

**Orthognathic Surgery**  
**Policy Number: SU0410**

**Definition:**

Orthognathic surgery is the surgical correction of abnormalities of the mandible, maxilla, or both. The underlying abnormality may be caused by congenital or developmental conditions, acquired disturbances or trauma, infection, or neoplasm.

**Discussion:**

If the purpose of surgery is to correct the member's malocclusion, this is considered dental care by the plan, and dental care not related to an injury is noncovered by this member's insurance plan even though it is often necessary from a dental perspective.

There are however, very specific instances in which Comprehensive Major Medical Plan non-dental benefits are available for orthognathic surgery. The State Statutes and State Medical Policy are designed to ensure that the Comprehensive Major Medical Plan benefits are applied for medical rather than dental situations.

Approval of medical benefits for the procedure(s) cannot occur if information supplied does not substantiate medical necessity based on the Medical Policy criteria summarized below, and also because orthognathic surgery performed to treat malocclusion without the associated medical causes, circumstances, or consequences mentioned below, is contractually excluded/noncovered dental care by the Health Plan.

**Coverage:**

Orthognathic surgery is considered to be medically necessary and eligible for coverage provided:

1. The surgery is the only method that will correct the deformity
2. Surgery is not being done for cosmetic reasons
3. The proposed surgery is for one or more of the medical indications outlined below (under A., B. C., D., or E.) with medical record documentation from evaluating and treating providers demonstrating that criteria below related to that condition are fulfilled:
  - A. Repair of congenital anomalies (cleft lip or palate and other similar anomalies)
    - a. Le Fort III and orbital osteotomy procedures are considered medically necessary to treat congenital disorders producing mid-face hypoplasia (i.e. Crouzon syndrome, Apert Syndrome, Pfeiffer Syndrome, cleft deformity, etc.) that have resulted in disorders of the eyes (eye muscle dysfunction, corneal exposure/corneal ulceration, globe heniation, visual acuity loss) respiratory problems (nasal airway obstruction, sleep apnea,) unintelligible speech (sibilant distortions or velopharyngeal distortion) not amenable to speech therapy
    - b. Mandibular surgery (intraoral vertical ramus osteotomy, bilateral sagital split ramus osteotomy, mandibular osteotomy, can be considered medically necessary to treat congenital micrognathia resulting in respiratory obstruction (i.e. Pierre Robin Syndrome) or maxillary deficiency associated with cleft deformities
    - c. Le Fort I for congenital disorders will be considered on an individual basis.
  - B. Restoration of function following treatment for significant accidental injury, infection, or tumor
  - C. Treatment of malocclusion that contributes to recalcitrant temporalmandibular joint syndrome (TMJ) symptoms
    - Both
      1. Findings
    - Both
      - a. Symptoms for 4 months:
        - One

- 1 Painful chewing clearly related to the TMJ
- 2 Frequent and significant headaches clearly related to TMJ
- 3 Significant and persistent joint and/or muscle tenderness

b. Clinical signs include:

One

- 1 Class III or IV internal derangement of the TMJ
- 2 Restricted range of motion, including at least one of the following:
  - \* Intercuspal opening <30mm (mouth opening)
  - \* Lateral excursive movement <4mm (side to side motion)
  - \* Protrusive excursive movement <4mm (front to back motion)
- 3. Significant over or underjet (one of the following)

One

- \* For patients with mandibular excess or maxillary deficiency or reverse overjet (underbite) of at least 3mm
- \* In mandibular deficiency an overjet of at least 6mm. [(Overjet should be considered/calculated without dental compensation for skeletal abnormality or other skeletal parameters should be considered (Wits analysis, ANB, etc)].
- \* Open bite of at least 4mm and deep bite of at least 7mm

2. Symptoms are unresponsive to conservative measures

All

- a. Elimination of aggravating factors (e.g.; gum chewing, chewing of hard or tough foods)
- b. Use of inflammatory drugs unless contraindicated. Therapeutic level for at least 6 weeks.
- c. Orthodontic and/or splint therapy (Note: in many cases orthodontic treatment alone cannot correct the abnormality. While orthodontic treatment will be required as part of the overall treatment plan, ortho treatment should not be a prerequisite for approval for surgery. Likewise, some patients (large open bite patients) cannot tolerate splints as this actually aggravates the problem).

D. Treatment of malocclusion that contributes significantly to any of the following:

One

1. Difficulty swallowing or choking

Both

- a. Symptoms must be documented in the medical record, must be significant, and must persist for at least 4 months (episodes witnessed at home, school, or work should be documented in the medical record)
  - b. Other causes of swallowing/choking problems have been ruled out, by history, physical, and/or other appropriate diagnostic studies, including: allergies, post nasal drip (diagnostic studies, therapeutic trial of antihistamine and/or decongestant)
  - c. Other neurologic or metabolic diseases, hypothyroidism if enlarged tongue present on clinical exam
2. Ability to chew only soft or liquid foods.
3. Speech abnormality

Both

- a. Speech deficit is noticeable to a lay person or primary care physician and significantly impairs the patient's ability to communicate.
  - b. The speech deficit cannot be resolved by speech therapy (requires speech therapy evaluation).
4. Malnutrition related to an inability to masticate.

One

- a. Significant weight loss over 4 months
  - b. Low serum albumin related to malnutrition
5. Significant intraoral trauma while chewing related to malocclusion.

E. Adjunctive treatment for obstructive sleep apnea (OSA).

Hyoid suspension, surgical modification of the tongue (including genioglossus advancement), and/or maxillofacial surgery, including mandibular-maxillary advancement (MMA), may be considered medically necessary in patients when ALL of the following criteria are met:

- 1. Clinically significant OSA (documentation of findings from a sleep study is required)
- 2. Objective documentation of hypopharyngeal obstruction by physical examination

3. Documentation of trial and failure of a good faith effort at treatment with CPAP, BiPAP or DPAP; and
4. Orthognathic surgery will not be approved as the first surgical therapy for OSA unless otolaryngology evaluation has ruled out obstruction at a higher anatomic level (i.e., nose, palate).

**Approval Procedures:**

1. Prior approval is required.
2. A letter of medical necessity signed and dated by the surgeon must be submitted to the Medical Review section prior to performing the surgery.
3. Documentation must include:
  - a. Member identification number
  - b. Patient's mailing address
  - c. Reasons for the surgery, substantiated by copies of the patient's records to include history, examination, and prior non-surgical treatment; medical records from the oral/maxillofacial surgeon and from all other providers who have previously evaluated and treated the member for malocclusion and any associated medical problems must be submitted for review.
  - d. Preoperative Panorex and cephalometric X-rays, lateral, full-face, and occlusal photographs, and cephalometric analysis and predictions, made before any previous orthodontic treatment or orthognathic surgeries. (Additionally, for treatment of TMJD, MRI scan results are desirable, if performed. If not performed, other evidence documenting the stage of internal derangement should be provided).
  - e. Plans for pre-operative, operative, and post-operative treatment
4. To ensure both the provider and the member know whether the service will be covered, the Medical Review section will respond to the request by letter.

**Limitations and Exclusions:**

1. No benefits are available for dental care except as specified (Refer To Medical Policy SU0160) Dental and Oral Surgical Services.
2. Treatment of significant malocclusion in the absence of significant, current medical complication that has not been amenable to other forms of treatment, is noncovered under the health benefit plan, even if the malocclusion cannot be effectively corrected with orthodontic treatment alone.
3. Orthognathic surgery is not covered where significant risk of recurrence of symptoms or structural abnormalities exist. For treatment of mandibular excess, skeletal maturation must be documented by either:
  - a. closure of the epiphyses at the wrist by radiography; or
  - b. no change on mandibular or facial growth on serial cephalometric radiographs over six months
3. Genioplasty (horizontal osteotomy of the mandible) is considered cosmetic and is not eligible for benefit.
4. Cosmetic enhancement of facial features (eg., mentoplasty and chin augmentation) is noncovered.
5. Congenital Disorders other than as noted under "Coverage" will be reviewed on an individual consideration basis.

**Authority:**

- G.S. 135-40.1 (7a)
- G.S. 135-40.6(5)c
- G.S. 135-40.6(5)g
- G.S. 135-40.6(6)a
- G.S. 135-40.6(8)f
- G.S. 135-40.6(9)b
- G.S. 135-40.6A(a)4

G.S. 135-40.7(11)

G.S. 135-40.7(14)

**Reviewed:**

December 1989

March 2005

March 2007

**Revised:**

March 1997

October 1998

May 2000

March 2002

April 2005

September 2006

May 2007