

Dental services - orthognathic surgery

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

Administrative Process

Prior authorization is required for orthognathic (corrective jaw) surgery. Orthognathic surgery is not a covered benefit under many plans. Please verify benefits prior to submitting a prior authorization request.

Orthognathic surgery must be received from an in-network orthognathic surgery provider under many benefit plans. We encourage members to check your member contract or call Member Services to identify any provider network limitations specific to your plan.

This policy does not apply to orthodontic treatment. We encourage members to check your member contract or call Member Services for information on orthodontic coverage specific to your plan.

Coverage

Orthognathic (corrective jaw) surgery is generally covered subject to the indications listed below and per your plan documents. Coverage is for charges directly related to orthognathic surgery only, such as surgeons, anesthesia, and hospital expenses.

All orthognathic surgery requests must include the following documentation:

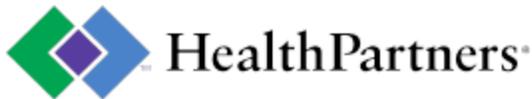
1. Medical history, physical examination, and x-ray documentation dated within the previous 24 months which address symptoms related to the orthognathic deformity
2. Description of specific anatomic deformity present
3. Lateral and anterior-posterior cephalometric radiographs (x-ray providing multiple views of the jaws and skull allowing for measurement of these structures)
4. Diagnostic quality (clear) photographs that fully demonstrate the dental occlusion

Indications that are covered

1. Orthognathic (corrective jaw) surgery to correct both a severe facial deformity **and** a functional impairment when there is a reasonable probability that an adequate occlusion (bite) cannot be obtained with orthodontic or other more conservative treatments alone.

A functional impairment consists of two or more of the following criteria, A-E:

- A. Difficulty with chewing or swallowing. These symptoms must be documented by the referring primary care physician or dentist and must have persisted for greater than 12 months. This documentation must accompany the request for service and cannot be provided by the consulting surgeon alone. Other causes of swallowing difficulty, choking or chewing problems (including but not limited to, allergies, neurologic disease, metabolic disease, or hypothyroidism) must be ruled out through physical exam and/or appropriate diagnostic study and those findings must accompany the surgery request.
- B. Documented malnutrition, significant weight loss, or failure-to-thrive secondary to facial skeletal deformity.
- C. Presence of a severe Class II malocclusion with an overjet (forward projection of the upper front teeth compared with the position of the lower front teeth) greater than 9mm with bottom teeth touching the roof of the mouth or severe Class III malocclusion with a negative overjet (forward projection of the lower front teeth compared with the position of the upper front teeth) greater than 3.5mm; or an anterior open bite (condition in which the upper and lower back teeth are touching when a person bites down, but the front teeth fail to touch) greater than 4mm.
- D. Documented speech impairment that is the result of a poor bite (malocclusion) or jaw positioning, severe cleft deformity or jaw deformity as determined by a multidisciplinary team (such as a speech pathologist or therapist along with a cleft palate or skull/face specialist) to determine if improvement can be expected from surgery.
- E. Airway obstruction (such as obstructive sleep apnea), when documented by a polysomnogram (overnight, technician-supervised sleep study) or home sleep study with a specific diagnosis made by a sleep medicine physician and both of the following:
 - i. Criteria for continuous positive airway pressure (CPAP) device are satisfied and documentation demonstrates a previously failed trial of CPAP; and



- ii. Documentation demonstrates the member previously failed less invasive surgical procedures or has skeletal abnormalities of the skull or face that are associated with a narrowed airway space in the back of the throat and tongue-based obstruction.
2. Requests for orthognathic surgery/orthodontic treatment plan should be submitted for preauthorization and approved by HealthPartners **prior** to initiation of orthodontic treatment. Documentation must clearly indicate that the member has a plan to acquire the required pre and post orthodontic treatment associated with the surgery. If at the time of review orthodontic treatment has already begun, initial pre-treatment records must be provided. Cases submitted for surgery after orthodontic treatment to align and level teeth for orthognathic surgery may not be covered if pre-orthodontic treatment records fail to demonstrate that coverage criteria for orthognathic surgery are met.

Indications that are not covered

- 1. Orthognathic (corrective jaw) surgery when used primarily to provide cosmetic improvement and/or a limited (mild to moderate) improvement in function. Examples include genioplasty (surgery to reshape the chin), and surgery to reduce visible gums or correct tooth misalignment that can be treated with orthodontic treatment alone. Presence of a misaligned jaw alone is not justification for approval.
- 2. Associated dental or orthodontic services (pre or post operatively including but not limited to surgical rapid palatal expansion) are not covered as part of the medical or orthognathic surgery benefit as they are considered dental in nature.

Definitions

Orthognathic surgery involves widening, shortening, or lengthening the bones, in any dimension, in the upper or lower jaws to improve function and/or correct severe skeletal facial deformities.

Functional impairment refers to the difficulties that substantially interfere with or limit speech, chewing, and swallowing.

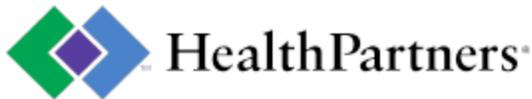
Sleep Medicine Physician is defined as a physician who is Board eligible or certified by the American Board of Sleep Medicine, or a pulmonologist or neurologist whose residency/fellowship included specialized training in sleep disorders and whose practice is comprised of at least 25% of sleep medicine.

Codes:

If available, codes for a procedure, device or diagnosis are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all inclusive.

Procedure Codes:

Codes	Description
21110	Application of interdental fixation device, non-fracture or dislocation
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft
21141	Le Fort 1 single piece
21142	Le Fort 1 two pieces, without bone graft
21143	Le Fort 1 three pieces, without bone graft
21145	Le Fort 1 with bone graft
21146	Le Fort 1 two pieces
21147	Le Fort 1 three or more pieces
21150	Le Fort II, anterior intrusion
21151	Le Fort II, any direction, requiring bone grafts
21154	Le Fort III, requiring bone grafts without Le Fort I
21155	Le Fort II, requiring bone grafts with Le Fort I
21159	Le Fort III, requiring bone grafts without Le Fort I
21160	Le Fort III, requiring bone grafts with Le Fort I
21188	Reconstruction midface, osteotomies (other than Le Fort type) and bone grafts
21193	Bilateral Vertical Osteotomy (reconstruction of mandibular rami, horizontal, vertical, C or L osteotomy without bone graft)
21194	Bilateral Vertical Osteotomy (reconstruction of mandibular rami, horizontal, vertical, C or L osteotomy with bone graft)
21195	Reconstruction of the mandibular rami and/or body, sagittal split, without internal rigid fixation



21196	Sagittal Split Osteotomy with rigid fixation
21198	Mandibular Osteotomy
21206	Osteotomy, maxilla, segmental
21208	Osteoplasty, facial bones; augmentation
21209	Osteoplasty, facial bones; reduction
21210	Graft, bone; nasal, maxillary or malar areas
21215	Graft, bone; mandible
21247	Reconstruction of mandibular condyle with bone and cartilage autografts

CDT Codes:

Codes	Description
D7940	osteoplasty for orthognathic deformities
D7941	osteotomy-mandibular rami
D7943	osteotomy - mandibular rami with bone graft
D7944	osteotomy-Segmented or subapical
D7945	osteotomy-body of mandible
D7946	LeFort I maxilla, total
D7947	LeFort I maxilla, segmented
D7948	LeFort II of LeFort III without bone graft
D7949	D7949-LeFort II of LeFort III with bone graft

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Products

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-883-7979 or 1-800-233-9645.

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References

1. American Association of Oral and Maxillofacial Surgeons(2020). Criteria for Orthognathic Surgery. Retrieved 7/22/2020 from <http://www.aaoms.org/practice-resources/aaoms-advocacy-and-position-statements/clinical-resources>
2. American Cleft Palate – Craniofacial Association (2018). Parameters for Evaluation and Treatment of Patients with Cleft Lip/Palate or Other Craniofacial Differences. Retrieved 7/22/2020 from <https://acpa-cpf.org/team-care/standardscat/parameters-of-care/>
3. Buchanan, E. and Hollier, L. Syndromes with craniofacial abnormalities. In: UpToDate, Weisman, L. and Firth, H. (Ed), UpToDate, Waltham, MA. (Accessed on 6/13/2023).
4. Stotland, M. A., & Kawamoto, H. K. (2010). Principles of Orthognathic Surgery. In Plastic Surgery Secrets Plus (Second Edition) (pp. 187-191).