ORTHOGNATHIC SURGERY

Description: Orthognathic surgery is performed to widen, lengthen or shorten the bones in the upper jaw (maxilla) or lower jaw (mandible) in order to correct significant facial skeletal deformities. These deformities may be present at birth, may become evident as the individual grows and develops or may be the result of traumatic injury, tumors or neoplasms.

Surgery is performed when the severity of the deformity results in significant functional impairment and the deformity cannot be adequately treated through dental or orthodontic services alone. Examples of orthognathic surgical procedures include: sagittal split osteotomy and LeFort I, II, and III osteotomies.

Policy: I. Orthognathic surgery may be considered MEDICALLY NECESSARY when the following criteria are met:
   A. Abnormalities in the mandibular and/or maxillary facial skeletal structure in at least one of the three standard spatial reference planes (horizontal, vertical, and/or transverse). The abnormalities must meet one or more of the following:
      1. Anteroposterior discrepancies
         a. Maxillary/mandibular incisor relationship: overjet of 5 millimeter (mm) or more, or a 0 to a negative value (norm 2 mm),
         b. Maxillary/mandibular anteroposterior molar relationship discrepancy of 4 mm or more (norm 0 to 1 mm).
         c. These values represent two or more standard deviations from published norms.
      2. Vertical discrepancies
         a. Presence of a vertical facial skeletal deformity which is two or more standard deviations from published norms for accepted skeletal landmarks
         b. Open Bite
- No vertical overlap of anterior teeth
- 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
d. Supraeruption of a dentoalveolar segment due to lack of occlusion.

3. Transverse discrepancies
   a. Presence of a transverse skeletal discrepancy which is two or more standard deviations from published norms.
   b. 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.

4. Anteroposterior, transverse or lateral asymmetries greater than 3 mm with concomitant occlusal asymmetry.

AND

B. The abnormality is due to one or more of the following:
   1. Congenital defects (e.g., cleft palate, micrognathia); OR
   2. Defects that develop during growth and maturation; OR
   3. Infection; OR
   4. Tumors or neoplasms; OR
   5. Trauma

AND

C. The patient exhibits one or more of the following:
   1. Difficulty with swallowing or chewing
      a. Symptoms must be documented in the medical record and must persist for at least four (4) months; AND
      b. Other causes of swallowing, choking or chewing problems have been ruled out through physical exam and/or appropriate diagnostic study including but not limited to allergies, neurologic or metabolic disease, or hypothyroidism.
   2. Speech abnormalities determined by a multidisciplinary team (e.g., 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.
   3. Obstructive sleep apnea that has been evaluated and documented; and is not treatable or is unresponsive after appropriate medical management has been attempted. *(Refer to the medical Treatment of Obstructive Sleep Apnea and Snoring in Adults, IV-07, for treatments that may be considered medically necessary in the management of OSA).*
   4. Temporomandibular disorder (TMD) not responsive to nonsurgical treatments including those that mimic the effects of occlusal alteration such as removable intra-oral devices, orthotics, or splints. *(Refer to the medical policy on Treatment for Temporomandibular Disorder (TMD), II-07, for treatments that may be considered medically*
II. Certain procedures performed in conjunction with orthognathic surgery are considered **COSMETIC**. Those procedures include, but are not limited to:

1. Rhinoplasty
2. Genioplasty/mentoplasty
3. Rhytidectomy

**Documentation Submission:**
Documentation supporting the medical necessity criteria described in the policy must be included in the prior authorization including documentation of the abnormality in mandibular and/or maxillary facial skeletal structure. Cephalometric images and good quality photographic images may be required along with history and physical examination findings.

**Coverage:**
Dental services associated with orthognathic surgery (e.g., orthodontics) are generally not covered under the medical benefit.

Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member’s summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

**Coding:**
*The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

**CPT:**
21120 Genioplasty; augmentation (autograft, allograft, prosthetic
material)
21121 Genioplasty; sliding osteotomy, single piece
21122 Genioplasty; sliding osteotomies, 2 or more osteotomies (e.g., 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 (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)
21151 Reconstruction midface, LeFort II; any direction, requiring 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 Schuchard)
21208 Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209 Osteoplasty, facial bones; reduction :
Policy History: Developed August 11, 2004

Most recent history:
Revised November 10, 2010
Reviewed November 9, 2011
Reviewed/Updated, no policy statement changes November 14, 2012
Reviewed November 13, 2013
Reviewed/Updated, no policy statement changes October 8, 2014

Cross Reference:
Treatment of Obstructive Sleep Apnea and Snoring in Adults, IV-07
Treatment for Temporomandibular Disorder (TMD), II-07
Rhinoplasty, IV-73

Current Procedural Terminology (CPT®) is copyright 2013 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

Copyright 2014 Blue Cross Blue Shield of Minnesota.