


MEDICAL POLICY – 9.02.501

Orthognathic Surgery

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|-----------------|---------------|--|
| Effective Date: | Oct. 5, 2018 | RELATED MEDICAL/DENTAL POLICIES: |
| Last Revised: | June 29, 2018 | 2.01.21 Temporomandibular Joint Disorder |
| Replaces: | N/A | 7.01.554 Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome |
| | | 9.02.500 Orthodontic Services for Treatment of Congenital Craniofacial Anomalies |
| | | 9.02.503 Computerized Diagnostic Imaging for Complex Maxillofacial Procedures |
| | | 10.01.514 Cosmetic and Reconstructive Services |

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[RELATED INFORMATION](#) | [EVIDENCE REVIEW](#) | [REFERENCES](#) | [HISTORY](#)

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Introduction

Orthognathic surgery is surgery to straighten the jaw. Severe problems with the jawbone can interfere with being able to speak or chew. Orthognathic surgery treats and corrects problems with the facial bones, specifically the upper jaw (maxilla) and lower jaw (mandible). Some of these corrective surgeries involve lengthening or shortening the lower jawbone. This policy identifies when corrective jaw surgery is considered medically necessary.

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

| Condition | Medical Necessity |
|-----------------------------|---|
| Contract limitations | Some health plan contracts do not have benefits to cover orthognathic surgery. Refer to member contract language for |

| Condition | Medical Necessity |
|--|---|
| <p>Congenital Anomalies</p> | <p>benefit determination.</p> <p>Orthognathic surgery for correction of the following congenital (apparent at birth) deformities may be considered medically necessary (list may not be all inclusive)</p> <ul style="list-style-type: none"> • Apert syndrome • Cleft deformity • Crouzon syndrome • Pfeiffer syndrome • Pierre Robin syndrome <p>Note: Abnormal growth of the jaws (resulting in maxillary and/or mandibular hypo- or hyperplasia) is NOT considered a congenital anomaly</p> |
| <p>Maxillary and/or mandibular facial skeletal deformities associated with masticatory malocclusion</p> | <p>Orthognathic surgery for correction of skeletal deformities of the maxilla or mandible may be considered medically necessary when BOTH of the following criteria are met:</p> <p>ONE of the following significant functional impairments is present and persists for at least 4 months:</p> <ul style="list-style-type: none"> • Dysphagia (difficulty swallowing) related to an inability to incise or chew solid foods or choking on incompletely masticated (chewed) solid foods <p>OR</p> <ul style="list-style-type: none"> • Speech abnormality impairs the patient’s ability to communicate and is determined by a speech pathologist or therapist to be related to skeletal malocclusion and the speech deficit cannot be resolved by speech therapy <p>Note: Impairment or distortions of sibilant sound class (hissing sound) is NOT considered a significant functional impairment</p> <p>AND</p> <p>ONE of the following facial skeletal deformities is present:</p> <ul style="list-style-type: none"> • Mandibular excess or maxillary deficiency with a reverse overjet (ROJ) of at least 3 mm <p>OR</p> <ul style="list-style-type: none"> • Maxillary excess or mandibular deficiency with an overjet (OJ) of at least 6 mm |



| Condition | Medical Necessity |
|--|--|
| | <p>OR</p> <ul style="list-style-type: none"> • Open bite (OB) of at least 4 mm or deep bite (DB) of at least 7mm |
| <p>Treatment of severe malocclusion that contributes to TMJ syndrome symptoms</p> | <p>Treatment of severe malocclusion that contributes to temporomandibular joint (TMJ) syndrome symptoms may be considered medically necessary when ONE of each of the following elements (A, B, C) are met:</p> <p>A. ONE of the following symptoms is present and has persisted for at least 4 months:</p> <ul style="list-style-type: none"> ○ Painful chewing clearly related to the TMJ ○ Frequent and significant headaches clearly related to TMJ ○ Significant temporomandibular joint and/or muscle tenderness <p>AND</p> <p>B. Symptoms persist after 4 months of treatment with ONE of the following conservative measures:</p> <ul style="list-style-type: none"> ○ Elimination of aggravating factors such as: gum chewing, chewing hard or tough foods ○ Use of anti-inflammatory medications, unless contraindicated ○ Treatment with splint therapy, unless not tolerated <p>AND</p> <p>C. Malocclusion or dental misalignment is present and supported by ONE of the following measurements:</p> <ul style="list-style-type: none"> ○ Mandibular excess or maxillary deficiency with a reverse overjet (ROJ) of at least 3 mm <p>OR</p> <ul style="list-style-type: none"> ○ Maxillary excess or mandibular deficiency with an overjet (OJ) of at least 6 mm <p>OR</p> <ul style="list-style-type: none"> ○ Open bite (OB) of at least 4 mm or deep bite (DB) of at least 7mm |
| <p>Mandibular and maxillary deformities contributing to airway dysfunction and associated obstructive</p> | <p>Maxillofacial surgery for treatment of mandibular and maxillary deformities contributing to airway dysfunction and associated OSA may be considered medically necessary when ALL of the following are present and documented:</p> |



| Condition | Medical Necessity |
|--------------------------|--|
| sleep apnea (OSA) | <ul style="list-style-type: none"> • Severe OSA (confirmed by a sleep study result of AHI* \geq 30) • Patient has trialed and failed a minimum 90 day use of positive airway pressure (PAP) • Patient participated in a PAP compliance program <p>*AHI: apnea/hypopnea index</p> |

| Condition | Investigational |
|--------------------------|--|
| Other indications | <p>The use of condylar positioning devices in orthognathic surgery is considered investigational.</p> <p>Orthognathic surgery is considered investigational for all other indications.</p> |

| Condition | Cosmetic |
|--|---|
| Unaesthetic facial features and psychological impairments | <p>Orthognathic surgery is considered cosmetic for correction of unaesthetic facial features, regardless of whether these are associated with psychological disorders.</p> <p>Orthognathic surgery performed to reshape or enhance the size of the chin to restore facial harmony and chin projection (eg, mentoplasty chin augmentation, chin implants, genioplasty or mandibular osteotomies/ostectomies) to address genial hypoplasia, hypertrophy, or asymmetry, when performed as an isolated procedure or with other procedures, is considered cosmetic in nature.</p> <p>No benefits are available for orthognathic surgery when performed primarily for cosmetic purposes.</p> <p>Note: Cosmetic services are addressed in a separate policy. See Related Policies.</p> |



Documentation Requirements

The patient's medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following:

- A written explanation of the member's clinical course, including dates and nature of any previous treatment

AND

- A detailed description of the functional impairment considered to be the direct result of the skeletal abnormality

AND

- Physical evidence of a skeletal, facial or craniofacial deformity defined by study models and pre-orthodontic imaging such as cephalometric radiographs and cephalometric diagrams with standard computer generated measurements

AND

- Clear frontal/full face and lateral view photographs (digital or film)

Coding

| Code | Description |
|------------|--|
| CPT | |
| 21083 | Impression and custom preparation; palatal lift prosthesis |
| 21084 | Impression and custom preparation; speech aid prosthesis |
| 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 (eg, 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) (eg, ungrafted unilateral alveolar cleft) |



| Code | Description |
|-------|---|
| 21147 | Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies) |
| 21150 | Reconstruction midface, LeFort II; anterior intrusion (eg, 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 (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 |
| 21172 | Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts) |
| 21175 | Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts) |
| 21179 | Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material) |
| 21180 | Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts) |
| 21181 | Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial |
| 21182 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm |
| 21183 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm |
| 21184 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm |



| Code | Description |
|-------|---|
| 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; 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; |
| 21206 | Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard) |
| 21208 | Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant) |
| 21209 | Osteoplasty, facial bones; reduction |
| 21210 | Graft, bone; nasal, maxillary or malar areas (includes obtaining graft) |
| 21215 | Graft, bone; mandible (includes obtaining graft) |
| 21230 | Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft) |
| 21235 | Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft) |
| 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) (eg, for hemifacial microsomia) |
| 21255 | Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts) |
| 21270 | Malar augmentation, prosthetic material |
| 21275 | Secondary revision of orbitocraniofacial reconstruction |
| 21295 | Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach |
| 21296 | Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach |



| Code | Description |
|------------|---|
| 40650 | Repair lip, full thickness; vermilion only |
| 40652 | Repair lip, full thickness; up to half vertical height |
| 40654 | Repair lip, full thickness; over 1/2 vertical height, or complex |
| 40700 | Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral |
| 40701 | Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure |
| 40702 | Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages |
| 40720 | Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure |
| 40761 | Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle |
| 40799 | Unlisted procedure, lips |
| 42200 | Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only |
| 42205 | Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft) |
| 42210 | Palatoplasty for cleft palate; major revision |
| 42215 | Palatoplasty for cleft palate; secondary lengthening procedure |
| 42220 | Palatoplasty for cleft palate; attachment pharyngeal flap |
| 42225 | Lengthening of palate, and pharyngeal flap |
| 42226 | Lengthening of palate, with island flap |
| 42227 | Repair of anterior palate, including vomer flap |
| 42235 | Repair of nasolabial fistula |
| 42260 | Maxillary impression for palatal prosthesis |
| 42280 | Insertion of pin-retained palatal prosthesis |
| 42281 | Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only |
| CDT | |
| D0330 | Panoramic radiographic image |
| D0340 | Cephalometric radiographic image |
| D0350 | Oral/facial photographic images |



| Code | Description |
|-------|--|
| D0470 | Diagnostic Casts |
| 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 |
| D7881 | Occlusal orthotic device adjustment |
| 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 Surgical section of upper jaw. |
| D7949 | LeFort II or LeFort III – with bone graft |
| D7950 | Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla |
| 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 |
| D8030 | Limited orthodontic treatment of the adolescent dentition |
| D8040 | Limited orthodontic treatment of the adult dentition |



| Code | Description |
|-------|--|
| D8050 | Interceptive orthodontic treatment of the primary dentition |
| D8060 | Interceptive orthodontic treatment of the transitional 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 (as part of contract) |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) |
| D8681 | Removable orthodontic retainer adjustment |
| D8690 | Orthodontic treatment (alternative billing to a contract fee) |
| D8691 | Repair of orthodontic appliance |
| D8692 | Replacement of lost or broken retainer |
| D8693 | Rebonding or recementing; and/or repair, as required, of fixed retainers |
| D8694 | Repair of fixed retainers, includes reattachment |
| D8999 | Unspecified Orthodontic Procedure, by report |
| D8020 | Limited Orthodontic Treatment of the Transitional Dentition |
| D8030 | Limited Orthodontic Treatment of the Adolescent Dentition |
| D8040 | Limited Orthodontic Treatment of the Adult Dentition |
| D8050 | Interceptive Orthodontic Treatment of the Primary Dentition |
| D8060 | Interceptive Orthodontic Treatment of the Transitional 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 |



| Code | Description |
|-------|--|
| D8220 | Fixed Appliance Therapy |
| D8660 | Pre-orthodontic Treatment Visit |
| D8670 | Periodic Orthodontic Treatment Visit |
| D8680 | Orthodontic Retention |
| D8690 | Orthodontic Treatment |
| D8691 | Repair of Orthodontic Appliance |
| D8692 | Replacement of Lost or Broken Retainer |
| D8693 | Rebonding or recementing; and/or repair, as required, of fixed retainers |
| D8999 | Unspecified Orthodontic Procedure |

Note: CPT codes, descriptions, and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS). CDT codes, descriptions and materials are copyrighted by the American Dental Association (ADA).

Related Information

Background

Orthognathic surgery is the revision 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. These surgical procedures are intended (i) to correct skeletal jaw and cranio-facial deformities that may be associated with significant functional impairment, and (ii) to reposition the jaws when conventional orthodontic therapy alone is unable to provide a satisfactory, functional dental occlusion within the limits of the available alveolar bone.

Congenital or developmental defects can interfere with the normal development of the face and jaws. These birth defects may interfere with the ability to chew properly, and may also affect speech and swallowing. In addition, trauma to the face and jaws may create skeletal deformities that cause significant functional impairment. Functional deficits addressed by this type of surgery are those that affect the skeletal masticatory apparatus such that chewing, speaking and/or swallowing are impaired.



Certain jaw and cranio-facial deformities may cause significant functional impairment. These deformities include apertognathia (either lateral or anterior not correctable by orthodontics alone), significant asymmetry of the lower jaw, significant class 2 and class 3 occlusal discrepancies, and cleft palate. Orthognathic surgery may help to reduce the flattening of the face that is characteristic of severe cleft deformity. Treatment approaches include maxillary advancement, a type of orthognathic surgery which surgically moves the maxilla and fixes it securely into place using sophisticated bone mobilizing techniques. This method of surgery is used when there is need to improve the facial contour and normalize dental occlusion due to relative deficiency of the mid-face region. The approach utilized is case dependent and may include surgery on the mandible, depending on the soft tissue profile of the face and/or severity of an occlusal discrepancy, and problems present in the lower face. By using osteotomy techniques along with bone and cartilage grafts, the upper and lower jaws and facial skeletal framework are moved and appropriately reconstructed.

Studies demonstrate that persons with vertical hyperplasia of the maxilla have an associated increase in nasal resistance, as do persons with maxillary hypoplasia with or without clefts. Following orthognathic surgery, such individuals routinely demonstrate decreases in nasal airway resistance and improved respiration.

Benefit Application

Refer to member contract language for benefit determination on orthognathic surgery.

Evidence Review

Rationale

This policy was developed based upon a consideration of peer-reviewed literature conducted through February 2014. A literature survey was using PUBMED and MEDLINE database.

Evidence presented in the literature supports the relationship between facial skeletal abnormalities and malocclusions, which includes Class II, Class III, asymmetry and open bite deformities. Studies indicate a strong correlation between the degree of occlusion present in an individual and the efficiency of chewing, bite force and restriction of mandibular excursions. Findings indicate the presence of a variety of functional impairments associated with facial



skeletal abnormalities and malocclusions, including diminished bite forces, restricted excursions and abnormal chewing patterns. The result of orthognathic surgery has led to significant improvement in the types of skeletal deformities that contribute to chewing, breathing, and swallowing dysfunctions in cases where dental therapeutics or orthodontics have failed.

Practice Guidelines and Position Statements

The AAOMS Criteria for Orthognathic Surgery (2008) have become widely adopted as a tool to assist in determining whether orthognathic surgery is medically indicated. As listed below, these maxillary and/or mandibular facial skeletal deformities associated with masticatory malocclusion relate verifiable clinical measurements to significant facial skeletal deformities:

Antero-posterior discrepancies:

- Maxillary/mandibular incisor relationship: overjet of 5 millimeter (mm) or more, or a 0 to a negative value (norm 2 mm)
- Maxillary/mandibular antero-posterior molar relationship discrepancy of 4 mm or more (norm 0 to 1 mm)

Note: These values represent 2 or more standard deviations (SDs) from published norms

Vertical discrepancies:

- Presence of a vertical facial skeletal deformity which is 2 or more SDs from published norms for accepted skeletal landmarks
- Open Bite
- No vertical overlap of anterior teeth greater than 2 mm
- Unilateral or bilateral posterior open bite greater than 2 mm
- Deep overbite with impingement or irritation of buccal or lingual soft tissues of the opposing arch
- Supraeruption of a dento-alveolar segment due to lack of opposing occlusion creating dysfunction not amenable to conventional prosthetics

Transverse discrepancies:

- Presence of a transverse skeletal discrepancy which is 2 or more SDs from published norms.



- 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

Asymmetries:

- Antero-posterior, transverse or lateral asymmetries greater than 3 mm with concomitant occlusal asymmetry

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History

| Date | Comments |
|----------|---|
| 04/14/14 | New policy. Add to Dental section. Orthognathic surgery may be considered medically necessary for correction of the certain skeletal deformities of the maxilla or mandible when it is documented that these skeletal deformities are contributing to significant |



| Date | Comments |
|----------|---|
| | dysfunction, and where the severity of the deformities precludes adequate treatment through dental therapeutics and orthodontics alone when criteria are met. |
| 01/22/15 | Update Related Policies. Change title to 2.01.503. |
| 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. Added D7881 |
| 04/12/16 | Annual Review. Literature review performed; no change in policy statements. |
| 10/11/16 | Policy moved into new format; no change to policy statements. |
| 02/14/17 | Annual review. No changes to policy statements. |
| 04/14/17 | Coding update; codes that were previously listed as a range are now listed individually. Minor formatting update. |
| 01/01/18 | Minor update; removed 2.01.503 from Related Policies as it was archived. |
| 07/01/18 | Annual Review, approved June 29, 2018. Changes effective October 5, 2018. Literature review performed. References 31, 32 added. Orthognathic surgery for correction of articulation disorders and other impairments in the production of speech statement removed as a policy statement, medical necessity criteria added for treatment of severe malocclusion that contributes to TMJ syndrome symptoms, and criteria for treatment of mandibular and maxillary deformities contributing to airway dysfunction and associated OSA specified to include report of AHI of ≥ 30 , 90 day trial of PAP, along with participation in PAP compliance program. |

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2018 Premera All Rights Reserved.

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.



Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

አማርኛ (Amharic):

ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀናት ሊኖሩ ይችላሉ። የጤና ሽፋንዎን ለመጠበቅና በአስፈላጊ እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና የለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መሰታ አለዎት። በስልክ ቁጥር 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

العربية (Arabic):

يحتوي هذا الإشعار معلومات هامة. قد يحوي هذا الإشعار معلومات مهمة بخصوص طلبك أو التخطيط التي تزيد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تاريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ 800-722-1471 (TTY: 800-842-5357)

中文 (Chinese):

本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357)。

Oromoo (Cushite):

Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisni kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 800-722-1471 (TTY: 800-842-5357) tii bilbilaa.

Français (French):

Cet avis a d'importantes informations. Cet avis peut avoir d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Premera Blue Cross. Le présent avis peut contenir des dates clés. Vous devez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez le 800-722-1471 (TTY: 800-842-5357).

Kreyòl ayisyen (Creole):

Avi sila a gen Enfòmasyon Enpòtan ladann. Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouvèti asirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resewva enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premera Blue Cross. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 800-722-1471 (TTY: 800-842-5357).

Hmoob (Hmong):

Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tej zaum tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam hns ntawm Premera Blue Cross. Tej zaum muaj cov hnuv tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 800-722-1471 (TTY: 800-842-5357).

Iloko (Ilocano):

Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion. Daytoy a pakdaar mabalin nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo wenna coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a petsa iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-atyto wenna tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):

Questo avviso contiene informazioni importanti. Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso Premera Blue Cross. Potrebbero esserci date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama 800-722-1471 (TTY: 800-842-5357).

日本語 (Japanese):

この通知には重要な情報が含まれています。この通知には、Premera Blue Cross の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357)までお電話ください。

한국어 (Korean):

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357) 로 전화하십시오.

ລາວ (Lao):

ແຈງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈງການນີ້. ທ່ານອາດຈະຈໍາເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດ ເວລາສະເພາະເພື່ອຮັກສາຄວາມຄົມຄອງປະກັນສະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວີ້ ຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកកាមរយ: Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កិច្ចការច្នៃផ្ទះធានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងអនាគតរបស់អ្នក ឬប្រាក់ដុល្លារចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះ និងដុល្លារនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 800-722-1471 (TTY: 800-842-5357)។

ਪੰਜਾਬੀ (Punjabi):

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਟਿਸ ਨਵ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਕੱਠ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਢੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਤੋਂ ਅਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ ,ਕਾਲ 800-722-1471 (TTY: 800-842-5357).

فارسی (Farsi):

این اعلامیه حاوی اطلاعات مهم میباشد. این اعلامیه ممکن است حاوی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما از طریق Premera Blue Cross باشد. به تاریخ های مهم در این اعلامیه توجه نمایید. شما ممکن است برای حفظ پوشش بیمه تان یا کمک در پرداخت هزینه های درمانی تان، به تاریخ های مشخصی برای انجام کارهای خاصی احتیاج داشته باشید. شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. برای کسب اطلاعات با شماره 800-722-1471 (کلیران TTY تماس باشماره 800-842-5357) تماس برقرار نمایید.

Polskie (Polish):

To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Premera Blue Cross. Prosimy zwrócić uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 800-722-1471 (TTY: 800-842-5357).

Português (Portuguese):

Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

Română (Romanian):

Prezenta notificare conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin Premera Blue Cross. Pot exista date cheie în această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența provizorie la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471 (TTY: 800-842-5357).

Русский (Russian):

Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Fa'asamoa (Samoan):

Atonu ua iai i lenei fa'asilasilaga ni fa'amatalaga e sili ona taua e tatau ona e malamalama i ai. O lenei fa'asilasilaga o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, Premera Blue Cross, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloilo fa'alelei i aso fa'apitoa olo'o iai i lenei fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia ao le'i aulia le aso ua ta'ua i lenei fa'asilasilaga ina ia e iai pea ma maua fesoasoani mai ai i le polokalame a le Malo olo'o e iai i ai. Olo'o iai iate oe le aia tatau e maua atu i lenei fa'asilasilaga ma lenei fa'matalaga i legagana e te malamalama i ai aunoa ma se togiga tupe. Vili atu i le telefoni 800-722-1471 (TTY: 800-842-5357).

Español (Spanish):

Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganiitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

ไทย (Thai):

ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับกาการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน Premera Blue Cross และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือนี้ในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 800-722-1471 (TTY: 800-842-5357)

Український (Ukrainian):

Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страховального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 800-722-1471 (TTY: 800-842-5357).

Tiếng Việt (Vietnamese):

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-722-1471 (TTY: 800-842-5357).