



**Missouri Care**

*'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona*

*Children's Medical Services Health Plan (CMS Health Plan)*

*Staywell of Florida*

*WellCare (Alabama, Arizona, Arkansas, California, Connecticut, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maine, Michigan, Mississippi, Missouri, Nebraska, New Hampshire, New Jersey, New York, North Carolina, Ohio, South Carolina, Tennessee, Texas, Washington)*

*WellCare Heritage Health*

*WellCare TexanPlus*

*WellCare Prescription Insurance*

**Orthognathic Surgery**

**Policy Number: HS-087**

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3/10/2020**

**APPLICATION STATEMENT**

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

**DISCLAIMER**

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then "Tools" and "Clinical Guidelines".

**BACKGROUND**

Orthognathic surgery is the surgical correction of abnormalities of the mandible, maxilla, or both. The underlying abnormality may be present at birth or may become evident as the patient grows and develops or may be the result of traumatic injuries. The severity of these deformities precludes adequate treatment through dental treatment alone. Such skeletal abnormalities may cause difficulties with eating or chewing, abnormal speech patterns, or dysfunction of the temporomandibular joint (TMJ). The overall goal of treatment is to improve function through Clinical Coverage Guideline

correction of the underlying skeletal deformity.

Abnormalities generally occur as a result of a differential in growth between the upper facial skeleton and the lower facial skeleton, resulting in a discrepancy of the normal relationship that exists between the upper jaw (maxilla) and lower jaw (mandible). Genetic predisposition and acquired causes can influence the normal growth of the facial skeleton from syndromes such as Apert and Crouzon or from facial clefts. Traumatic events can displace the normal structural elements or may disturb future normal growth. Other etiologies that can result in significant dentofacial anomalies include neoplasms, surgical resection and iatrogenic radiation. Developmental anomalies however are the most common condition. All of these deformities may result in diminished bite forces, restricted mandibular excursions, abnormal chewing patterns, speech deficits, malocclusions and/or abnormal facial appearance. There is a relationship between facial skeletal abnormalities and malocclusions, including Class II (disto-occlusion), Class III (mesio-occlusion) and open-bite (teeth do not meet) deformities.

*The American Association of Oral and Maxillofacial Surgeons (AAOMS) classification of occlusion/malocclusion*

**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 occurring when the mandibular teeth are behind the normal relationship with the maxillary teeth. This can be due to a deficiency of the lower jaw (*Type 1*) or an excess of the upper jaw (*Type 2*).

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

#### *Surgical Procedures*

In orthognathic surgery, an osteotomy is made in the affected jaw, and the bones are repositioned in a more normal alignment. The bones are held in position with plates, screws and/or wires. Intermaxillary fixation, a procedure in which arch bars are placed on both jaws, may also be needed to provide added stability. Simultaneous osteotomies may be performed when deformities must be corrected in both jaws. Grafts from the ribs, hip or skull may be performed for patients with deficient bone tissue; alloplastic bone replacement may also be required. Orthognathic surgery is generally performed under general anesthesia on an inpatient basis. Although sometimes performed for cosmetic purposes, orthognathic surgery is generally considered to be medically necessary when performed to treat a significant abnormality that is causing considerable functional impairment.

### **POSITION STATEMENT**

#### **Applicable To:**

- Medicaid (excluding KY)
- Children's Medical Services Health Plan (CHIP)
- Medicare

#### **Exclusions**

Orthognathic surgery **is NOT medically necessary and NOT a covered benefit** for the sole purpose of improving individual appearance of the member, regardless of whether they are associated with psychological disorders, because they are considered cosmetic in nature.

#### **Coverage**

Orthognathic surgery **is considered medically necessary and a covered benefit** if the member meets criteria for skeletal deformity **AND** functional impairment, listed below.

1. Presence of **ANY** of the following skeletal deformities (associated with masticatory malocclusion):

- **Anteroposterior Discrepancies**
  - Maxillary/mandibular incisor relationship: overjet of >5 mm, or a zero to negative value (norm = 2 mm)
  - Maxillary/mandibular anteroposterior molar relationship discrepancy of >4 mm (norm = 0-1 mm)
- **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 or unilateral or bilateral posterior open bite greater than 2 mm
  - Deep overbite with impingement of palatal soft tissue
  - Supraeruption of a dentoalveolar segment resulting from lack of occlusion when dentition in segment is intact
- **Transverse Discrepancies**
  - Presence of a transverse skeletal discrepancy which is two or more standard deviations from published norms
  - Total bilateral 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
- **Asymmetries**
  - Anteroposterior, transverse or lateral asymmetries greater than 3 mm, with concomitant occlusal asymmetry

**AND;**

2. Presence of **ANY** of the following functional impairments:

- Persistent difficulties with mastication and swallowing after causes such as neurological or metabolic diseases have been excluded
- Malnutrition, significant weight loss, or failure-to-thrive secondary to facial skeletal deformity
- Speech dysfunction directly related to a jaw deformity as determined by a speech and language pathologist
- Myofascial pain secondary to facial skeletal deformity that has persisted for at least six months, despite conservative treatment such as physical therapy and splints
- Airway obstruction, such as obstructive sleep apnea, documented by polysomnogram, when BOTH of the following criteria are met:
  - Criteria for positive airway pressure (PAP) met and individual has proved intolerant to or failed a trial of PAP
  - Individual has failed prior less invasive surgical procedures OR has craniofacial skeletal abnormalities that are associated with a narrowed posterior airway space and tongue-base obstruction

If orthognathic surgery is found to be medically necessary the following clinical documentation is **REQUIRED** to support to decision:

- Medical history and physical examination with reference to symptoms related to the orthognathic deformity
- Description of specific anatomic deformity present
- Lateral and anterior-posterior cephalometric radiographs
- Cephalometric tracings
- Copy of medical records from treating physician documenting evaluation, diagnosis and previous management of the functional medical impairment(s)
- Diagnostic quality photographs that fully demonstrate the dental occlusion

Molds may also be requested depending on the individual circumstances of the case

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## CODING

### Covered 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; prosthetic; with bone graft, onlay or interpositional includes obtaining autograft)
- 21141** Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
- 21142** Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft
- 21143** Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, without bone graft
- 21145** Reconstruction midface, LeFort I; 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 (eg, 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
- 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 Schuchard)
- 21208** Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
- 21209** Osteoplasty, facial bones; reduction
- 21210** Graft, bone; nasal, maxillary or malar areas (include obtaining graft)
- 21215** Graft, bone; mandible (includes obtaining graft)
- 21244** Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)
- 21245** Reconstruction of mandible or maxilla, superiosteal implant; partial
- 21246** Reconstruction of mandible or maxilla, superiosteal implant; complete
- 21247** Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia)
- 21248** Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
- 21249** Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete

### Covered HCPCS Level II® Codes

- D7940** Osteoplasty, for orthognathic deformities,
- D7941** Osteotomy, mandibular rami
- D7943** Osteotomy, mandibular rami with bone graft; includes obtaining the graft
- D7944** Osteotomy, segmented or subapical
- 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 graft of the mandible or maxilla, autogenous or non-autogenous, by report  
**D7995** Synthetic graft, mandible or facial bones, by report

### ICD-10-CM Diagnosis Codes

- M26.00 - M26.09** Unspecified anomaly of jaw size (M26.00)  
**M26.10 - M26.19** Unspecified anomaly of jaw-cranial base relationship (M26.10)  
**M26.20** unspecified anomaly of Dental Arch Relationship  
**M26.21 - M26.219** Malocclusion, Angle's Class  
**M26.220 - M26.29** Open anterior occlusal relationship (M26.220)  
**M26.30 - M26.39** Unspecified anomaly of Tooth Position of Fully Erupted Tooth or Teeth (M26.30)  
**M26.4** Malocclusion, Unspecified  
**M26.50 - M26.59** Dentofacial functional abnormalities, unspecified (M26.50)

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

### REFERENCES

- Criteria for orthognathic surgery. American Association of Oral and Maxillofacial Surgeons Web site. [https://www.aaoms.org/docs/practice\\_resources/clinical\\_resources/ortho\\_criteria.pdf](https://www.aaoms.org/docs/practice_resources/clinical_resources/ortho_criteria.pdf). Published 2017. Accessed February 10, 2020.
- American Dental Association CDT-2017 Code on dental procedures and nomenclature. Delta Dental website. [https://www.deltadentalco.com/uploadedFiles/ProviderFeeSchedules/DDCO\\_Par\\_Provider\\_Documents/CDT%202017\\_Code%20on%20Dental%20Proc\\_Nomenclature%20online.pdf](https://www.deltadentalco.com/uploadedFiles/ProviderFeeSchedules/DDCO_Par_Provider_Documents/CDT%202017_Code%20on%20Dental%20Proc_Nomenclature%20online.pdf). Published 01/01/2017. Accessed February 10, 2020.

### MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date	Action
3/10/2020, 2/7/2019, 2/1/2018, 3/2/2017, 3/3/2016, 3/5/2015, 3/6/2014, 3/7/2013, 3/1/2012, 12/1/2011, 3/31/2011	<ul style="list-style-type: none"> <li>Approved by MPC. No changes.</li> <li>New template design approved by MPC.</li> <li>Approved by MPC.</li> </ul>