

Department of Origin: Integrated Healthcare Services	Effective Date: 10/06/22
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 06/07/22
Clinical Policy Document Orthognathic Surgery	Replaces Effective Clinical Policy Dated: 06/07/22
Reference #: MC/B002	Page: 1 of 5

PURPOSE:

The intent of this clinical policy is to ensure services are medically necessary.

Please refer to the member’s benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member’s benefit plan or certificate of coverage, the terms of the member’s benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

This clinical policy does not apply for orthognathic surgery related to congenital *cleft lip and/or cleft palate* for group health plans that are subject to Minnesota State Statute 62A.042

GUIDELINES:

Medical Necessity Criteria - Must satisfy any of the following: I - V

- I. Requests for orthognathic surgery related to cleft lip and/or cleft palate are allowed without further review.
- II. Requests for orthognathic surgery for diagnosis of sleep apnea, see medical policy Obstructive Sleep Apnea, Surgical Treatment in Adults (MC/C011).
- III. Requests for orthognathic surgery for all other indications – Must satisfy all of the following: A - C
 - A. Member has a facial skeletal deformity abnormality in at least one of the three standard spatial reference planes as evidenced by any of the following: 1 - 4
 1. Anteroposterior discrepancies – 2 or more standard deviations (SDs) from the norm; defined as any of the following: a or b
 - a. Maxillary or mandibular incisor relationship: overjet of 5mm or more, or a value less than or equal to 0 (norm 2 mm); or
 - b. Maxillary or mandibular anteroposterior molar relationship discrepancy of 4mm or more (norm 0-1mm).
 2. Vertical discrepancies – must satisfy any of the following: a - d
 - a. Presence of a vertical facial skeletal deformity which is 2 or more SDs from published norms for acceptable skeletal landmarks; or
 - b. Open bite defined as one of the following: 1) or 2)
 - 1) No vertical overlap of anterior teeth; or
 - 2) Unilateral or bilateral posterior open bite greater than 2mm.
 - c. Deep overbite with impingement or irritation of buccal or lingual soft tissues of the opposing arch; or
 - d. Supraeruption of a dentoalveolar segment due to lack of opposing occlusion.
 3. Transverse discrepancies must satisfy any of the following: a or b
 - a. Presence of a transverse skeletal discrepancy which is 2 or more SDs from published norms; or

Department of Origin: Integrated Healthcare Services	Effective Date: 10/06/22
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 06/07/22
Clinical Policy Document Orthognathic Surgery	Replaces Effective Clinical Policy Dated: 06/07/22
Reference #: MC/B002	Page: 2 of 5

- b. 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 as evidenced by anteroposterior, transverse, or lateral asymmetries greater than 3mm with concomitant occlusal asymmetry.
- B. Member has a significant *functional defect/physical impairment* not correctable through dental therapeutics and orthodontics alone – must satisfy any of the following: 1 - 4
 1. Dysphagia – must satisfy all of the following: a - c
 - a. Symptoms related to difficulty chewing such as choking due to incomplete mastication, or difficulty swallowing chewed solid food or reliance on liquid food; and
 - b. Symptoms documented in the medical or dental record and persisting for at least 12 months; and
 - c. Other causes of swallowing or choking problems have been ruled out by history, physician exam and appropriate diagnostic studies including but not limited to allergies, neurologic or metabolic disease, or hypothyroidism.
 2. Documented malnutrition, significant weight loss, or failure-to-thrive secondary to facial abnormality; or
 3. Speech abnormalities determined by a multidisciplinary team (eg, speech pathologist or therapist along with a cleft palate or craniofacial specialist) to be due to the malocclusions and not alleviated by speech therapy or orthodontia; or
 4. Masticatory dysfunction or malocclusion as documented by both of the following: a and b
 - a. Completion of skeletal growth as evidenced by serial cephalometrics showing no change in facial bone relationships over the last three to six-month period (Class II occlusions and individuals greater than or equal to 18 years of age do not require this documentation); and
 - b. Documentation of malocclusion with either intra-oral casts (if applicable) bilateral, lateral x-rays, cephalometric radiograph with measurements, panoramic radiographs or tomograms.
- C. Required documentation – must satisfy the following: 1, or all of 2 - 6
 1. A completed Orthognathic Surgery Authorization form; or
 2. Medical history and physical examination with reference to symptoms related to the *orthognathic* deformity; and
 3. Description of specific anatomic deformity present; and
 4. Lateral cephalometric radiographs; if request is for skeletal asymmetries (criteria II.D.), anterior-posterior cephalometric radiographs are also required; and
 5. Copy of medical records from oral-maxillofacial surgeon documenting evaluation, diagnosis and previous management of the functional medical impairment(s); and
 6. Diagnostic quality (clear) photographs that demonstrate the dental occlusion.

Department of Origin: Integrated Healthcare Services	Effective Date: 10/06/22
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 06/07/22
Clinical Policy Document Orthognathic Surgery	Replaces Effective Clinical Policy Dated: 06/07/22
Reference #: MC/B002	Page: 3 of 5

EXCLUSIONS (not limited to):

Refer to member's Certificate of Coverage or Summary Plan Description.

DEFINITIONS:

Activities of Daily Living (ADL):

Activities related to personal self-care and independent living, which include eating, bathing, dressing, transferring, walking/mobility, and toileting/continence

Apertognathia:

A type of malocclusion characterized by the premature occlusion of posterior teeth and the absence of anterior occlusion. Also called open bite.

Functional Defect/ Physical Impairment:

A functional defect or physical/physiological impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing activities of daily living.

Occlusion Classes:

- Class I – most common; normal bite, upper teeth slightly overlap lower teeth.
- Class II (retrognathism, overbite) – severe overlapping of the upper jaw and teeth to the bottom jaw and teeth.
- Class III (prognathism, underbite) – protrusion of the lower jaw; leads to the lower jaw and teeth overlapping the upper jaw and teeth.

Orthognathic Surgery:

Surgical manipulation of the elements of the facial skeleton to restore the proper anatomic and functional relationship in patients with dentofacial skeletal anomalies.

Prognathia:

Pertaining to a forward relationship of the jaws to the head (anterior to the skull); denoting a protrusive lower face.

Retrognathia

A condition in which either or both jaws recede with respect to the frontal plane of the forehead.

Department of Origin: Integrated Healthcare Services	Effective Date: 10/06/22
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 06/07/22
Clinical Policy Document Orthognathic Surgery	Replaces Effective Clinical Policy Dated: 06/07/22
Reference #: MC/B002	Page: 4 of 5

Prior Authorization: No

Form: Orthognathic Surgery Authorization Form

CODING:

CPT® or HCPCS

- 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 (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)
- 21146 Reconstruction midface, LeFort I: 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)
- 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
- 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, requiring bone grafts (includes obtaining autografts); without LeFort I
- 21160 Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement, 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 Schuard)
- 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)
- 21247 Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts)
- D7940 Osteoplasty – for orthognathic deformities
- D7941 Osteotomy- mandibular rami
- D7943 Osteotomy - mandibular rami with bone graft; includes obtaining the graft
- D7944 Osteotomy – segmental or subapical

Department of Origin: Integrated Healthcare Services	Effective Date: 10/06/22
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 06/07/22
Clinical Policy Document Orthognathic Surgery	Replaces Effective Clinical Policy Dated: 06/07/22
Reference #: MC/B002	Page: 5 of 5

D7945 Osteotomy, body of mandible
D7946 LeFort I (maxilla, total)
D7947 LeFort I (maxilla, segmented)
D7948 LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) without bone graft
D7949 LeFort II or LeFort III – with bone graft
D7950 Osseous, osteoperiosteal, or cartilage of the mandible or maxilla – autogenous or nonautogenous, by report
D7995 Synthetic graft-mandible or facial bones, by report
D7996 Implant-mandible for augmentation purposes (excluding alveolar ridge), by report

CPT codes copyright 2022 American Medical Association. All Rights Reserved. CPT is a trademark of the AMA. The AMA assumes no liability for the data contained herein.

REFERENCES:

1. Integrated Healthcare Services Process Manual UR015 Use of Medical Policy and Criteria
2. Clinical Policy: MP/C009 Coverage Determination Guidelines
3. Clinical Policy: MC/C007 Obstructive Sleep Apnea, Surgical Treatment in Adults
4. Minnesota Statute 62A.042 Family Coverage; Coverage of Newborn Infants
5. Minnesota Statute 62A.043 Dental and Podiatric Coverage
6. American Association of Oral and Maxillofacial Surgeons (AAOMS). Criteria for Orthognathic Surgery. 2020. Retrieved from <https://www.aaoms.org/practice-resources/aaoms-advocacy-and-position-statements/clinical-resources>. Accessed 03-18-22.

DOCUMENT HISTORY:

Created Date: 02/97
Reviewed Date: 03/28/06, 05/22/07, 06/24/08, 04/19/10, 03/21/13, 03/21/14, 03/20/15, 03/18/16, 03/17/17, 03/16/18, 03/15/19, 03/03/20, 03/03/21, 03/03/22
Revised Date: 01/25/05/, 05/19/09, 04/07/11, 03/23/12, 10/22/12, 03/04/13, 04/29/15, 03/30/17, 03/12/20, 10/06/22

Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. *We* do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We will:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If *you* need these services, contact *us* at the phone number shown on the inside cover of this *COC*, *your* id card, or aspirushealthplan.com.

If *you* believe that *we* have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, *you* can file a grievance with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1062
Minneapolis, MN 55440
Phone: 1. 866.631.5404 (TTY: 1.866.631.8597)
Fax: 763.847.4010
Email: customerservice@aspirushealthplan.com

You can file a grievance in person or by mail, fax, or email. If *you* need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help *you*.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 1.866.631.8597).

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية 1.866.631.5404 (رقم هاتف الصم والبك : 1.866.631.8597) متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف
Arabic

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.866.631.5404 (ATS : 1.866.631.8597).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 1.866.631.8597).

Hindi: _यान द_ : य_द आप िहंदी बोलते ह_ तो आपके िलए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_। 1-800-332-650 (TTY: 1.866.631.8597) पर कॉल कर_।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 1.866.631.8597).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 1.866.631.8597) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 1.866.631.8597).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 1.866.631.8597).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 1.866.631.8597).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 1.866.631.8597).

Traditional Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.866.631.5404 (TTY : 1.866.631.8597)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 1.866.631.8597).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 1.866.631.8597).

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1.866.631.5404 (TTY: 1.866.631.8597).