

Medical Benefit		Effective Date: 01/01/14	Next Review Date: 09/14
Preauthorization	Yes	Review Dates: 09/07, 09/08, 09/09, 09/10, 09/11, 09/12, 09/13	

*The following Protocol contains medical necessity criteria that apply for this service. It is applicable to Medicare Advantage products unless separate Medicare Advantage criteria are indicated. If the criteria are not met, reimbursement will be denied and the patient cannot be billed. **Preauthorization is required.** Please note that payment for covered services is subject to eligibility and the limitations noted in the patient's contract at the time the services are rendered.*

Description

Orthognathic surgery is the surgical correction of skeletal anomalies or malformations involving the mandible (lower jaw) or the maxilla (upper jaw). These malformations may be present at birth, or they may become evident as the patient grows and develops.

Jaw malformations can cause chewing and eating difficulties, abnormal speech patterns, early loss of teeth, and disfigurement and dysfunction of the temporomandibular joint. Malocclusion (abnormal jaw relation) may be caused by a deficiency or excess of bony tissue in one or both jaws, or by trauma to the facial bones.

Corporate Medical Guideline

Orthognathic surgery is **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:

- A. Anteroposterior discrepancies: established norm=2 mm
 1. Maxillary/mandibular incisor relationship:
 - a. Horizontal overjet of +5 mm or more.
 - b. Horizontal overjet of zero to a negative value.
 2. Maxillary/mandibular anteroposterior molar relationship discrepancy of 4 mm or more (norm 0 to 1 mm).
 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.
 2. Open Bite:
 - a. No vertical overlap of anterior teeth.
 - b. Unilateral or bilateral posterior open bite greater than 2 mm.
 3. Deep overbite with impingement or irritation of buccal or lingual soft tissues of the opposing arch.
 4. 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, and
2. 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:

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

Orthognathic surgery may be **medically necessary** for patients with underlying craniofacial skeletal deformities that are contributing to the following conditions:

Documented Obstructive Sleep Apnea

Before surgery, such patients should be properly evaluated to determine the cause and site of their disorder and appropriate non-surgical treatments attempted when indicated. Obstructive sleep apnea is also discussed in Protocol called Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome.

Temporomandibular joint pathology

Skeletal malocclusion related to TMJ dysfunction. Prior to performing an orthognathic procedure, non-surgical therapies should be attempted, including those procedures and treatments that mimic the effects of occlusal alteration. Temporomandibular joint pathology is also discussed in Protocol called Temporomandibular Joint Dysfunction.

Facial skeletal discrepancies associated with documented speech impairments

Altered speech production may be associated with facial skeletal deformities. The most common impairment is a distortion within the sibilant sound class. Prior to surgery, speech evaluation should be obtained to demonstrate the nature of the problem and to determine if improvement can be expected.

Orthognathic surgery is considered cosmetic and **not medically necessary** for correction of unaesthetic facial features, regardless of whether these are associated with psychological disorders. Mentoplasty or genial osteotomies/ostectomies (chin surgeries) are always considered cosmetic and **not medically necessary** when performed as an isolated procedure to address genial hypoplasia, hypertrophy, or asymmetry.

See also Protocol called Cosmetic vs. Reconstructive Surgery or Services.

Services that are the subject of a clinical trial do not meet our Technology Assessment Protocol criteria and are considered investigational. *For explanation of experimental and investigational, please refer to the Technology Assessment Protocol.*

It is expected that only appropriate and medically necessary services will be rendered. We reserve the right to conduct prepayment and postpayment reviews to assess the medical appropriateness of the above-referenced procedures. **Some of this Protocol may not pertain to the patients you provide care to, as it may relate to products that are not available in your geographic area.**

Reference

We are not responsible for the continuing viability of web site addresses that may be listed below.

- American Association of Oral and Maxillofacial Surgeons (AAOMS), Criteria for orthognathic surgery: AAOMS; 2013. http://www.aaoms.org/docs/practice_mgmt/ortho_criteria.pdf, accessed 7/2/13.