes adequate treatment through non-surgical treatment, such as dental therapeutics and orthodontics alone; AND
 3. A medical, as opposed to a dental, physiological functional impairment due to skeletal malformation or anomaly of the maxilla and/or mandible would be improved by orthognathic surgery; AND
 4. Documentation of the skeletal deformity either by computed tomography (CT), magnetic resonance imaging (MRI), or x-ray; AND
 5. Orthodontic treatment prior to request for orthognathic surgery:
 - a. A written explanation of the member's clinical course, including dates and nature of any previous treatment; AND
 - b. Physical evidence of a skeletal, facial, or craniofacial deformity defined by pre-orthodontic imaging.
- B. For a diagnosis of masticatory dysfunction or malocclusion, A. 1-5 above and criteria 1,2, and 3 below are met:
1. Completion of skeletal growth with long bone x-ray or serial cephalometrics showing no change in facial bone relationships over the last 3- to 6-month period (Class II malocclusions and individuals age 18 and over do not require this documentation); AND
 2. Documentation of malocclusion with either intra-oral casts (if applicable), bilateral lateral x-rays, cephalometric radiograph with measurements, panoramic radiograph or tomograms; AND
 3. ANY one of the following described in a, b, c or d is documented:
 - a. Anteroposterior discrepancies defined as either of the following:
 - i. Maxillary/Mandibular incisor relationship (established norm = 2 mm) defined as one of the following:
 - 1) Horizontal overjet of 5mm or more, or
 - 2) Horizontal overjet of zero to a negative value. (Note: Overjet up to 5mm may be treatable with routine orthodontic therapy); or
 - ii. Maxillary/Mandibular anteroposterior molar relationship discrepancy of 4mm or more (norm 0 to 1mm).
 - b. Vertical discrepancies defined as any of the following:
 - i. Presence of a vertical facial skeletal deformity which is two or more standard deviations from published norms for accepted skeletal landmarks; or

- ii. Open bite (defined as one of the following):
 - 1) No vertical overlap of anterior teeth; or
 - 2) Unilateral or bilateral posterior open bite greater than 2mm; or
 - iii. Deep overbite with impingement or irritation of buccal or lingual soft tissues of the opposing arch; or
 - iv. Supra-eruption of a dentoalveolar segment due to lack of occlusion.
- c. Transverse discrepancies defined as either of the following:
- i. Presence of a transverse skeletal discrepancy which is two or more standard deviations from published norms; or
 - ii. Total bilateral maxillary palatal cusp to mandibular fossa discrepancy of 4 mm or greater, or a unilateral discrepancy of 3 mm or greater, given normal axial inclination of the posterior teeth.
- d. Asymmetries defined as anteroposterior, transverse or lateral asymmetries greater than 3 mm with concomitant occlusal asymmetry.
- C. For a diagnosis of airway dysfunction, the following documentation is required in addition to A. 1-5 above:
- 1. Results of a sleep study demonstrating obstructive sleep apnea with an apnea-hypopnea index (AHI) greater than 20.
 - 2. Failed C-PAP trial of two (2) months when clinically appropriate.
- D. The following are not covered:
- 1. Mentoplasty or genial osteotomies/osteotomies (chin surgeries) are always considered cosmetic when performed as an isolated procedure to address genial hypoplasia, hypertrophy, or asymmetry, and may be considered cosmetic when performed with other surgical procedures.
 - 2. Orthognathic surgery for cosmetic correction of unaesthetic facial features, regardless of whether these are associated with psychological disorders.
 - 3. Orthognathic surgery for correction of articulation disorders and other impairments in the production of speech is considered experimental and investigational.
 - 4. Orthognathic surgery for correction of distortions within the sibilant sound class or for other distortions of speech quality (e.g., hyper- or hypo-nasal speech) is not medically necessary as these distortions do not cause functional impairment.

5. Orthognathic surgery for Myofascial Pain Dysfunction (MPD) and/or Temporomandibular Joint Syndrome (TMJ) is considered experimental and investigation as its effectiveness has not been established. Orthognathic surgery does not remove or improve a medical functional impairment for the following symptoms/conditions and is not covered:
 - a. Myofascial, neck, head, and shoulder pain.
 - b. Popping or clicking of temporomandibular joint(s).
 - c. Potential for development or exacerbation of TMJ dysfunction.
 - d. Teeth grinding.
6. Any malocclusion that is correctable by a non-surgical orthodontic or dental procedure.
7. Dental implants (including the implanted tooth and posts) for any orthognathic procedure.
8. Dental services related to the care, filling, removing or replacement of teeth and cleaning of teeth.
9. Surgical adjustment of facial balance or facial proportion in the absence of skeletal functional impairment.

4.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = EPO/PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only.

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Reference
21085	Impression and custom preparation; oral surgical splint	N	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	N	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
21142	... two pieces, segment movement in any direction, without bone graft	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
21143	... three or more pieces, segment movement in any direction, without bone graft	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
21145	... single piece, segment movement in any direction, requiring bone grafts (includes	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Reference
	obtaining autografts)		
21146	... two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
21147	... three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
21150	Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome)	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
21151	... any direction, requiring bone grafts (includes obtaining autografts)	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
21155	... with LeFort I	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
21160	... with LeFort I	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
21194	... with bone graft (includes obtaining graft)	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
21195	Reconstruction of mandibular rami and/ or body, sagittal split; without internal rigid fixation	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
21196	Reconstruction of mandibular rami and/ or body, sagittal split; with internal rigid	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Reference
	fixation		
21198	Osteotomy, mandible, segmental	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
21199	... with genioglossus advancement	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
21206	Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard)	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	N	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
21215	... mandible (includes obtaining graft)	N	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
21246	... complete	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
21299	Unlisted craniofacial and maxillofacial procedure	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures; Cosmetic, not medically necessary
41899	Unlisted procedure, dentoalveolar structures	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures; Cosmetic, not medically necessary
D7940	Osteoplasty – for orthognathic deformities	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures; Cosmetic, not medically necessary
D7941	Osteotomy – mandibular rami Cross reference 21193, 21195, 21196	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft Cross reference 21194	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
D7944	Osteotomy – segmented or subapical Cross reference 21198, 21206	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Reference
D7945	Osteotomy – body of mandible Cross reference 21193, 21194, 21195, 21196	Y	Benefits and Coverage; Orthognathic Therapy; or Reconstructive Procedures
D7946	LeFort I (maxilla-total) Cross reference 21147	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
D7947	LeFort I (maxilla-segmented) Cross reference 21145, 21146	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft Cross reference 21150	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
D7949	LeFort II or LeFort III – with bone graft	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or non-autogenous, by report Cross reference 21247	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures; Cosmetic, not medically necessary
D7995	Repair of maxillofacial soft and/or hard tissue defect Cross reference 21299	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures; Experimental/investigational/unproven
D7996	Implant-mandible for augmentation purposes (excluding alveolar ridge), by report Cross reference 21299	Y	Benefits and Coverage; Orthognathic Therapy; OR Reconstructive Procedures; Experimental/investigational/unproven

NON-COVERED CODES		
Code	Description	Benefit Plan Reference/Reason
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	Cosmetic, not medically necessary
21121	... sliding osteotomy, single piece	Cosmetic, not medically necessary
21122	... sliding osteotomies, two or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)	Cosmetic, not medically necessary
21123	... sliding augmentation with interpositional bone grafts (includes obtaining autografts)	Cosmetic, not medically necessary
21125	Augmentation, mandibular body or angle; prosthetic material	Cosmetic, not medically necessary
21127	... with bone graft, only or interpositional (includes obtaining autograft)	Cosmetic, not medically necessary

NON-COVERED CODES		
Code	Description	Benefit Plan Reference/Reason
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	Cosmetic, not medically necessary
21209	... reduction	Cosmetic, not medically necessary
21248	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial	What's Not Covered; specific exclusion
21249	... complete	What's Not Covered; specific exclusion
Z41.1	Encounter for cosmetic surgery	Cosmetic, not medically necessary

ICD-10 DIAGNOSIS CODES	
Code	Description
G47.33	Obstructive sleep apnea (adult) (pediatric)
M26.00 – M26.59 M26.70 – M26.9	Dentofacial anomalies and other disorders of jaw
Q35.1 – Q37.9	Cleft lip and cleft palate

5.0 Unique Configuration/Prior Approval/Coverage Details:

ASO Group L0000269 plans exclude some diagnoses (see SPD).

6.0 Terms & Definitions:

Alveolar or Alveolus – That portion of the upper and lower jaws that contain the teeth and form the dental arches.

Anomaly – Deviation from normal.

Apertgnathia – A type of malocclusion characterized by the premature occlusion of posterior teeth and the absence of anterior occlusion; sometimes referred to as open bite.

Class I occlusion – Exists with the teeth in a normal relationship when the mesial-buccal cusp of the maxillary first permanent molar coincides with the buccal groove of the mandibular first molar.

Class II malocclusion – Occurs when the mandibular teeth are distal or behind the normal relationship with the maxillary teeth. This can be due to a deficiency of the lower jaw or an excess of the upper jaw. May be referred to as a deep bite deformity because of the uncontrolled migration of the lower front teeth upwards. Commonly referred to as an overbite.

Class III malocclusion – Occurs when the lower dental arch is in front of the upper dental arch. People with this type of occlusion usually have a strong or protrusive chin, which can be due to either horizontal mandibular excess or horizontal maxillary deficiency. Commonly referred to as an under bite.

Dentoalveolar – relating to a tooth and the part of the alveolar bone that immediately surrounds it.

Genial – Pertaining to the chin.

Hyperplasia – An abnormal increase in cells in an organ or a tissue with consequent enlargement.

Myofascial pain – Pain involving the muscles of the head, neck, and upper back.

Mandible – Lower jaw.

Maxilla – Upper jaw.

Mentoplasty – Surgical alteration of the chin. Also called genioplasty.

Masticatory – Refers to masticatory muscles or chewing.

Maxillary hyperplasia – Overgrowth of the maxilla, or upper jaw, often presenting as excess vertical height of the maxilla.

Maxillary hypoplasia – An abnormally small or posteriorly positioned maxilla, or upper jaw, often accompanying cleft palate or other craniofacial syndromes.

Micrognathia – An abnormally small mandible or lower jaw.

Occlusion – The way the teeth bite or come together. Occlusions may be normal or abnormal (malocclusion) and are classified as Class I, Class II, or Class III.

Malocclusion – Any deviation from a physiologically acceptable relationship of the upper and lower teeth with each other.

Myofascial pain – Pain involving the muscles of the head, neck, and upper back.

Orthodontic – The dental specialty and practice of preventing and correcting irregularities of the teeth, such as the use of braces.

Orthognathic surgery – The surgical correction of skeletal anomalies or malformations involving the mandible or maxilla. The word orthognathic means “straight jaw”. The procedures are intended to achieve facial balance between the middle and lower thirds of the face in vertical, transverse, and horizontal dimensions.

- Surgical procedure includes osteotomy, ostectomy or osteoplasty with the provision of material to hold bones together such as plates, screws or wires.
- These malformations may be developmental or due to traumatic injuries to the facial bones.
- Condition cannot be improved with routine orthodontic therapy AND the functional impairment(s) are directly caused by the malocclusion-malformation.
- Usually preceded by orthodontic therapy to attempt to correct malocclusion by conservative therapy or in preparation for surgery.
- Usually orthodontic consultation may be needed to confirm that orthognathic surgery would be needed or that the functional impairment would be improved with orthodontic therapy alone.

Osteotomy – The incision, sectioning, or cutting of a bone, without removing any of its parts, for the purpose of repositioning it into a structurally correct location with itself and adjacent structures (bone cut).

- Linear osteotomy-relating to a line, or straight
- Sagittal osteotomy – relating to the median plane of the body or any plane parallel to it

Ostectomy – The excision, sectioning, or cutting of a bone for the purpose of removing a portion of the bone and repositioning it into a more structurally balanced relationship with itself and adjacent structures (bone removal).

Osteoplasty – A surgical procedure that is designed to change or modify the shape or configuration of a bone (bone graft).

Osteotomy – The incision, sectioning, or cutting of a bone, without removing any of its parts, for repositioning it into a structurally correct location with itself and adjacent structures (bone cut).

- Linear osteotomy-relating to a line, or straight.
- Sagittal osteotomy – relating to the median plane of the body or any plane parallel to it.

Prognathia – An abnormally large mandible or lower jaw.

Retrognathia – A posteriorly positioned mandible, or lower jaw. Most common problem for which orthognathic surgery is performed (sometimes referred to as over bite).

Skeletal/ facial anomalies – Are referenced as spatial (refers to space) planes: horizontal, vertical, transverse or a combination.

Transverse discrepancies – Involve midline deviations, asymmetric posterior tooth positions, asymmetric archforms and diverging occlusal planes.

7.0 References, Citations & Resources:

1. MCG™ Ambulatory Care 23rd Edition, Mandibular Osteotomy ACG: A-0247, 02/11/2019.
2. MCG™ Ambulatory Care 23rd Edition, Maxillomandibular Osteotomy and Advancement ACG: A-0248, 02/11/2019.

8.0 Associated Documents [For internal use only]:

Standard Operating Procedure (SOP) – MM-03 Benefit Determinations; MM-25 Transition/Continuity of Care; MM-55 Peer-to-Peer Conversations; SOP 007 Algorithm for Use of Criteria for Benefit Determinations.

Sample Letter – TCS Approval Letter; Clinically Reviewed Exclusion Letter; Partial Coverage, Partial Non-Coverage Letter; Specific Exclusion Denial Letter.

Form – Request Form: Out of Network/ Prior Authorization.

9.0 Revision History

Original Effective Date: 06/14/2006

Next Review Date: 04/01/2021

Revision Date	Reason for Revision
May 2017	Annual review – converted from Medical Policy 004 to Benefit Coverage Policy format, CPT codes added, Non-covered codes moved to Covered with prior approval
November 2017	Code status changes per Gap Analysis, reviewed by BCC
12/18	Annual review, approved by BCC (12/13/18) and QIMRM (12/12/18) with no changes in criteria or codes, references updated.
10/19	Annual review; references updated, definitions added, approved by BCC and QI/MRM.