

ORTHOGNATHIC (JAW) SURGERY

Guideline Number: CDG.013.02

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INSTRUCTIONS FOR USE

This Coverage Determination Guideline provides assistance in interpreting certain standard UnitedHealthcare benefit plans. When deciding coverage, the enrollee specific document must be referenced. The terms of an enrollee's document (e.g., Certificates of Coverage (COCs), Schedules of Benefits (SOBs), or Summary Plan Descriptions (SPDs), and Medicaid State Contracts) may differ greatly from the standard benefit plans upon which this guideline is based. In the event of a conflict, the enrollee's specific benefit document supersedes these guidelines. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this guideline. Other coverage determination guidelines and medical policies may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its coverage determination guidelines and medical policies as necessary. This Coverage Determination Guideline does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

COVERAGE RATIONALE

Plan Document Language

Before using this guideline, please check enrollee's specific plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group:

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the enrollee's specific plan document to determine benefit coverage.

Indications for Coverage

Introduction:

Orthognathic (jaw) surgery is standardly excluded from coverage in the generic COC. The following list represents the **exceptions** to the orthognathic (jaw) surgery exclusion.

1. The following are eligible for coverage as reconstructive and medically necessary:
 - a. Acute traumatic injury, and post-surgical sequela (see post-surgical sequela in [Definitions](#) section below)
 - b. Cancerous or non-cancerous tumors and cysts, cancer and post-surgical sequela (see cancer sequela and post-surgical sequela in [Definitions](#) section below).
2. The following are eligible for coverage when the criteria is met (see below):
 - a. Obstructive sleep apnea (also see Medical Policy titled [Surgical Treatment of Obstructive Sleep Apnea](#)),
 - b. Cleft lip/palate (for cleft lip/palate related jaw surgery),
 - c. Congenital anomalies that meet the criteria for reconstructive. Depending on a patient-specific clinical review, examples might include: midface hypoplasia, Pierre Robin Syndrome, Hemifacial Microsomia, and Treacher Collins Syndrome.

All orthognathic (jaw) surgeries are subject to some level of review.

Criteria for a Coverage Determination as Reconstructive and Medically Necessary:

A requested procedure will be deemed reconstructive and medically necessary and therefore covered when:

1. There is a physical abnormality and/or physiological abnormality that is causing a functional impairment that requires correction; **and**
2. The proposed treatment is of proven efficacy; and is deemed likely to significantly improve or restore the patient's physiological function

For the above covered exceptions that require review (see Introduction section), the following criteria should be applied:

Orthognathic (jaw) surgery is a reconstructive procedure and medically necessary and is considered covered when both the skeletal deformity AND the functional impairment criteria below are met:

1. The presence of any of the following facial **skeletal deformities** associated with masticatory malocclusion:
 - a. **Anteroposterior Discrepancies**
 - 1) Maxillary/Mandibular incisor relationship: overjet of 5mm or more, or a 0 to a negative value (norm 2mm).
 - 2) Maxillary/Mandibular anteroposterior molar relationship discrepancy of 4mm or more (norm 0 to 1mm).
 - 3) These values represent two or more standard deviation from published norms.

b. Vertical Discrepancies

- 1) Presence of a vertical facial skeletal deformity which is two or more standard deviations from published norms for accepted skeletal landmarks.
 - 1) Open bite
 - a) No vertical overlap of anterior teeth.
 - b) Unilateral or bilateral posterior open bite greater than 2mm
 - 2) Deep overbite with impingement or irritation of buccal or lingual soft tissues of the opposing arch.
 - 3) Supraeruption of a dentoalveolar segment due to lack of occlusion.

c. Transverse Discrepancies

- 1) Presence of a transverse skeletal discrepancy which is two or more standard deviations from published norms.
- 2) Total bilateral maxillary palatal cusp to mandibular fossa discrepancy of 4mm or greater, or a unilateral discrepancy of 3mm or greater, given normal axial inclination of the posterior teeth.

d. Asymmetries

- 1) Anteroposterior, transverse or lateral asymmetries greater than 3mm with concomitant occlusal asymmetry.
2. One or more of the following functional impairments:
 - a. Masticatory (chewing) and swallowing dysfunction due to malocclusion (e.g., inability to incise/and or chew solid foods, choking on incompletely masticated solid foods, damage to soft tissue during mastication, malnutrition)
 - b. Documentation of speech deficits to support existence of speech impairment
 - c. Obstructive sleep apnea or airway dysfunction

Medical Necessity Plans:

Use the criteria above where applicable.

California Only:

This is the mandated language for **Reconstructive Procedures**: Reconstructive procedures to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. Reconstructive procedures include surgery or other procedures which are associated with an Injury, Sickness or Congenital Anomaly. The primary result of the procedure is not a changed or improved physical appearance for cosmetic purposes only, but rather to improve function and/or create a normal appearance, to the extent possible.

Coverage Limitations and Exclusions

Except where state mandated, the following are not covered:

1. Cosmetic and non-reconstructive jaw surgery and jaw alignment procedures (orthognathic surgery) that do not meet the criteria in the Indications for Coverage section above are excluded from coverage.
2. Surgery for torus mandibularis and torus palatinus for fabrication of dentures is not covered.
3. Pre and post-surgical orthodontic treatment.

Additional Information:

- Some states may require orthognathic (jaw) surgery for cleft lip and cleft palate, or for services that UnitedHealthcare considers cosmetic procedures, such as repair of external congenital anomalies in the absence of a functional impairment. Please refer to enrollee's plan specific documents.

DEFINITIONS

Cancer Sequela: A pathological condition resulting from a cancer, e.g. destruction of bone in the jaw from radiation therapy.

Congenital Anomaly: A physical developmental defect that is present at the time of birth, and that is identified within the first twelve months of birth (*2011 Generic COC*).

Congenital Anomaly (For California Only): A physical developmental defect that is present at birth

Cosmetic Procedures: Procedures or services that change or improve appearance without significantly improving physiological function, as determined by UHC (*2011 Generic COC*).

Cosmetic Procedures (For California Only): Procedures or services are performed to alter or reshape normal structures of the body in order to improve the Covered Person's appearance

Functional/Physical Impairment: A physical/functional or physiological impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing basic life functions

Jaw Surgery: Surgical procedures to address facial trauma, neoplasms, facial clefts, surgical resection and iatrogenic radiation.

Orthognathic Surgery: The surgical correction of skeletal anomalies or malformations involving the mandible (lower jaw) or maxilla (upper jaw). These malformations may be present at birth or may become evident as the individual grows and develops. Causes include congenital or developmental anomalies.

Reconstructive Procedures: Reconstructive procedures when the primary purpose of the procedure is either to treat a medical condition or to improve or restore physiologic function. Reconstructive procedures include surgery or other procedures which are associated with an Injury, Sickness or Congenital Anomaly. The primary result of the procedure is not a changed or improved physical appearance.

Procedures that correct an anatomical Congenital Anomaly without improving or restoring physiologic function are considered Cosmetic Procedures. The fact that a Covered Person may suffer psychological consequences or socially avoidant behavior as a result of an Injury, Sickness or Congenital Anomaly does not classify surgery (or other procedures done to relieve such consequences or behavior) as a reconstructive procedure (*2011 Generic COC*).

Reconstructive Procedures (For California Only): Reconstructive procedures to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. Reconstructive procedures include surgery or other procedures which are associated with an Injury, Sickness or Congenital Anomaly. The primary result of the procedure is not a changed or improved physical appearance for cosmetic purposes only, but rather to improve function and/or to create a normal appearance, to the extent

possible. Covered Health Services include dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures.

Post-Surgical Sequela: A pathological condition resulting from surgery to the jaw, eg. slippage of hardware used to stabilize a fractured jaw.

APPLICABLE CODES

The Current Procedural Terminology (CPT[®]) codes and HCPCS and CDT[®] codes listed in this guideline are for reference purposes only. Listing of a service code in this guideline does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by the enrollee specific benefit document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claims payment. Other policies and coverage determination guidelines may apply.

CPT[®] is a registered trademark of the American Medical Association.

CDT[®] is a registered trademark of the American Dental Association.

The following codes are excluded from coverage. However, there are exceptions to the exclusion **that require review.** Please see the [Indications for Coverage](#) section above for a description of the exceptions.

Limited to specific procedure codes?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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CODES THAT ARE ON THE NOTIFICATION LIST	
Procedure Code	Description
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
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, w/o bone graft
21142	Reconstruction midface, lefort i; 2 pieces, segment movement in any direction, w/o bone graft
21143	Reconstruction midface, lefort i; 3 or more pieces, segment movement in any direction, w/o bone graft
21145	Reconstruction idface, lefort i; single piece, segment movement in any direction, requiring bone graft
21146	Reconstruction midface, lefort i; 2 pieces, segment movement in any direction, requiring bone grafts
21147	Reconstruction midface, lefort i; 3 or more pieces, segment movement in any direction, requiring bone grafts
21150	Reconstruction midface, lefort ii; 3 or more pieces, segment movement in any direction, requiring bone grafts
21151	Reconstruction midface, lefort ii; any direction, requiring bone grafts
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

CODES THAT ARE ON THE NOTIFICATION LIST	
Procedure Code	Description
21159	Reconstruction midface, lefort iii (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without lefort i
21160	Reconstruction midface, lefort iii (extra and intracranial) with forehead advancement (eg, 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 mandibular rami, horizontal, vertical, c or l osteotomy, w/o bone graft
21194	Reconstruction of mandibular rami, horizontal, vertical, c or l osteotomy, w/ bone grafts (includes obtaining graft)
21195	Reconstruction of mandibular rami and/or body, sagittal split; w/o internal rigid fixation
21196	Reconstruction of mandibular rami and/or body, sagittal split; w/ internal rigid fixation
21198	Osteotomy, mandible, segmental
21199	Osteotomy, mandible, segmental; with genioglossus advancement
21206	Osteotomy, maxilla, segmental (eg, wassmund or schuchard)
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	Graft, bone; mandible (includes obtaining graft)
21244	Reconstruction of mandible, extraoral, w/ transosteal bone plate
21245	Reconstruction of mandible or maxilla, subperiosteal implant, partial
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21247	Reconstruction of mandibular condyle w/ bone and cartilage autografts (includes obtaining grafts)

ADDITIONAL ORTHOGNATHIC (JAW) SURGERY CODES	
Procedure Code	Description
21076	Impression and custom preparation; surgical obturator prosthesis
21079	Impression and custom preparation; interim obturator prosthesis
21080	Impression and custom preparation; definitive obturator prosthesis
21081	Impression and custom preparation; mandibular resection prosthesis
21082	Impression and custom preparation; palatal augmentation prosthesis
21083	Impression and custom preparation; palatal lift prosthesis
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
D5934	Mandibular resection prosthesis with guide flange
D5935	Mandibular resection prosthesis without guide flange
D5982	Surgical stent
D5988	Surgical splint
D7471	Removal of lateral exostosis (maxilla or mandible)
D7472	Removal of torus palatinus
D7473	Removal of torus mandibularis
D7490	Radical resection of maxilla or mandible
D7610	Maxilla – open reduction (teeth immobilized, if present)
D7630	Mandible – open reduction (teeth immobilized if present)
D7650	Malar and/or zygomatic arch – open reduction.
D7671	Alveolus – open reduction, may include stabilization of teeth
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches

ADDITIONAL ORTHOGNATHIC (JAW) SURGERY CODES	
Procedure Code	Description
D7710	Maxilla – open reduction
D7730	Mandible – open reduction
D7750	Malar and/or zygomatic arch – open reduction.
D7770	Alveolus – open reduction stabilization of teeth
D7780	Facial bones – complicated reduction with fixation and multiple surgical approaches.
D7940	Osteoplasty - for orthognathic deformities
D7941	Osteotomy – mandibular rami. See also codes: 21193, 21195, 21196
D7943	Osteotomy – mandibular rami w/ bone graft; includes obtaining the graft. See also code: 21194
D7944	Osteotomy – segmented or subapical – per sextant or quadrant. See also codes: 21198, 21206
D7945	Osteotomy – body of mandible. See also codes: 21193, 21194, 21195, 21196
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) w/o bone graft
D7949	Lefort ii or lefort iii – w/ bone graft
D7950	Osseous, osteoperiosteal or cartilage graft of the mandible or facial bones – autogenous or nonautogenous, by report
D7953	Bone replacement graft for ridge preservation – per site
D7955	Repair of maxillofacial soft and/or hard tissue defect
D7995	Synthetic graft - mandible or facial bones, by report. See also code 21299
D7996	Implant - mandible for augmentation purposes (excluding alveolar ridge), by report.
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar

Limited to specific diagnosis codes?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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Limited to place of service (POS)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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Limited to specific provider type?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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Limited to specific revenue codes?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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REFERENCES

1. American Society of Plastic Surgeons (ASPS) available: <http://www.plasticsurgery.org/>
2. American Association of Oral and Maxillofacial Surgeons: <http://www.aaoms.org/>
3. MCG Care Guidelines, Mandibular Osteotomy # A-0247
4. MCG Care Guidelines, Maxillomandibular Osteotomy and Advancement #A-0248

GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
05/01/2014	<ul style="list-style-type: none"> • Revised coverage rationale/indications for coverage: <ul style="list-style-type: none"> ○ Added language to indicate the covered/reconstructive services are “medically necessary” ○ Added reference link to policy titled <i>Surgical Treatment of Obstructive Sleep Apnea</i> for applicable coverage guidelines ○ Removed documentation requirements • Revised definitions: <ul style="list-style-type: none"> ○ Removed definitions/language specific to the 2001 and 2007 Certificates of Coverage (COCs) ○ Removed definitions of “high quality photograph” and “sickness” • Updated list of applicable CPT codes; added 21122 to list of <i>Additional Orthognathic (Jaw) Surgery Codes</i> (previously listed in table of <i>Codes that are on the Notification List</i>) • Archived previous policy version CDG.013.01