
Medical Policy



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Joint Medical Policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and is therefore subject to change.

***Current Policy Effective Date: 9/1/24**
(See policy history boxes for previous effective dates)

Title: Orthognathic Surgery

Description/Background

Orthognathic surgery is the surgical correction of skeletal anomalies or malformations involving the jaws, facial skeleton and associated soft tissues. These abnormalities may be caused by genetic, environmental, developmental, functional and/or pathologic aberrations apparent at birth or manifested in subsequent growth and development or acquired through trauma, neoplastic processes and degenerative diseases.

The principal goal of surgical correction of these skeletal deformities in this policy is restoration and/or improvement in function. The surgical procedures considered under this policy involve repositioning the facial bones including the jaw to correct documented functional problems. Generally, the bones are secured in their new positions with plates, screws and/or wires.

Distraction osteogenesis (DO) is a surgical technique for treating maxillofacial deformities in which new bone formation is induced by gradual separation of bony segments by means of an appliance in conjunction with an osteotomy. While it is apparent that DO has enormous potential for correction of maxillofacial problems, especially some of the major craniofacial syndromes, no extensive long-term data exists to document its precise role in more routine maxillofacial deformities. The indications considered under this policy for DO involves the basal bone (other than the palate) of the jaw only and are limited to conditions in which this technique may be uniquely able to produce significant improvement over more traditional therapy.

Autogenous and alloplastic grafts of bone are considered adjunctive procedures associated with orthognathic surgery. Orthognathic surgery is usually performed under general anesthesia as an inpatient procedure, although some limited and adjunctive procedures may be done on an outpatient basis.

Regulatory Status

N/A

Medical Policy Statement

The safety and effectiveness of orthognathic surgery have been established. This is a therapeutic option for the correction of severe functional deformities of the jaws, facial skeleton and/or associated soft tissues when specific criteria are met.

Orthognathic surgery done for the initial or prophylactic treatment of temporomandibular disorders (TMD), would be considered investigational/experimental when temporomandibular disorder or myofascial muscle dysfunction is defined as the primary diagnosis. There is insufficient scientific evidence to determine if jaw or occlusal repositioning helps or prevents TMD symptomatology.

Note: Refer to the “Obstructive Sleep Apnea and Snoring – Surgical Treatment” policy for orthognathic surgery criteria when obstructive sleep apnea is the primary diagnosis.

Inclusionary and Exclusionary Guidelines

Inclusions:

Note: Temporomandibular Disorders (TMD) and Myofascial Muscle Dysfunction (MMD) may be a secondary diagnosis for a patient requiring orthognathic surgery.

Basic Criteria (must meet ALL):

- Reports of cephalometric studies documenting developmental skeletal discrepancies of the maxilla and mandible that cannot be corrected by non-surgical procedures. Cephalometric and other radiographic studies should demonstrate severe deviations from the norm sufficient to preclude other than surgical correction.
- The abnormality involves the jaws, facial skeleton and/or associated soft tissues.
- The abnormality is a result of genetic, environmental, developmental, functional and/or pathologic apparent at birth or manifested in subsequent growth and development or acquired through trauma, neoplastic processes and/or degenerative diseases.

Supporting Criteria (must meet ONE):

- Inability to masticate (chew effectively)
- A diagnosis of obstructive sleep apnea verified with a sleep study and board certified sleep medicine physician referral with failure of conservative treatment (e.g., continuous positive airway pressure [CPAP], oral appliance)
- A deformity that prevents the patient to close the lips while in repose (lip incompetency)
- A deformity that impacts the patient’s speech
- A deformity in which surgical intervention would provide improved functional status

Exclusions:

- Orthognathic surgery as an initial or prophylactic treatment when temporomandibular disorder or myofascial muscle dysfunction is defined as the primary diagnosis
- Orthognathic surgery for any indication not meeting the above criteria
- Genioplasty (or anterior mandibular osteotomy) not associated with masticatory malocclusion or obstructive sleep apnea.

Policy Guidelines

Oral Surgery Splints for Orthognathic Surgery (PC 21085)

The oral surgical splints are devices that are inserted in the mouth to assist in final positioning of the jaws at the time of the orthognathic surgical procedure and may be left in to promote proper healing. The PC 21085 includes any and all splints constructed, all materials and models utilized. For the oral surgical splint(s) to be a covered benefit the impression(s) and custom preparation of the splint **MUST** be completed prior to the date of the orthognathic surgery procedure.

Oral surgical splints are considered incidental to the orthognathic surgical procedure when fabricated during the same operative procedure and are not a separately payable benefit. Oral surgical splints are not a payable benefit when a virtual planning service (VPS) and the billing for the VPS services are through the facility. If the provider has paid the VSP services or laboratory, then the provider must include documentation for reimbursement when submitting the claim for payment.

CPT/HCPCS Level II Codes *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure.)*

Established codes:

21085	21120	21121	21122	21123	21125
21127	21141	21142	21143	21145	21146
21147	21150	21151	21154	21155	21159
21160	21188	21193	21194	21195	21196
21198	21199	21206	21208	21209	21210
21215	21230	21235	21240	21242	21243
21244	21245	21246	21247	21255	21270
21275	21295	21296			

Other codes (investigational, not medically necessary, etc.):

N/A

Note: The above code(s) may not be covered by all contracts or certificates. Please consult customer or provider inquiry resources at BCBSM or BCN to verify coverage.

Rationale

Evidence has shown that orthognathic surgery can result in significant improvement in skeletal deformities that affect one's chewing, breathing, speaking and swallowing. This surgery is considered reconstructive, as it is performed to correct a functional defect. When conservative therapy is not able to resolve the functional problem associated with a deformity, orthognathic surgery may be necessary to bring the jaws and dental arches into alignment. The evidence to support this conclusion includes non-randomized controlled trials and case series studies.

There is no evidence in the "peer reviewed" literature to support modification of the jaw position or that occlusal repositioning helps or prevents TMD or MMD symptomatology. In specific cases where non-surgical treatment for TMD or MMD has failed, surgical procedures on the condyle (e.g., condylotomy) may be a treatment consideration.

Government Regulations

National/Local:

There is no National or Local Coverage Determination for orthognathic surgery.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Supplemental Information

PRACTICE GUIDELINES AND POSITION STATEMENTS

American Society of Temporomandibular Joint Surgeons

Non-surgical treatment should be considered for all symptomatic patients with internal derangement/osteoarthritis. For mild or moderate pain and dysfunction, this treatment alone often suffices. Patients with severe pain and dysfunction may also be treated non-surgically, but if adequate reduction of symptoms does not occur within 2-3 weeks, surgical consultation is indicated. Surgical consultation should be offered within 2-3 weeks to patients with documented internal derangement/osteoarthritis and in whom severe pain and dysfunction persists after a trial of non-surgical therapy.

Related Policies

- Cosmetic and Reconstructive Surgery
 - Obstructive Sleep Apnea and Snoring – Surgical Treatment
 - Oral Surgery
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References

1. American Association of Oral and Maxillofacial Surgeons (2023), "Criteria for Orthognathic Surgery," n.d.;
https://www.aaoms.org/docs/practice_resources/clinical_resources/ortho_criteria.pdf. Accessed April 10, 2024.
2. American Association of Oral and Maxillofacial Surgeons (AAOMS), "Parameters and Pathways: Clinical Practice Guidelines for Oral and Maxillofacial Surgery – Surgical Correction of Maxillofacial Skeletal Deformities," Version 3.0, 2001.
3. American Association of Oral and Maxillofacial Surgeons (AAOMS), "Parameters of Care: Clinical Practice Guidelines for Oral and Maxillofacial Surgery (AAOMS ParCare 2012)," Version 5.0; https://www.aaoms.org/images/uploads/pdfs/parcare_anesthesia.pdf. Accessed April 10, 2024.
4. American Society of Temporomandibular Joint Surgeons. Guidelines for diagnosis and management of disorders involving the temporomandibular joint and related musculoskeletal structures. *Cranio*. 2003 Jan;21(1):68-76. PMID: 12555934.
5. Blue Cross Blue Shield Association, "Reconstructive/Cosmetic Services," *Medical Policy Reference Manual*, #10.01.09, Original Policy Date 07/10/98, Issue 3: 2003, Last Review Date 10/09/03, No Further Review Scheduled. Policy archived 12/8/11.
6. Gauer, RL., Semidey, MS. Diagnosis and treatment of temporomandibular disorders. *Am Fam Physician*. 2015 Mar 15;91(6):378-386
7. Patel, P. K., "The surgical tools: the LeFort I, bilateral sagittal split osteotomy of the mandible, and the osseous genioplasty," *Clinics in Plastic Surgery*, Vol. 34, No. 3, 2007, pp. 447-475.
8. Prechel U, Ottl P, Ahlers OM, Neff A. The Treatment of Temporomandibular Joint Dislocation. *Dtsch Arztebl Int*. 2018 Feb 2;115(5):59-64. doi: 10.3238/arztebl.2018.0059. PMID: 29439762; PMCID: PMC5817180.
9. Reyneke, P., "Basic guidelines for the surgical correction of mandibular anteroposterior deficiency and excess," *Clinics in Plastic Surgery*, Vol. 34, No. 3, 2007, pp. 501-517.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through 4/10/24, the date the research was completed.

Joint BCBSM/BCN Medical Policy History

Policy Effective Date	BCBSM Signature Date	BCN Signature Date	Comments
5/23/02	5/23/02	5/23/02	Joint medical policy established
5/7/04	5/7/04	6/22/04	Addition of CPT code and diagnosis, routine maintenance
11/15/05	11/15/05	9/18/05	Routine maintenance
11/1/06	8/28/06	9/22/06	Routine maintenance
11/1/07	8/21/07	10/20/07	Routine maintenance
1/1/09	10/13/08	12/30/08	Routine maintenance
11/1/11	8/16/11	8/16/11	Routine maintenance
1/1/13	10/16/12	10/16/12	Routine maintenance
7/1/14	4/10/14	5/1/14	Routine maintenance Added procedure codes 21198-21199, 21206-21247, 21255, 21270-21275 and 21295-21296
9/1/15	6/19/15	7/16/15	Routine maintenance
9/1/16	6/21/16	6/21/16	Routine maintenance
9/1/17	6/20/17	6/20/17	Routine maintenance
9/1/18	6/19/18	6/19/18	Routine maintenance
9/1/19	6/18/19		Routine maintenance
9/1/20	8/18/20		Routine maintenance
9/1/21	6/15/21		Routine maintenance
9/1/22	6/21/22		Routine maintenance
9/1/23	6/13/23		Routine maintenance Vendor: N/A (ky)
9/1/24	6/11/24		Routine maintenance Vendor: N/A (ky)

Next Review Date: 2nd Qtr, 2025

**BLUE CARE NETWORK BENEFIT COVERAGE
POLICY: ORTHOGNATHIC SURGERY**

I. Coverage Determination:

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Covered, policy guidelines apply
BCNA (Medicare Advantage)	Refer to the Medicare information under the Government Regulations section of this policy.
BCN65 (Medicare Complementary)	Coinsurance covered if primary Medicare covers the service.

II. Administrative Guidelines:

- The member's contract must be active at the time the service is rendered.
- Coverage is based on each member's certificate and is not guaranteed. Please consult the individual member's certificate for details. Additional information regarding coverage or benefits may also be obtained through customer or provider inquiry services at BCN.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate and certificate riders.
- Appropriate copayments will apply. Refer to certificate and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.