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MEDICAL POLICY – 9.02.500

Orthodontic Services for Treatment of Congenital Craniofacial Anomalies

Effective Date:	Oct. 1, 2024	RELATED MEDICAL/DENTAL POLICIES:
Last Revised:	Sept. 9, 2024	9.02.501 Orthognathic Surgery
Replaces:	N/A	10.01.514 Cosmetic and Reconstructive Services

Select a hyperlink below to be directed to that section.

POLICY CRITERIA | DOCUMENTATION REQUIREMENTS | CODING
RELATED INFORMATION | EVIDENCE REVIEW | REFERENCES | HISTORY

Clicking this icon returns you to the hyperlinks menu above.

Introduction

Orthodontic services are braces. Braces are often used for cosmetic purposes (to make a person look better). Cosmetic services are not covered. In other cases, braces are used to solve a problem that interferes with the ability to eat, breathe, or speak normally. These problems are known as physical functional impairments. This policy refers to when braces are medically necessary to correct a physical functional impairment caused by a head or neck problem that a person was born with (this is known as a congenital anomaly).

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Note: The age restriction in this policy (members age 18 and under) does not apply to Oregon members. See **Benefit Application** section for state mandates for Oregon members.

Note: Please refer to the **Definition of Terms** section for a list of definitions that apply to this policy.

Note: Treatment for developmental maxillofacial conditions that result in overbite, crossbite, malocclusion, and/or irregularities of the teeth not related to a severe congenital craniofacial anomaly are not addressed in this policy. **(See Related Policy 9.02.501 Orthognathic Surgery)**

Condition	Medical Necessity
• **Cleft lip** • **Cleft palate** • **Cleft palate with alveolar ridge involvement** • **Certain congenital craniofacial anomalies**	**Orthodontic services may be considered medically necessary for the treatment of the conditions listed on the left when a physical functional impairment exists.** **The impairment caused by the congenital craniofacial anomaly must be at a severity level that impairs the member's ability to eat normally, breath and/or speak normally.** **For coverage of continued services, the physical functional impairment must be disabling and the intent of ongoing treatment is to reach a specific functional goal.** **This policy applies to the following list of congenital disorders that may have craniofacial anomalies:** • Arthrogyposis • Amniotic band syndrome of face • Bird headed dwarfism (nanocephalic or primordial dwarfish) • Chondroectodermal dysplasia (Ellis-Van Crevald Syndrome) • Cleft lip • Cleft mandible • Cleft palate isolated • Craniofacial dysostosis (Crouzon's Syndrome) • Craniofacial microsomia • Craniosynostosis • Hemifacial hyperplasia • Hemifacial microsomia • Klinefelter's syndrome • Klippel-Fiel syndrome • Lateral or oblique facial clefting • Marfan Syndrome

Condition	Medical Necessity
	• Oculoauriculovertebral dysplasia (Goldenhar's Syndrome) • Oculomandibulofacial syndrome (Hallermann Stiff Syndrome, Ullrich, et. al. Syndrome) • Pierre Robin syndrome • Treacher Collins syndrome • Trisomy 21 (Down Syndrome) - other trisomy reviewed on a case by case basis • Turner's syndrome (X-O syndrome) **Note:** This policy applies to members age 18 and under with the exception of Oregon members, for which there is no age restriction. See **Benefit Application** section for state mandates for Oregon members.
• **Cleft palate** • **Other congenital craniofacial / dentoalveolar anomalies**	**The following services may be considered medically necessary as treatment for the conditions listed to the left:** • Alveolar ridge closure • An appliance for palatal expansion in preparation for bone graft surgery of the alveolar cleft in the pre-surgical and post-surgical period for primary and mixed dentitions • Interceptive orthodontic care, including full braces, in the mixed or early permanent dentition • Orthognathic surgery* ***Note**: Orthognathic surgery for treatment of conditions other than cleft palate or congenital craniofacial / dentoalveolar anomalies is addressed in a separate dental policy (see **Related Policies**).

Documentation Requirements
Submit routine orthodontia treatment plan that includes a breakdown of charges that would include initial banding, monthly adjustments, and retention care. Medically necessary orthodontia may require diagnosis, history, and physical documenting the congenital anomaly, treatment plan including duration of treatment, and any diagnostic studies such as x-rays, images, or study models.

Coding

Code	Description
CPT	
21085	Impression and custom preparation; oral surgical splint
21088	Impression and custom preparation; facial prosthesis
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)
21150	Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome)
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
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
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., 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)

Code	Description
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21198	Osteotomy, mandible, segmental;
21199	Osteotomy, mandible, segmental; with genioglossus advancement
21206	Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	Arthroplasty, temporomandibular joint, with allograft
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia)
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21270	Malar augmentation, prosthetic material
21295	Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); extraoral approach
21296	Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); intraoral approach
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages
40799	Unlisted procedure, lips
CDT	
D0330	Panoramic film

Code	Description
D0340	Cephalometric film
D0350	Oral/facial photographic images
D0470	Diagnostic castsc
D5954	Palatal augmentation prosthesis
D5955	Palatal lift prosthesis, definitive
D5958	Palatal lift prosthesis, interim
D5959	Palatal lift prosthesis, modification
D7283	Placement of device to facilitate eruption of impacted tooth
D7940	Osteoplasty – for orthognathic deformities
D7941	Osteotomy – mandibular rami
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft
D7944	Osteotomy – segmented or subapical
D7945	Osteotomy – body of mandible
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) - without bone graft.
D7949	LeFort II or LeFort III – with bone graft
D7950	Osseous, osteopaperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach
D7952	Sinus augmentation via a vertical approach
D7953	Bone replacement graft for ridge preservation – per site
D7955	Repair of maxillofacial soft and/or hard tissue defect
D8010	Limited orthodontic treatment of the primary dentition
D8020	Limited orthodontic treatment of the transitional dentition

Code	Description
D8030	Limited orthodontic treatment of the adolescent dentition
D8030	Limited orthodontic treatment of the adolescent dentition
D8040	Limited orthodontic treatment of the adult dentition
D8070	Comprehensive orthodontic treatment of the transitional dentition
D8080	Comprehensive orthodontic treatment of the adolescent dentition
D8090	Comprehensive orthodontic treatment of the adult dentition
D8210	Removable appliance therapy
D8220	Fixed appliance therapy
D8660	Pre-orthodontic treatment visit
D8670	Periodic orthodontic treatment visit
D8680	Orthodontic retention
D8681	Removable orthodontic retainer adjustment
D8999	Unspecified orthodontic procedure

Related Information

This policy relates only to the services or supplies described herein. Coverage will vary according to each specific health plan and by line of business (see **Scope** section).

Definition of Terms

Alveolar with cleft palate: A congenital birth defect that occurs when the tissues of the palate do not join (fuse) together as expected during fetal development, resulting in a split (cleft) in the palate. It may involve only the uvula or extend through the entire palate.

Appliance placement: The application of orthodontic attachments to the teeth for the purpose of correcting dentofacial abnormalities.

Arthrogryposis: A term used to describe a number of rare conditions characterized by stiff joints and abnormally developed muscle.

Cleft: An opening or fissure involving the dentition and supporting structures, especially one occurring in utero. These can be:

1. Cleft lip;
2. Cleft palate (involving the roof of the mouth); or
3. Facial clefts (e.g., macrostomia)

Cleft lip: A congenital birth defect that occurs when the tissues of the lip do not join (fuse) together as expected during fetal development, resulting in a split (cleft) in the lip. An incomplete cleft lip can range from a slight indentation to a notch in the upper lip on one side only. A complete cleft lip is a deep split in the lip that extends into one or both sides of the nose.

Cleft palate or cleft palate with alveolar: A congenital birth defect that occurs when the tissues of the palate do not join (fuse) together as expected during fetal development, resulting in a split (cleft) in the palate. It may involve only the uvula or extend through the entire palate.

Comprehensive full orthodontic treatment: Utilizing fixed orthodontic appliances for treatment of the permanent dentition leading to the improvement of a client's severe handicapping craniofacial dysfunction and/or dentofacial deformity, including anatomical and functional relationships.

Craniofacial: Affecting the cranium (skull) and face.

Craniofaciay anomaly: A congenital condition or physical disorder identifiable at birth that affects the body structures of the face or head, including but not limited to cleft palate, cleft lip, and other syndromes such as hemifacial microsomnia, craniosynostosis, arthrogryposis and Marfan Syndrome.

Craniofacial team: A cleft palate/maxillofacial team or an American Cleft Palate Association-certified craniofacial team. These teams are responsible for the management (review, evaluation, and approval) of individuals with cleft palate craniofacial anomalies to provide integrated

management, promote parent-professional partnership, and make appropriate referrals to implement and coordinate treatment plans.

Craniosynostosis: A birth defect that causes one or more sutures on a baby's head to close earlier than normal.

Dental dysplasia: An abnormality in the development of the teeth.

Dentition: The development of teeth, the number of teeth and their arrangement in the mouth.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program: The department's early and periodic screening, diagnosis, and treatment program for clients twenty years of age and younger (as described in chapter 388-534 WAC):

Hemifacial microsomnia: A developmental condition involving the first and second brachial arch. This creates an abnormality of the upper and lower jaw, ear, and associated structures (half or part of the face appears smaller sized).

Interceptive orthodontic treatment: Procedures to lessen the severity or future effects of a malformation and to affect or eliminate the cause. Such treatment may occur in the primary or transitional dentition and may include such procedures as the redirection of ectopically erupting teeth, correction of isolated dental cross-bite, or recovery of recent minor space loss where overall space is adequate.

Le Fort system: Guide to placement of osteotomies in the midface. The classifications are I-IV depending on the severity and location of the deformity.

Limited transitional orthodontic treatment: Orthodontic treatment with a limited objective, not involving the entire dentition. It may be directed only at the existing problem, or at only one aspect of a larger problem in which a decision is made to defer or forego more comprehensive therapy.

Malocclusion: Improper alignment of biting or chewing surfaces of upper and lower teeth.

Marfan syndrome: A genetic disorder in which the body's connective tissue is abnormal, most often affecting the connective tissue of the heart and blood vessels, eyes, bones, lungs, and covering of the spinal cord. Because the condition affects many parts of the body, it can cause many complications.

Maxillofacial: Relating to the jaws and face.

Occlusion: The relation of the upper and lower teeth when in functional contact during jaw movement.

Oral and maxillofacial surgeon: Dental specialist who manages the diagnosis and surgical treatment of deformities of the mouth and supporting structures.

Orthodontics: Treatment involving the use of any appliance, in or out of the mouth, removable or fixed, or any surgical procedure designed to redirect teeth and surrounding tissues.

Orthodontist: A dentist who specializes in orthodontics, who is a graduate of a postgraduate program in orthodontics that is accredited by the American Dental Association, and who meets state licensure requirements.

Orthognathic surgery: Corrective jaw surgery by ostectomy, osteotomy or osteoplasty of the upper jaw (maxilla) and/or the lower jaw (mandible) intended to alter the relationship of the jaws and teeth. Orthognatic surgery is used in the treatment of congenital conditions like cleft palate by restructuring the jaw through cutting the bone and repositioning the bone segments. The objective is to improve the ability to chew, swallow, speak and breathe.

Description

A person may need treatment for a severe congenital craniofacial anomaly from birth until adulthood. Depending on the severity of the functional impairment caused by the deformity, multiple surgeries and oral appliances may be needed for proper nutritional intake, swallowing, or for aspiration prevention.

Congenital defects can interfere with the normal development of the face and jaw and the person as a whole. For example, a person born with cleft/lip palate or other severe craniofacial anomalies has multiple and complex problems, including nutritional concerns, middle ear disease, hearing deficiencies, deviations in speech and resonance, dentofacial and orthodontic deformities, and psychosocial adjustment problems.

Due to the complexities of craniofacial anomalies a team of medical professionals collaborate to render a comprehensive diagnosis, determine treatment needs and priorities, and supervise long-term planning. Some of the professionals involved in the plan of treatment might include but are not limited to: plastic surgeon, otolaryngologist (ear, nose, and throat specialist), audiologist (specialist in treating hearing loss), speech-language pathologist (specialist in speech, language, cognitive-communication & swallowing disorders), oral/maxillofacial surgeon,

orthodontist, pediatric/family dentist, dental hygienist, prosthodontist, geneticist/genetic counselor.[1] Medical management of children with cleft palate may involve what might otherwise be considered dental care.

The American Academy of Pediatric Dentistry (AAPD), in its efforts to promote optimal health for children with cleft lip/palate and other craniofacial anomalies, endorses the current statements of the American Cleft Palate-Craniofacial Association (ACPA):

"All dental specialists should ensure that:

- As primary dentition erupts, the team evaluation should include a dental examination and, if such services are not already being provided, referral to appropriate providers for caries control, preventive measures, and space management.
- Before primary dentition has completed eruption, the skeletal and dental components should be evaluated to determine if a malocclusion is present or developing.
- Depending on the specific goals to be accomplished and the individual's age when initially evaluated, orthodontic management of the malocclusion may be performed in the primary, mixed, or permanent dentition. In some cases, orthodontic treatment may be necessary in all 3 stages.
- While continuous active orthodontic treatment from early mixed dentition to permanent dentition should be avoided, each stage of orthodontic therapy may be followed by retention and regular observation. Orthodontic retention for the permanent dentition may extend into adulthood."[4]

Benefit Application

Orthodontia services are generally excluded from coverage under member health plan contracts, except under the limited circumstances listed in other sections of this policy.

Claims for orthodontic services for the treatment of congenital craniofacial anomalies will accrue to the medical benefit regardless of whether an orthodontic benefit exists under a member's dental plan.

This benefit is available to members 18 years of age and younger (except in Oregon, see below).

Oregon

Effective March 5, 2012, House Bill 4128 was signed into law. The law mandates coverage for dental and orthodontic services for the treatment of congenital craniofacial anomalies, without age restriction, if the services are medically necessary to restore function. More information regarding covered and non-covered services and other administrative criteria for Oregon can be found in House Bill 4128 (see **References** section).

Consideration of Age

Orthodontic dental coverage is provided for individuals 18 and under who are being treated for cranial –facial skeletal abnormalities that require corrective orthognathic surgery. Congenital craniofacial disorders of facial growth generally display themselves during early childhood and adolescence and are responsible for the vast majority of skeletal-facial deformities. These developmental disorders will, in the vast majority of cases, have fully expressed themselves by age 18. The age limitation of 18, for comprehensive orthodontic care designed through this policy, focuses limited health care resources on this adolescent age group. It is noteworthy that the growth potential of the maxillofacial structures can be part of an adolescent surgical-orthodontic treatment plan, whereas in adulthood, the positive effects of future skeletal growth have dissipated and cannot be incorporated in the treatment plan.[7]

Evidence Review

Following is a summary of the key literature.

According to the National Institute of Dental and Craniofacial Research, there are more than 300 genetic syndromes that have an associated craniofacial, oral or dental component. Additionally, there are other isolated or non-syndrome related, craniofacial defects that are not part of a genetic syndrome. Craniofacial disorders require surgical, dental, speech, medical and behavioral interventions for short and long-term care planning.

Clefts of the lip and palate affect about 1/700 births with a wide variability related to geographic regions. Craniofacial disorders are often rare disorders and many have complex causes that involve both genetic and environmental factors and the interactions between the two. Increased

risk for craniofacial disorders has been associated with variables such as the mother's use of prescription drugs, alcohol, and tobacco, the mother's nutritional status, and occupational exposures during pregnancy.[3]

World Health Organization (WHO)

The World Health Organization (WHO) human genetics programme: International Collaborative Research on Craniofacial Anomalies definition follows:

> Craniofacial anomalies (CFA) are a highly diverse group of complex congenital anomalies. Collectively, they affect a significant proportion of the world. Cleft lip and/or palate, for example, occurs in approximately 1 per 500-700 births, the ratio varying considerably across geographic areas or ethnic groupings. The costs incurred from CFA in terms of morbidity, health care, emotional disturbance, and social and employment exclusion, are considerable for affected individuals, their families and society. It is estimated that 80% of orofacial clefts are nonsyndromic and of multifactorial origin, both genetic and environmental, the latter being especially important in prevention.[4]

Practice Guidelines and Position Statements

American Academy of Pediatric Dentistry (AAPD)

The American Academy of Pediatric Dentistry (AAPD), in its efforts to promote optimal health for children with cleft lip/palate and other craniofacial anomalies, endorses the current statements of the American Cleft Palate-Craniofacial Association (ACPA).

As members of the interdisciplinary team of physicians, dentists, speech pathologists, and other allied health professionals, pediatric dentists should provide dental services in close cooperation with their orthodontic, oral and maxillofacial surgery, and prosthodontic colleagues. All dental specialists should ensure that:

- Dental radiographs, cephalometric radiographs, and other imaging modalities as indicated should be utilized to evaluate and monitor dental and facial growth and development. (American academy of pediatric dentistry endorsements 239).

- Diagnostic records, including properly-occluded dental study models, should be collected at appropriate intervals for individuals at risk for developing malocclusion or maxillary-mandibular discrepancies.
- As primary dentition erupts, the team evaluation should include a dental examination and, if such services are not already being provided, referral to appropriate providers for caries control, preventive measures, and space management.
- Before primary dentition has completed eruption, the skeletal and dental components should be evaluated to determine if a malocclusion is present or developing.
- Depending on the specific goals to be accomplished and the individual's age when initially evaluated, orthodontic management of the malocclusion may be performed in the primary, mixed, or permanent dentition. In some cases, orthodontic treatment may be necessary in all 3 stages.
- While continuous active orthodontic treatment from early mixed dentition to permanent dentition should be avoided, each stage of orthodontic therapy may be followed by retention and regular observation. Orthodontic retention for the permanent dentition may extend into adulthood.
- For some individuals with craniofacial anomalies, functional orthodontic appliances may be indicated.
- For individuals with craniofacial anomalies, orthodontic treatment may be needed in conjunction with surgical correction of the facial deformity.
- Congenitally missing teeth may be replaced with a removable appliance, fixed restorative bridgework, or osseointegrated implants.
- Individuals should be closely monitored for dental and periodontal disease.
- Prosthetic obturation of palatal fistulae may be necessary in some individuals.
- A prosthetic speech device may be used to treat velopharyngeal inadequacy in some individuals.[5]

American Association of Oral and Maxillofacial Surgeons (AAOMS)

In 2012 the AAMOS published the Parameters of Care: Clinical Practice Guidelines for Oral/Maxillofacial Surgery. The association references The American Cleft Palate-Craniofacial Association (ACPA) Parameters of Care and Team Standards (as noted above) for the multidisciplinary team management of individuals with cleft and craniofacial deformities.

The AAMOS Parameters of care offers guidance on surgical correction of cleft and craniofacial deformities along with the need for determining the appropriate timing for intervention in children since growth affects surgery. In summary they state "the most significant difference between managing children and adults with cleft and craniofacial anomalies is the need to consider the fourth dimension of time/growth and development during treatment planning. This information affects the timing of operation and choice of proper procedure and proper hardware for stabilization. Genetic evaluation and counseling are also critical, as are psychological counseling and speech therapy when indicated. Outcomes assessment must include evaluation at the end of growth, number of operations required to achieve the final result, and success of preventive measures".[6]

References

1. "Dental Anomalies." Encyclopedia of Nursing & Allied Health. Ed. Kristine Krapp. Vol. 2. Gale Cengage, 2002.
2. House Bill 4128, Treatment for craniofacial anomalies, 76th Oregon Legislative Assembly (2012). Available at URL address: **http://olis.oregonlegislature.gov/liz/2012R1/Downloads/MeasureDocument/HB4128/Introduced** Accessed August 16, 2024.
3. National Institute of Dental and Craniofacial Research: Data and Statistics. 2013. Available at URL address: **http://www.nidcr.nih.gov/DataStatistics/** Accessed August 16, 2024.
4. World Health Organization. Human Genetic programme: International Collaborative Research on Craniofacial Anomalies.
5. American Academy of Pediatric Dentistry. Policy on Management of Patients with Cleft Lip/Palate and Other Craniofacial Anomalies. Council on Clinical Affairs; revised 2012. Available at URL address: **https://www.aapd.org/globalassets/media/policies_guidelines/e_cleftlip.pdf** Accessed August 16, 2024.
6. Carlson ER, Sims PG et al. Parameters of Care: Clinical Practice Guidelines for Oral and Maxillofacial Surgery (AAOMS) 2012. Cleft and Craniofacial Surgery pp. e137 - e161. Available at URL address: **http://www.aaoms.org/images/uploads/pdfs/parcare_assessment.pdf** Accessed August 16, 2024
7. Dental Clinics of North America, Volume 40.Number 4. October 1996 ISNN 0011-8532

History

Date	Comments
06/14/05	Add to Medical Section - New Policy. Approved 6/14/05; publish January 1, 2006.
07/11/06	Replace Policy - Policy reviewed; no change to policy statement; Scope and Disclaimer updated.
07/10/07	Replace Policy - Policy updated with literature review; no change in policy statement.
06/10/08	Replace Policy - Policy updated with literature search; no change in policy statement.
02/10/09	Replace Policy - Policy updated with literature review, no change to policy statement.
02/09/10	Replace Policy - Policy updated with literature search. No change to policy statement.
03/08/11	Replace Policy - Policy updated with literature review; no change in policy statement.
04/25/12	Replace policy. Policy updated with literature review; no change in policy statement.
12/11/12	Replace policy. Title revised to "Orthodontic Services for Treatment of Severe Congenital Craniofacial Anomalies". "Repair of cleft palate" is deleted from the title. Policy statement reformatted for clarity. To comply with the Oregon mandate the benefit application section notes that age restriction for benefit coverage does not apply for Oregon members. At the request of MPC Trisomies 13-15, 18 are removed from the list of congenital disorders and will be reviewed on a case by case basis. Description section revised with further information about craniofacial anomalies. Definitions added to the Appendix section. Reference 1, 2, 4 added. CPT codes for cleft palate surgery added. Policy statement revised as noted.
07/12/13	Coding update. MAAA code 0005M added to the policy.
09/27/13	Replace policy. Policy reviewed. Rationale section updated based on a literature review through July 2013, reformatted for readability. Reference 3, 6 added; others renumbered/removed. Policy statement unchanged.
11/11/13	Replace policy. Policy updated to expand coverage for medically necessary services to those members aged 18 years and younger, to align with the Affordable Health Care Act, when criteria are met. The policy update is effective January 1, 2014; Oregon state mandate continues to have no age limit. CDT codes added to the policy. Title changed to "Orthodontic Services for Treatment of Congenital Craniofacial Anomalies". Definitions added to the Appendix section.
04/14/14	Interim update. Note added to medically necessary policy statement to indicate that orthognathic surgery for treatment of conditions other than cleft palate or congenital craniofacial /dentoalveolar anomalies is addressed in policy 9.02.501. Reference policy also added to related policies section.

Date	Comments
04/24/15	Annual Review. Literature review performed. No change in policy statements.
09/25/15	Coding update. ICD-10-CM codes added.
02/18/16	Coding update. Add D8681.
05/01/16	Annual Review, approved April 12, 2016. Literature review performed. No change in policy statements.
10/11/16	Moved policy to new format. No changes to policy statement.
11/22/16	Minor update. Added language to support application of policy age with reference. No change in policy statement.
04/01/17	Annual Review, approved March 14, 2017. No changes to policy or policy statement.
03/21/18	Minor update, added clarifying statement that the age restriction does not apply to Oregon members.
05/01/18	Annual Review, approved April 3, 2018. No changes to policy or policy statement.
04/01/19	Annual Review, approved March 5, 2019. No changes to policy or policy statement.
06/01/20	Annual Review, approved May 5, 2020. No changes to policy or policy statement.
08/01/21	Annual Review, approved July 9, 2021. No changes to policy or policy statement.
11/01/22	Annual Review, approved October 24, 2022. No changes to policy or policy statement. Added 1/1/2022 termination date to CDT codes D8050, D8060, D8690, D8691, D8692, D8693, D8694. Revised descriptions on CDT codes D0330, D0340, D7948, & D7950. Removed CPT codes 21083, 21084, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21210, 21215, 21230, 21235, 21255, 21275, 40650, 40652, 40654, 40700, 40701, 40720, 40761, 42200, 42225, 42226, 42227, 42235, 42260, 44280, and 44281. Changed the wording from "patient" to "individual" throughout the policy for standardization.
09/01/23	Annual Review, approved August 21, 2023. Literature review performed. No change in policy statements.
10/01/24	Annual Review, approved September 9, 2024. No changes to policy statement, references validated.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.