**Subject:** Orthognathic Surgery

**Effective Date:** 4/1/2016

**Review Date:** 8/1/2017

**DESCRIPTION**

Orthognathic surgery is an open surgical procedure that corrects anomalies or malformations of the lower jaw or the upper jaw. Anomalies may be present at birth or become more distinct as the person develops or may be the result of traumatic injuries or neoplasms.

The America Association of Oral and Maxillofacial Surgeons classify occlusion/malocclusion into the following three categories:

Class I: Exists with the teeth in a normal relationship when the mesial-buccal cusp of the maxillary first permanent molar coincides with the buccal groove of the mandibular first molar

Class II: Malocclusion occurs when the mandibular teeth are distal or behind the normal relationship with the maxillary teeth. This can be due to a deficiency of the lower jaw or an excess of the upper jaw, and therefore, presents two types: (1) Division 1 is when the mandibular arch is behind the upper jaw with a consequential protrusion of the upper front teeth. (2) Division II exists when the mandibular teeth are behind the upper teeth, with a retraction of the maxillary front teeth. Both of these malocclusions have a tendency toward deep bite because of the uncontrolled migration of the lower front teeth upwards.

Class III: This malocclusion exists when the lower dental arch is in front of (mesial to) the upper dental arch. People with this type of occlusion usually have a protrusive chin, which can be due to either horizontal mandibular excess or horizontal maxillary deficiency. This is commonly referred to as an underbite.

This policy does not address orthognathic surgery for TMJ or to correct obstructive sleep apnea. Please refer to MCG guideline A-0247 or A-0248 as indicated.

**INDICATIONS FOR NURSE APPROVAL**

The OSU Health Plan considers orthognathic surgery medically necessary for correction of the following skeletal deformities of the maxilla or mandible when it is documented that these skeletal deformities are contributing to significant dysfunction, and where the severity of the deformities precludes adequate treatment through dental therapeutics and orthodontics alone:

1) Significant facial skeletal deformities, maxillary and/or mandibular facial skeletal deformities associated with masticatory malocclusion:
   a) Anteroposterior discrepancies (established norm is 2 mm)
      i) Maxillary/Mandibular incisor relationship:
         (1) Horizontal overjet of 5 mm or more.
         (2) Horizontal overjet of zero to a negative value.
ii) Maxillary/Mandibular anteroposterior molar relationship discrepancy of 4 mm or more (norm 0 to 1 mm).

iii) Note: These values represent two or more standard deviations from published norms.

b) Vertical discrepancies
i) Presence of a vertical facial skeletal deformity which two or more standard deviations from published norms for accepted skeletal landmarks

ii) Open Bite
  (1) No vertical overlap of anterior teeth.
  (2) Unilateral or bilateral posterior open bite greater than 2 mm.

iii) Deep overbite with impingement or irritation of buccal or lingual soft tissues of the opposing arch.

iv) Supraeruption of a dentoalveolar segment due to lack of occlusion.

c) Transverse Discrepancies
i) Presence of a transverse skeletal discrepancy, which is two or more standard deviations from published norms.

ii) 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
i) Anteroposterior, transverse or lateral asymmetries greater than 3 mm with concomitant occlusal asymmetry.

The following documentation should be provided for review: a written explanation of the member's clinical course, including dates and nature of any previous treatment; physical evidence of a skeletal, facial or craniofacial deformity defined by study models and pre-orthodontic imaging; and a detailed description of the functional impairment considered to be the direct result of the skeletal abnormality.

PHYSICIAN DISCUSSION POINTS

Coverage is not allowed when the defect or deformity has no adverse impact on nutritional intake, speech, vision or other necessary medical physiologic function and the primary purpose is to improve the appearance of the face or to improve dental function. Documentation is required to demonstrate that a medical physiological functional impairment is present and is being addressed. (See “Indications”.) In the absence of such documentation, the procedure may be denied as not medically necessary.

REASONS FOR PHYSICIAN REVIEWER DENIAL

1. No documentation of a defect or deformity of the facial and/or jaw bones per the indications for approval.
2. No documentation of a medical physiological functional impairment present and being addressed.
3. No documentation of acquired conditions including local trauma, infection, neoplasm, inflammatory processes or vascular insufficiency which result in destruction or deformity of the affected bone(s).
4. No documentation of a defect or deformity which has an adverse impact on nutritional intake, speech, vision or other necessary medical physiologic function.
5. Documentation that the primary purpose is to improve the appearance of the face or to improve dental function

EXCLUSIONS
Orthognathic Surgery Policy
Expenses associated with the orthodontic phase of care (both pre- and post-surgical) are considered dental in nature and are not covered under OSU Health Plan’s medical benefits.

### RELATED CPT/HCPC CODES

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21195  Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196  with internal rigid fixation
21198  Osteotomy, mandible, segmental;
21199  with genioglossus advancement
21206  Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard)
21208  Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209  reduction
21210  Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215  mandible (includes obtaining graft)
21230  Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235  ear cartilage, autogenous, to nose or ear (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
21247  Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia)
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 (e.g., for treatment of benign masseteric hypertrophy); extraoral approach
21296  intraoral approach
42200 - 42281  Repair of palate

REFERENCES AND ATTACHMENTS