



## Orthognathic Surgery Clinical Coverage Criteria

### Overview

Orthognathic surgery is the surgical correction of abnormalities of the mandible, maxilla, or both. The underlying abnormality may be present at birth, may become evident as the member grows and develops, or may be the result of traumatic injuries. The severity of these deformities precludes adequate treatment through dental treatment alone. The primary goal of orthognathic surgery is to improve function through correction of the underlying skeletal deformity.

### Policy

This Policy applies to the following Fallon Health products:

- Commercial
- Medicare Advantage
- MassHealth ACO
- NaviCare
- PACE

Fallon Health follows guidance from the Centers for Medicare and Medicaid Services (CMS) for organization (coverage) determinations for Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and guidance in the Medicare manuals are the basis for coverage determinations. When there is no NCD, LCD, LCA or manual guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations.

Medicare does not have an NCD for orthognathic surgery. National Government Services, Inc. does not have an LCD or LCA for orthognathic surgery (MCD search 06-29-2021). There is related Medicare Benefit Policy Manual guidance:

- Medicare Benefit Policy Manual, Chapter 1 - Inpatient Hospital Services, Section 70 - Inpatient Services in Connection with Dental Services
- Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, Section 100 – Surgical Dressings, Splints, Casts and Other Devices Used for Reductions of Fractures and Dislocations
- Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services, Section 150 - Dental Services
- Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, Section 150.1 - Treatment of Temporomandibular Syndrome
- Medicare Benefit Policy Manual, Chapter 16 – General Exclusions from Coverage, Section 140 - Dental Services Exclusion

For plan members enrolled in NaviCare and PACE plans, Fallon Health follows Medicare guidance for coverage determinations. In the event that there is no Medicare guidance or if the plan member does not meet medical necessity criteria in Medicare guidance, Fallon Health will follow guidance published by MassHealth. When there is no Medicare or MassHealth guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations for NaviCare members. Each PACE plan member is assigned to an Interdisciplinary Team. When there is no Medicare or MassHealth guidance, the member's Interdisciplinary Team is responsible for coverage determinations.

Prior authorization is required.

Fallon Health considers orthognathic surgery medically necessary for the following conditions when the criteria listed below are met:

1. Skeletal deformities contribute to significant masticatory dysfunction, and where the severity of the deformities precludes adequate treatment through dental therapeutics and orthodontics. The classification and analysis of dentofacial skeletal deformities is complex and involves discrepancies in all planes of space. Common examples are congenital anomalies such as cleft lip and palate; apertognathia, lateral or anterior not correctable by orthodontics alone; significant asymmetry of the lower jaw; or significant class II and class III occlusal discrepancies. MassHealth considers orthognathic surgery medically necessary for acquired masticatory dysfunction related to cysts and tumors of the jaws.
2. Speech impairments accompanying severe cleft deformity. Orthognathic surgery may help to reduce the flattening of the face that is characteristic of severe cleft deformity. Osteotomy techniques along with bone and cartilage grafts can reposition and surgically reconstruct the upper and lower jaws and facial skeletal framework.
3. Where it is documented that mandibular and maxillary deformities are contributing to airway dysfunction, where such dysfunction is not amenable to non-surgical treatments, and where it is shown that orthognathic surgery will decrease airway resistance and improve breathing.
4. Correction of Temporomandibular Joint (TMJ) disorders and temporomandibular disease (TMD) medically necessary for surgical intervention for internal derangement only. Surgery is not indicated for asymptomatic or minimally symptomatic patients. Surgery also is not indicated for preventive reasons in patients without pain and with satisfactory function. The precise etiology of TMJ disease, disorders, dysfunctions and TMD (intracapsular or extracapsular) has not yet been identified; these conditions are believed to be the result of either "macro" or "micro" trauma affecting the joint and/or the associated facial musculature. Specialized radiological studies such as cephalometric x-rays, tomograms, and submental vertex radiographs are considered medically necessary when evaluating persons with TMD for surgical considerations.

Criteria for orthognathic surgery based on "*Parameters of Care: AAOMS Clinical Practice Guidelines for Oral and Maxillofacial Surgery, Sixth Edition 2017*":

I. Maxillary and/or Mandibular Facial Skeletal Deformities Associated with Masticatory Malocclusion

When skeletal deformities are contributing to significant dysfunction and preclude adequate treatment through dental therapeutics and orthodontics alone.

1. Anteroposterior discrepancies. The established norm is 2 millimeters (mm) and the values referenced below represent two or more standard deviations (SDs) from published norms.
  - a. Maxillary/mandibular incisor relationship with horizontal overjet of + 5 mm or horizontal overjet of zero to a negative value.
  - b. Maxillary/mandibular anteroposterior molar relationship discrepancy of 4 mm or more (norm 0 - 1 mm).
  - c. These values represent two or more SDs from published norms.
2. Vertical discrepancies
  - a. Presence of a vertical facial skeletal deformity, which is two or more SDs from published norms for accepted skeletal landmarks.
  - b. Open bite with no vertical overlap of anterior teeth or a unilateral or bilateral posterior open bite greater than 2 mm.
  - c. Deep overbite with impingement or irritation of buccal or lingual soft tissues of the opposing arch (palatal soft tissues).
  - d. Supraeruption of a dentoalveolar segment due to lack of opposing occlusion.
3. Transverse discrepancies

- a. 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.
- b. Presence of a transverse skeletal discrepancy which is two or more SDs from published norms.
- 4. Asymmetries. Anteroposterior, transverse or lateral asymmetries greater than 3 mm with concomitant occlusal asymmetry.
- 5. Functional impairments
  - a. Failure to thrive secondary to facial skeletal deformity.
  - b. Persistent difficulty with both swallowing and mastication after metabolic and neurological causes are excluded.

## II. Osteotomy Surgery of the Jaws Secondary to Congenital Anomalies

Orthognathic surgery is considered medically necessary for correction of structural abnormalities of the maxilla and mandible secondary to congenital anomalies, as described below:

1. Mid-face anomalies from embryogenesis and anatomic location in the nasal cavity, nasofrontal region, nasolacrimal apparatus, and craniofacial syndrome.
2. Mandibular intraoral vertical ramus osteotomy, bilateral sagittal split ramus osteotomy, mandibular osteotomy for congenital micrognathia resulting in respiratory obstruction (i.e. Pierre Robin syndrome.)
3. Maxillary deficiency associated with clefts.

### **Maxilla Osteotomy Procedures**

Osteotomy of maxilla with or without graft covers the entire maxillary surgical procedure for the correction of a maxillary skeletal malocclusion. MassHealth covers the "LeFort Procedures" and any sectioning, advancement, retrusion, elevation, or other movement of the maxilla and its fixation. These procedures are mutually exclusive; that is, only one of these procedures can be used for a specific surgery. These procedures include a bilateral inferior turbinectomy, and/or septoplasty, if necessary.

### **Mandibular Osteotomy Procedures**

Osteotomy of mandible with or without graft covers the entire mandibular surgical procedure for the correction of a mandibular skeletal malocclusion. This procedure includes, but is not limited to, a bilateral sagittal or oblique osteotomy, any necessary myotomies, necessary osteotomies of the inferior border of the mandible, coronoidotomies, and any sectioning, advancement, retrusion, elevation, or other movement of the mandible and its fixation. A genioplasty procedure is included in this procedure only if it is done as a part of a larger orthognathic surgical procedure. A genioplasty procedure is a covered service only if it is done for functional reasons. These procedures are mutually exclusive, that is, only one of these procedures can be billed for a specific surgery.

## III. Facial Skeletal Discrepancies Associated with Documented Temporomandibular Joint Pathology

Orthognathic surgery for the treatment of temporomandibular disease disorders and dysfunctions is considered medically necessary only when the disorder is caused by or results in a specific medical condition. Examples of specific medical conditions include but are not limited to myofascial pain secondary to skeletal deformity and non-surgical treatment related to disorders and dysfunctions, such as jaw fractures and/or dislocations; rheumatoid, degenerative, or infectious arthritis; condylar atrophy; condylar hyperplasia or hypoplasia; condylar osteolysis; internal derangement; mandibular dislocation; neoplasia; and ankyloses.

In cases where such a medical condition (disorders and dysfunctions) is not present, the provider may submit additional supporting evidence to demonstrate that the requested service is medically necessary. Prior authorization requests for orthognathic surgery for the treatment of temporomandibular disease disorders and dysfunctions must be accompanied by a comprehensive treatment plan that includes all of the following:

1. Member history and documentation as to why non-surgical treatment was not an acceptable treatment option or, if already performed, did not achieve adequate results. The appropriate choice of care is specific to each patient based on the type and degree of the patient's disorder and management such as medication (e.g., NSAIDs), orthotic appliance and/or physical therapy.
2. The submission of transcranial films in the open, closed, and rest position or the submission of MRI studies with pathology documented by a radiologist.
3. A plan of care for continued treatment for example, if follow-up care beyond the included thirty (30) days is required, number of visits, etc.
4. A documented second opinion from a provider without professional financial relationship with the surgeon requesting prior authorization. The second opinion must also confirm that non-surgical treatment either is not an acceptable treatment option or, if already performed, did not achieve adequate results.

#### IV. Obstructive Sleep Apnea

Orthognathic surgery for Obstructive Sleep Apnea (OSA) Type I obstruction (soft palate), Type II obstruction (oropharynx/ hypopharynx, palate) and Type III obstruction (hypopharynx, base of the tongue), airway defects, and soft tissue discrepancies is considered medically necessary with underlying craniofacial mandibular and/or maxillary skeletal deformities contributing to airway dysfunction.

Surgical intervention studies for OSA procedures are limited with insufficient evidence to determine their relative effectiveness. MassHealth covers correction of OSA when all of the following criteria are met:

1. A pre-surgical physical evaluation was performed supporting the need for orthognathic surgery.
2. There is clinical evidence that the member did not respond to or cannot tolerate nasal continuous positive airway pressure (NCPAP).
3. A full polysomnogram was performed with documented results confirming a diagnosis of OSA and the need for surgical treatment.
4. For members with OSA type I obstruction (soft palate), there is clinical documentation that uvulopalatopharyngoplasty (UPPP) treatment was unsuccessful.
5. A fiber optic pharyngoscopy has been performed and cephalometric radiographs with tracing have been taken confirming clinical significant OSA type II obstruction (oropharynx/ hypopharynx, palate) and/or type III obstruction (hypopharynx, base of the tongue).

Orthognathic surgery is not considered medically necessary when:

1. Criteria for orthognathic surgeries as described above are not met.
2. Orthognathic surgery where structural abnormalities exist.
3. Orthognathic surgery performed primarily for cosmetic purposes.
4. Orthognathic surgery performed to reshape or enhance unaesthetic facial features, regardless of whether such features are associated with psychological disorders. Mentoplasty or genial osteotomies/ostectomies (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.
5. Orthognathic surgical correction of distortions within the sibilant sound class or for other distortions of speech quality (i.e., hyper-nasal or hypo-nasal speech) without evidence of functional impairment.

### Exclusions

- Procedures for the purposes of dentures or dental implants.
- Procedures to treat malocclusions which can be treated by standard dental care or orthodontics.

## Coding

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

Code	Description
21076	Impression and custom preparation; surgical obturator prosthesis
21079	Impression and custom preparation; interim obturator prosthesis
21080	Impression and custom preparation; definitive obturator prosthesis
21081	Impression and custom preparation; mandibular resection prosthesis
21082	Impression and custom preparation; palatal augmentation prosthesis
21083	Impression and custom preparation; palatal lift prosthesis
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, 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) (eg, ungrafted unilateral alveolar cleft)
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, 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
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 (eg, Wassmund or Schuchard)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	Graft, bone; mandible (includes obtaining graft)
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21270	Malar augmentation, prosthetic material
21275	Secondary revision of orbitocraniofacial reconstruction
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach
21299	Unlisted craniofacial and maxillofacial procedure
42226	Lengthening of palate, and pharyngeal flap
42227	Lengthening of palate, with island flap
42235	Repair of anterior palate, including vomer flap
42280	Maxillary impression for palatal prosthesis
42281	Insertion of pin-retained palatal prosthesis

## References

1. MassHealth Guidelines for Medical Necessity Determination for Orthognathic Surgery. Effective October 16, 2019. Available at: [https://www.mass.gov/files/documents/2018/10/16/mg-orthognathicsurgery\\_0.pdf](https://www.mass.gov/files/documents/2018/10/16/mg-orthognathicsurgery_0.pdf). Accessed May 26, 2020.
2. American Association of Oral and Maxillofacial Surgeons Parameters of Care: AAOMS Clinical Practice Guidelines for Oral and Maxillofacial Surgery (AAOMS ParCare) Sixth Edition 2017. Available at: [https://www.aaoms.org/images/uploads/pdfs/parcare\\_assessment.pdf](https://www.aaoms.org/images/uploads/pdfs/parcare_assessment.pdf). Accessed May 26, 2020.
3. American Association of Oral and Maxillofacial Surgeons. Clinical Paper. Criteria for Orthognathic Surgery. Available at: [https://www.aaoms.org/docs/practice\\_resources/clinical\\_resources/ortho\\_criteria.pdf](https://www.aaoms.org/docs/practice_resources/clinical_resources/ortho_criteria.pdf). Accessed May 26, 2020.

## Policy history

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*06/25/2021 (Added clarifying language related to Medicare Advantage, NaviCare and PACE under policy section.*

*Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans.*