Orthognathic surgery is surgery to correct conditions of 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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract limitations</td>
<td>Some health plan contracts may not have benefits to cover orthognathic surgery. Refer to member contract language for details.</td>
</tr>
<tr>
<td>Condition</td>
<td>Medical Necessity</td>
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<tr>
<td>-----------------------------------------------</td>
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</tr>
<tr>
<td>Condition</td>
<td>benefit determination.</td>
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<tr>
<td>Congenital Anomalies</td>
<td>Orthognathic surgery for correction of congenital (apparent at birth) deformities may be considered medically necessary for the following diagnoses (list may not be all inclusive):</td>
</tr>
<tr>
<td></td>
<td>• Apert syndrome</td>
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<td></td>
<td>• Cleft deformity</td>
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<td></td>
<td>• Crouzon syndrome</td>
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<td></td>
<td>• Hemifacial microsomia (HFM)</td>
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<td></td>
<td>• Pfeiffer syndrome</td>
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<td></td>
<td>• Pierre Robin syndrome</td>
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<td></td>
<td>• Treacher Collins syndrome</td>
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<tr>
<td>Note</td>
<td>Abnormal growth of the jaws (resulting in maxillary and/or mandibular hypo- or hyperplasia) is NOT considered a congenital anomaly</td>
</tr>
<tr>
<td>Traumatic injury or tumor</td>
<td>Orthognathic surgery may be considered medically necessary for restoration of function related to an acute traumatic injury or surgical removal of a tumor</td>
</tr>
<tr>
<td>Maxillary and/or mandibular facial skeletal deformities associated with masticatory malocclusion</td>
<td>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:</td>
</tr>
<tr>
<td></td>
<td><strong>ONE of the following significant functional impairments is present and persists for at least 4 months:</strong></td>
</tr>
<tr>
<td></td>
<td>• Dysphagia (difficulty swallowing) related to an inability to incise or chew solid foods, or choking on incompletely masticated (chewed) solid foods</td>
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<td><strong>OR</strong></td>
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<tr>
<td></td>
<td>• 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</td>
</tr>
<tr>
<td>Note</td>
<td>Impairment or distortions of sibilant sound class (hissing sound) is NOT considered a significant functional impairment</td>
</tr>
<tr>
<td></td>
<td><strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td><strong>ONE of the following facial skeletal deformities is present:</strong></td>
</tr>
<tr>
<td></td>
<td>• Mandibular excess or maxillary deficiency with a reverse overjet</td>
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<tr>
<td>Condition</td>
<td>Medical Necessity</td>
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</tr>
</tbody>
</table>
| Treatment of severe malocclusion that contributes to TMJ syndrome symptoms | **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:**  
  
  **A.** ONE of the following symptoms is present and has persisted for at least 4 months:  
  - Painful chewing clearly related to the TMJ  
  - Frequent and significant headaches clearly related to TMJ  
  - Significant temporomandibular joint and/or muscle tenderness  
  
  **AND**  
  
  **B.** Symptoms persist after 4 months of treatment with ONE of the following conservative measures:  
  - 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  
  
  **AND**  
  
  **C.** Malocclusion or dental misalignment is present and supported by ONE of the following measurements:  
  - Mandibular excess or maxillary deficiency with a reverse overjet (ROJ) of at least 3 mm  
    **OR**  
    - Maxillary excess or mandibular deficiency with an overjet (OJ) of at least 6 mm  
    **OR**  
    - Open bite (OB) of at least 4 mm or deep bite (DB) of at least 7mm |
<table>
<thead>
<tr>
<th>Condition</th>
<th>Medical Necessity</th>
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</thead>
</table>
| Mandibular and maxillary deformities contributing to airway dysfunction and associated obstructive sleep apnea (OSA) | 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:  
- Severe OSA (confirmed by a sleep study result of AHI* ≥ 30)  
- Patient has trialed and failed a minimum 90 day use of positive airway pressure (PAP)  
- Patient participated in a PAP compliance program |
| Orthognathic surgical splints | The use of two orthognathic surgical splints is considered medically necessary. Any use of greater than two orthognathic surgical splints is considered not medically necessary. |

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Cosmetic</th>
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</table>
| Unaesthetic facial features and psychological impairments | Orthognathic surgery is considered cosmetic for correction of unaesthetic facial features, regardless of whether these are associated with psychological disorders.  
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.  
No benefits are available for orthognathic surgery when |
Condition | Cosmetic
---|---
| performed primarily for cosmetic purposes.

Note: Cosmetic services are addressed in a separate policy. See Related Policies.

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

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>CPT</td>
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<tr>
<td>21083</td>
<td>Impression and custom preparation; palatal lift prosthesis</td>
</tr>
<tr>
<td>21084</td>
<td>Impression and custom preparation; speech aid prosthesis</td>
</tr>
<tr>
<td>21085</td>
<td>Impression and custom preparation; oral surgical splint</td>
</tr>
<tr>
<td>21088</td>
<td>Impression and custom preparation; facial prosthesis</td>
</tr>
<tr>
<td>21141</td>
<td>Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft</td>
</tr>
<tr>
<td>21142</td>
<td>Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>21143</td>
<td>Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft</td>
</tr>
<tr>
<td>21145</td>
<td>Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)</td>
</tr>
<tr>
<td>21146</td>
<td>Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)</td>
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<tr>
<td>21147</td>
<td>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)</td>
</tr>
<tr>
<td>21150</td>
<td>Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)</td>
</tr>
<tr>
<td>21151</td>
<td>Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)</td>
</tr>
<tr>
<td>21154</td>
<td>Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I</td>
</tr>
<tr>
<td>21155</td>
<td>Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I</td>
</tr>
<tr>
<td>21159</td>
<td>Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I</td>
</tr>
<tr>
<td>21160</td>
<td>Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I</td>
</tr>
<tr>
<td>21172</td>
<td>Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)</td>
</tr>
<tr>
<td>21175</td>
<td>Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)</td>
</tr>
<tr>
<td>21179</td>
<td>Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)</td>
</tr>
<tr>
<td>21180</td>
<td>Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)</td>
</tr>
<tr>
<td>21181</td>
<td>Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial</td>
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<tr>
<td>21182</td>
<td>Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intracranial 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</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>21183</td>
<td>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</td>
</tr>
<tr>
<td>21184</td>
<td>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</td>
</tr>
<tr>
<td>21188</td>
<td>Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)</td>
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<tr>
<td>21193</td>
<td>Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft</td>
</tr>
<tr>
<td>21194</td>
<td>Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)</td>
</tr>
<tr>
<td>21195</td>
<td>Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation</td>
</tr>
<tr>
<td>21196</td>
<td>Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation</td>
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<tr>
<td>21198</td>
<td>Osteotomy, mandible, segmental;</td>
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<tr>
<td>21206</td>
<td>Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)</td>
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<tr>
<td>21208</td>
<td>Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)</td>
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<tr>
<td>21209</td>
<td>Osteoplasty, facial bones; reduction</td>
</tr>
<tr>
<td>21210</td>
<td>Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)</td>
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<tr>
<td>21215</td>
<td>Graft, bone; mandible (includes obtaining graft)</td>
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<tr>
<td>21230</td>
<td>Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)</td>
</tr>
<tr>
<td>21235</td>
<td>Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)</td>
</tr>
<tr>
<td>21240</td>
<td>Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)</td>
</tr>
<tr>
<td>21242</td>
<td>Arthroplasty, temporomandibular joint, with allograft</td>
</tr>
<tr>
<td>21243</td>
<td>Arthroplasty, temporomandibular joint, with prosthetic joint replacement</td>
</tr>
<tr>
<td>21247</td>
<td>Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)</td>
</tr>
<tr>
<td>21255</td>
<td>Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining grafts)</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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</tr>
<tr>
<td></td>
<td>obtaining autografts)</td>
</tr>
<tr>
<td>21270</td>
<td>Malar augmentation, prosthetic material</td>
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<tr>
<td>21275</td>
<td>Secondary revision of orbitocraniofacial reconstruction</td>
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<tr>
<td>21295</td>
<td>Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach</td>
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<tr>
<td>21296</td>
<td>Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach</td>
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<tr>
<td>40650</td>
<td>Repair lip, full thickness; vermilion only</td>
</tr>
<tr>
<td>40652</td>
<td>Repair lip, full thickness; up to half vertical height</td>
</tr>
<tr>
<td>40654</td>
<td>Repair lip, full thickness; over 1/2 vertical height, or complex</td>
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<tr>
<td>40700</td>
<td>Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral</td>
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<tr>
<td>40701</td>
<td>Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure</td>
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<tr>
<td>40702</td>
<td>Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages</td>
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<tr>
<td>40720</td>
<td>Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure</td>
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<tr>
<td>40761</td>
<td>Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle</td>
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<tr>
<td>40799</td>
<td>Unlisted procedure, lips</td>
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<tr>
<td>42200</td>
<td>Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only</td>
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<tr>
<td>42205</td>
<td>Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)</td>
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<td>42210</td>
<td>Palatoplasty for cleft palate; major revision</td>
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<tr>
<td>42215</td>
<td>Palatoplasty for cleft palate; secondary lengthening procedure</td>
</tr>
<tr>
<td>42220</td>
<td>Palatoplasty for cleft palate; attachment pharyngeal flap</td>
</tr>
<tr>
<td>42225</td>
<td>Lengthening of palate, and pharyngeal flap</td>
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<tr>
<td>42226</td>
<td>Lengthening of palate, with island flap</td>
</tr>
<tr>
<td>42227</td>
<td>Repair of anterior palate, including vomer flap</td>
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<tr>
<td>42235</td>
<td>Repair of nasolabial fistula</td>
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<tr>
<td>42260</td>
<td>Maxillary impression for palatal prosthesis</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>42280</td>
<td>Insertion of pin-retained palatal prosthesis</td>
</tr>
<tr>
<td>42281</td>
<td>Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only</td>
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</tbody>
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**CDT**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>D0330</td>
<td>Panoramic radiographic image</td>
</tr>
<tr>
<td>D0340</td>
<td>Cephalometric radiographic image</td>
</tr>
<tr>
<td>D0350</td>
<td>Oral/facial photographic images</td>
</tr>
<tr>
<td>D0470</td>
<td>Diagnostic Casts</td>
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<tr>
<td>D5954</td>
<td>Palatal augmentation prosthesis</td>
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<tr>
<td>D5955</td>
<td>Palatal lift prosthesis, definitive</td>
</tr>
<tr>
<td>D5958</td>
<td>Palatal lift prosthesis, interim</td>
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<tr>
<td>D5959</td>
<td>Palatal lift prosthesis, modification</td>
</tr>
<tr>
<td>D7283</td>
<td>Placement of device to facilitate eruption of impacted tooth</td>
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<tr>
<td>D7881</td>
<td>Occlusal orthotic device adjustment</td>
</tr>
<tr>
<td>D7940</td>
<td>Osteoplasty – for orthognathic deformities</td>
</tr>
<tr>
<td>D7941</td>
<td>Osteotomy – mandibular rami</td>
</tr>
<tr>
<td>D7943</td>
<td>Osteotomy – mandibular rami with bone graft; includes obtaining the graft</td>
</tr>
<tr>
<td>D7944</td>
<td>Osteotomy – segmented or subapical</td>
</tr>
<tr>
<td>D7945</td>
<td>Osteotomy – body of mandible</td>
</tr>
<tr>
<td>D7946</td>
<td>LeFort I (maxilla – total)</td>
</tr>
<tr>
<td>D7947</td>
<td>LeFort I (maxilla – segmented)</td>
</tr>
<tr>
<td>D7948</td>
<td>LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft Surgical section of upper jaw.</td>
</tr>
<tr>
<td>D7949</td>
<td>LeFort II or LeFort III – with bone graft</td>
</tr>
<tr>
<td>D7950</td>
<td>Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla</td>
</tr>
<tr>
<td>D7951</td>
<td>Sinus augmentation with bone or bone substitutes via a lateral open approach</td>
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<tr>
<td>D7952</td>
<td>Sinus augmentation via a vertical approach</td>
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<tr>
<td>D7953</td>
<td>Bone replacement graft for ridge preservation – per site</td>
</tr>
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</tr>
<tr>
<td>D7955</td>
<td>Repair of maxillofacial soft and/or hard tissue defect</td>
</tr>
<tr>
<td>D8010</td>
<td>Limited Orthodontic Treatment of the Primary Dentition</td>
</tr>
<tr>
<td>D8020</td>
<td>Limited orthodontic treatment of the transitional dentition</td>
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<tr>
<td>D8030</td>
<td>Limited orthodontic treatment of the adolescent dentition</td>
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<tr>
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<td>Limited orthodontic treatment of the adult dentition</td>
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<tr>
<td>D8050</td>
<td>Interceptive orthodontic treatment of the primary dentition</td>
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<tr>
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<td>Interceptive orthodontic treatment of the transitional dentition</td>
</tr>
<tr>
<td>D8070</td>
<td>Comprehensive orthodontic treatment of the transitional dentition</td>
</tr>
<tr>
<td>D8080</td>
<td>Comprehensive orthodontic treatment of the adolescent dentition</td>
</tr>
<tr>
<td>D8090</td>
<td>Comprehensive orthodontic treatment of the adult dentition</td>
</tr>
<tr>
<td>D8210</td>
<td>Removable appliance therapy</td>
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<td>Fixed appliance therapy</td>
</tr>
<tr>
<td>D8660</td>
<td>Pre-orthodontic treatment visit</td>
</tr>
<tr>
<td>D8670</td>
<td>Periodic orthodontic treatment visit (as part of contract)</td>
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<tr>
<td>D8680</td>
<td>Orthodontic retention (removal of appliances, construction and placement of</td>
</tr>
<tr>
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<td>retainer(s)</td>
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<tr>
<td>D8681</td>
<td>Removable orthodontic retainer adjustment</td>
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<td>D8690</td>
<td>Orthodontic treatment (alternative billing to a contract fee)</td>
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<td>D8691</td>
<td>Repair of orthodontic appliance</td>
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<tr>
<td>D8692</td>
<td>Replacement of lost or broken retainer</td>
</tr>
<tr>
<td>D8693</td>
<td>Rebonding or recementing; and/or repair, as required, of fixed retainers</td>
</tr>
<tr>
<td>D8694</td>
<td>Repair of fixed retainers, includes reattachment</td>
</tr>
<tr>
<td>D8999</td>
<td>Unspecified Orthodontic Procedure, by report</td>
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<tr>
<td>D8020</td>
<td>Limited Orthodontic Treatment of the Transitional Dentition</td>
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<td>Limited Orthodontic Treatment of the Adolescent Dentition</td>
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<tr>
<td>D8040</td>
<td>Limited Orthodontic Treatment of the Adult Dentition</td>
</tr>
<tr>
<td>D8050</td>
<td>Interceptive Orthodontic Treatment of the Primary Dentition</td>
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<td>Description</td>
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<tr>
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<td>Interceptive Orthodontic Treatment of the Transitional Dentition</td>
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<tr>
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<td>Comprehensive Orthodontic Treatment of the Transitional Dentition</td>
</tr>
<tr>
<td>D8080</td>
<td>Comprehensive Orthodontic Treatment of the Adolescent Dentition</td>
</tr>
<tr>
<td>D8090</td>
<td>Comprehensive Orthodontic Treatment of the Adult Dentition</td>
</tr>
<tr>
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<td>D8692</td>
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<td>D8693</td>
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<td>D8999</td>
<td>Unspecified Orthodontic Procedure</td>
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**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 a 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.
Rationale

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

Evidence presented in the literature supports the relationship between facial skeletal abnormalities and malocclusions, which includes Class II and 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

References


### History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/14/14</td>
<td>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 dysfunction, and where the severity of the deformities precludes adequate treatment through dental therapeutics and orthodontics alone when criteria are met.</td>
</tr>
<tr>
<td>01/22/15</td>
<td>Update Related Policies. Change title to 2.01.503.</td>
</tr>
<tr>
<td>04/24/15</td>
<td>Annual Review. Literature review performed; no change in policy statements.</td>
</tr>
<tr>
<td>09/25/15</td>
<td>Coding update. ICD-10-CM codes added.</td>
</tr>
<tr>
<td>02/18/16</td>
<td>Coding update. Added D7881</td>
</tr>
<tr>
<td>04/12/16</td>
<td>Annual Review. Literature review performed; no change in policy statements.</td>
</tr>
<tr>
<td>10/11/16</td>
<td>Policy moved into new format; no change to policy statements.</td>
</tr>
<tr>
<td>02/14/17</td>
<td>Annual review. No changes to policy statements.</td>
</tr>
<tr>
<td>04/14/17</td>
<td>Coding update; codes that were previously listed as a range are now listed individually. Minor formatting update.</td>
</tr>
<tr>
<td>01/01/18</td>
<td>Minor update; removed 2.01.503 from Related Policies as it was archived.</td>
</tr>
<tr>
<td>07/01/18</td>
<td>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.</td>
</tr>
<tr>
<td>05/01/19</td>
<td>Annual Review, approved April 18, 2019. References 33, 34 added. Added hemofacial microsomia and Treacher Collins syndrome to medically necessary congenital deformities that may require correction. Added medically necessary statement for restoration of function related to acute traumatic injury and removal of tumor. Added</td>
</tr>
</tbody>
</table>
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**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.
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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)


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Oromo (Cushite):


Deutsche (German):


Italiano (Italian):
