

n05630

## Orthognathic Surgery

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### *Values*

Accountability • Integrity • Service Excellence • Innovation • Collaboration

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#### **Abstract Purpose:**

Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC's (NHP/NHIC/NHAS/NH TPA) Utilization Management (UM) department, applies review guidelines for determinations involving medical necessity for when it is appropriate to utilize orthognathic surgery services. This policy provides guidance for approving these procedures for NHP/NHIC/NHAS/NH TPA. Orthognathic surgery may be contractually excluded for some plans. Please refer to the individual's coverage document for details. The coverage document takes precedence over clinical policy and must be considered first in determining coverage eligibility.

#### **Policy Detail:**

Refer to the appropriate Certificate of Coverage, Evidence of Coverage, Summary Plan Description, or Individual and Family Plan to determine eligibility and coverage because Employer Group/Plan Sponsor and government contracts may vary. NHIC follows Medicare's National/Local (Wisconsin area) Coverage Determinations for its Medicare Advantage membership.

#### **Procedure Detail:**

- I. Description
  - A. Orthognathic surgery is the surgical correction of abnormalities of the mandible, maxilla, or both. The underlying abnormality may be congenital (present from birth), may become evident as an individual grows and develops, or may be the result of a traumatic injury. These deformities contribute to significant masticatory dysfunction and/or functional impairments. In addition, the severity of these deformities does not allow adequate treatment from dental and/or orthodontic treatment alone. Decisions regarding the most appropriate care is complex and judgment should be made by considering each individual's clinical situation and medical history. This policy defines the medical necessity indications that Network Health will follow to approve or deny orthognathic surgical procedures for individuals with documented significant physical functional impairment.
- II. Medical Indications/Criteria
  - A. Network Health considers orthognathic surgery medically necessary for the correction of skeletal deformities of the maxilla and/or mandible associated with:

1. injury or trauma involving the oral cavity that require surgical intervention or treatment to restore normal body function, **OR**
2. for the correction of a congenital deformity that is identified at birth that is required to achieve normal body function and is not performed only to improve appearance (e.g. cleft lip or palate); **OR**
3. acquired anomalies following medically necessary surgical procedure(s) involving the maxilla and/or mandible (such as the removal of cysts or tumors) when orthognathic surgery is required as part of the reconstruction process to restore masticatory function.

B. Network Health considers orthognathic surgery medically necessary for the correction of the following skeletal deformities of the maxilla or mandible when clinical documentation supports these skeletal deformities are the cause of significant dysfunction that is of a severity that adequate treatment cannot be obtained through dental therapies and orthodontics alone, when the criteria under both A and B have been met:

1. One or more of the following maxillary or mandibular facial skeletal deformities associated with masticatory malocclusion:

1. Anteroposterior discrepancies (norm = 2 mm), following any necessary pre-surgical dental therapy and orthodontia, demonstrating two or more standard deviations from published norms with one of the following:
  - i) Maxillary/mandibular incisor relationship demonstrating a horizontal overjet of greater than or equal to 5 mm or a 0 to negative value; **OR**
  - ii) Maxillary/mandibular anteroposterior molar relationship discrepancy (norm = 0 to 1 mm) of greater than or equal to 4 mm
2. Vertical discrepancies, following any necessary pre-surgical dental therapy and orthodontia, with one of the following:
  - i) The 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 with one of the following:
    - a) No vertical overlap of the anterior teeth; **OR**
    - b) Unilateral or bilateral posterior open bit greater than 2 mm; **OR**
    - c) Deep overbite with impingement or irritation of buccal or lingual of tissues of the opposing arch; **OR**
    - d) Supraeruption of a dentoalveolar segment due to lack of occlusion
3. Transverse discrepancies, following any necessary pre-surgical dental therapy and orthodontia, with one of the following:
  - i) 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 greater than or equal to 4 mm, or a unilateral discrepancy of greater than or equal to 3 mm, with normal axial inclination of the posterior teeth.
4. Anteroposterior, transfers, or lateral asymmetries, following any necessary pre-surgical dental therapy and orthodontia, greater than 3 mm with a concomitant occlusal asymmetry.

A. Clinical documentation supports one or more of the following functional impairments, following any necessary pre-surgical dental therapy and orthodontia, as a direct result of the skeletal facial deformity:

- 1) Persistent difficulties with chewing and swallowing (after neurological and metabolic reasons are ruled out) that have been evaluated by a speech language pathologist/therapist
- 2) Repeated damage to the soft tissues of the mouth during the mastication process
- 3) Malnutrition, failure to thrive and/or significant weight loss (defined as 10 pounds or at least 5% of your normal body weight over 6 months without attempts to lose weight) noted secondary to the skeletal facial deformity
- 4) Documentation by a Speech Language Pathologist (SLP) supporting facial skeletal deformity is the cause of a speech impairment
- 5) Persistent pain as a direct result of the skeletal facial deformity that has persisted for at least one year despite conservative treatment including but not limited to:
  - i) Diet modification (e.g. a “soft chew” diet)
  - ii) Nonsteroidal anti-inflammatory medications (unless medically contraindicated)
  - iii) Occlusal splint
  - iv) Physical therapy

### III. Coverage

- A. NHP/NHIC/NHAS/NH TPA may extend coverage for orthognathic surgery procedures as medically necessary for the indications as noted in this policy.
- B. NHIC follows CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) for application to its Medicare Advantage membership.
- C. NHP/NHAS/NH TPA utilizes MCG Ambulatory Care Guidelines for coverage determinations for medical necessity determinations regarding orthognathic surgery for the treatment of obstructive sleep apnea.

### IV. Limitations/Exclusions

- A. Network Health considers orthognathic surgery not medically necessary for the indications noted above when the criteria as described are not met.
- B. Orthognathic surgery for impairments related to the production of speech involving muscular coordination is considered not medically necessary.
- C. Network Health considered orthognathic surgery for the correction of unaesthetic facial features (regardless of association with a psychological disorder) to be cosmetic in nature and not medically necessary.
- D. Expenses associated with orthodontic treatment phases of care, including pre-and/or post-surgical, are considered dental in nature and not covered under the medical plans offered by Network Health.
- E. Orthognathic surgery may be contractually excluded. Please refer to the individual’s coverage document for details. The coverage document takes precedence over clinical policy and must be considered first in determining coverage eligibility.

- V. Orthognathic surgery for the correction of temporomandibular joint disease or myofascial pain dysfunction is considered experimental/investigational based on a lack of evidence found in the medical literature to support the effectiveness for this indication.

### VI. References

- A. AAOMS Recommended Criteria for Orthognathic Surgery (2023) at [https://aaoms.org/wp-content/uploads/2024/04/ortho\\_criteria.pdf](https://aaoms.org/wp-content/uploads/2024/04/ortho_criteria.pdf)
- B. AAOMS (2024) Statement by the American Association of Oral and Maxillofacial Surgeons Concerning the Management of Selected Clinical Conditions and Associated Clinical Procedures. Temporomandibular Disorders

- at [https://aaoms.org/wp-content/uploads/2024/07/tmd\\_disorders.pdf](https://aaoms.org/wp-content/uploads/2024/07/tmd_disorders.pdf)
- C. Dolwick MF, Widmer CG. Orthognathic surgery as a treatment for temporomandibular disorders. Oral Maxillofacial Surg Clin North Am. 2018;30(3):303-323
  - D. “What Medicare Doesn’t Cover” section under the Medicare Dental Coverage overview at <https://www.cms.gov/medicare/coverage/dental>
  - E. Jung H-D, Kim S Y, Park H-S, Jung Y-S Orthognathic surgery and temporomandibular joint symptoms Jung et al. Maxillofacial Plastic and Reconstructive Surgery (2015) Dec; 37(1):14 DOI 10.1186/s40902-015- 0014-4
  - F. Kloukos D, Fudalej P, Sequeira-Byron P, Katsaros C. Maxillary distraction osteogenesis versus orthognathic surgery for cleft lip and palate patients. Cochrane Database Syst Rev. 2016;9:CD010403
  - G. MCG Ambulatory Care Guidelines 30<sup>th</sup> Edition, Mandibular Osteotomy
  - H. MCG Ambulatory Care Guidelines 30<sup>th</sup> Edition, Temporomandibular Joint Arthorplasty A-0523
  - I. MCG Ambulatory Care Guidelines 30<sup>th</sup> Edition, Temporomandibular Joint Modified Conyotomy
  - J. Posnick JC, Adachie A, Choi E. Segmental maxillary osteotomies in conjunction with bimaxillary orthognathic surgery: Indications - safety - outcome. J Oral Maxillofac Surg. 2016;74(7):1422-1440
  - K. Verhelst, Pieter-Jan & Van der Cruyssen, Frederic & Laat, Antoon & Jacobs, Reinhilde & Politis, Constantinus. (2019). The Biomechanical Effect of the Sagittal Split Ramus Osteotomy on the Temporomandibular Joint: Current Perspectives on the Remodeling Spectrum. Frontiers in Physiology. 10. 10.3389/fphys.2019.01021.
  - L. Medicare Benefit Policy Manual (Pub 100-2), Ch 15, Covered Medical and Other Health Services, Section 150-Dental Services; @ <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>
  - M. Medicare Benefit Policy Manual Chapter 16 General Exclusions from Coverage, Section 140 – Dental Services Exclusion @ <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c16.pdf>

CPT Codes \*

\*List may not be all inclusive. CPT/HCPCS codes are subject to change as codes are retired and new codes are developed.

21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (e.g., wedgeexcision 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, (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 (e.g., Treacher-Collins Syndrome)
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 (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), 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 grafts (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
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)
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	Arthroplasty, temporomandibular joint, with allograft
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)
*CPT codes are subject to change as codes are retired or new ones developed	

### Regulatory Citations:

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### Disclaimer:

Contract language as well as state and federal laws take precedence over any medical policy. Network Health coverage documents (i.e. Certificate of Coverage, Evidence of Coverage, Summary Plan Descriptions) outline contractual terms of the applicable benefit plan for each line of business and will be considered first in determining eligibility. Not all Network Health coverage documents are the same. Coverage may differ. Our Medicare membership follows applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). Please refer to the CMS website at [www.cms.gov](http://www.cms.gov).

Network Health reserves the right to review and update our medical policies on occasion as medical technologies are constantly evolving. The documentation of any brand name of a test, product and/or procedure in a medical policy is in no way an endorsement of that product; it is for reference only.

Network Health's medical policies are for guidance and not intended to prevent the judgment of the reviewing medical director(s) nor dictate to health care providers how to practice medicine.

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<b>Department of Ownership:</b> Utilization Management		<b>Revision Number:</b> 8
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04/21/2022 - annual review, minor grammar updates, references updated (Medical Policy Committee approved 4/21/22) Approved by Medical Policy Committee on 04/21/2022. 06/15/2023-annual review, clarification made: articulation removed and replaced with production of speech involving muscular coordination, minor grammar updated, references updated. Approved at Medical Policy Committee on 06/15/2023.  
4/18/24- annual review, minor grammar updates, references updated, CPT/HCPCS codes reviewed.  
11/13/2024- updates made to coverage indications to align with current medical recommendations and industry standards, references updated, CPT/HCPCS reviewed and updated. Approved at Utilization Management Committee on 12/12/2024.  
04/17/2025 annual review, minor grammatical updates, references updated.  
06/18/2026 annual review, minor grammatical and formatting updates, references updated