

Clinical Review Criteria Related to Orthognathic Surgery

I. Procedure:

Orthognathic surgery is medically necessary for correction of skeletal deformities of the maxilla or mandible when it is documented that these skeletal deformities are contributing to significant masticatory dysfunction, and where the severity of the deformities precludes adequate treatment through dental therapeutics and orthodontics.

II. Criteria for Approval

A. Both of the following must be met:

1. Any one of the following facial skeletal deformities is present:

a. Anteroposterior discrepancies

- Maxillary/mandibular incisor relationship: overjet of 5 mm or more, or a zero to a negative value (norm = 2 mm).
- Maxillary/mandibular anteroposterior molar relationship discrepancy of 4 mm or more (norm = 0-1 mm).

b. Vertical discrepancies:

- Presence of a vertical facial skeletal deformity which is two or more standard deviations from published norms for accepted skeletal landmarks.
- Open bite with no vertical overlap of anterior teeth greater than 2 mm or unilateral or bilateral posterior open bite greater than 2 mm.
- Deep overbite with impingement of palatal soft tissue.
- Supraeruption of a dentoalveolar segment due to lack of opposing occlusion creating dysfunction not amenable to conventions prosthetics.

c. Transverse discrepancies:

- Presence of a transverse skeletal discrepancy which is two or more standard deviations from published norms.
- 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:

- Anteroposterior, transverse or lateral asymmetries greater than 3 mm, with concomitant occlusal asymmetry.
2. Any one of the following functional impairments if present:
- a. Persistent difficulties with mastication and swallowing after causes such as neurological or metabolic diseases have been excluded.
 - b. Malnutrition, significant weight loss, or failure to thrive secondary to facial skeletal deformity.
 - c. Myofascial pain secondary to facial skeletal deformity that has persisted for at least six months, despite conservative treatment such as physical therapy and splints.
 - d. Airway obstruction, such as obstructive sleep apnea, when documented by polysomnogram where conservative treatment such as continuous positive airway pressure (CPAP) or an oral appliance has been attempted and failed, despite patient compliance.
 - e. Speech dysfunction directly related to jaw deformity as determined by a speech and language pathologist

III. Required Documentation

- A. Medical history and physical examination with reference to symptoms related to the orthognathic deformity.
- B. Description of specific anatomic deformity present.
- C. Copy of medical records from treating physician documenting evaluation, diagnosis and previous management of the functional medical impairments.
- D. Physical evidence of a skeletal, facial or craniofacial deformity defined by diagnostic imaging and photos.
- E. Detailed description of the functional impairment considered to be the direct results of the skeletal abnormality.

IV. What is Not Covered

- A. Expenses associated with orthodontics.

- B. Surgical procedures such as rhinoplasty, genioplasty or rhytidectomy performed in conjunction with orthognathic surgery for the sole purpose of improving patient appearance and profile, because they are considered cosmetic in nature and not medically necessary.
- C. The use of condylar positioning devices in orthognathic surgery experimental/investigational because their effectiveness in orthognathic surgery has not been established.
- D. Surgery for torus mandibularis and torus palatinus for fabrication of partial or full dentures.

CPT Codes:

- 21110 Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
- 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, LeFort1; single piece, segment movement in any direction (e.g., for long face syndrome)
- 21142 Reconstruction midface, LeFort1; two pieces, segment movement in any direction, without bone graft
- 21143 Reconstruction midface, LeFort1; three or more pieces, segment movement in any direction without bone graft
- 21145 Reconstruction midface, LeFort1; single piece, segment in any direction, requiring bone grafts (includes obtaining autografts)
- 21146 Reconstruction midface, LeFort I; two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)
- 21147 Reconstruction midface, LeFort I; three 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)
- 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 (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 mandible rami; horizontal, vertical, C, or L osteotomy; without bone graft

- 21194 Reconstruction of mandible 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
- 21206 Osteotomy, maxilla, segmental (e.g., 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)
- 21247 Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia)

REFERENCES:

NCQA Standard, UM 2, Clinical Criteria for Utilization Management Decisions, Element A

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