



## Blue Cross Complete Clinical Practice Guideline Summary Orthognathic Surgery

Information provided by *Michigan Association of Health Plans*

Purpose	Orthognathic surgery is the surgical correction of abnormalities of the mandible and/or maxilla <sup>1</sup> . It involves the surgical manipulation of the elements of the facial skeleton to restore the proper anatomic and functional relationship in patients with dentofacial skeletal anomalies <sup>2</sup> .
Description	Orthognathic surgery is covered when provided by a participating provider, notified in advance, and meets Blue Cross Complete's clinical guideline. Blue Cross Complete considers orthognathic surgery medically necessary for correction of skeletal deformities of the maxilla or mandible when clinical documentation indicates: <ul style="list-style-type: none"><li>a. Skeletal deformities are contributing to medically significant functional impairment. i.e. airway and nutrition</li><li>b. A physiological functional impairment would be improved by orthognathic surgery</li><li>c. Non-surgical treatment, such as dental therapeutics or orthodontics alone, have not adequately treated the condition</li></ul>
Criteria	<p>The primary consideration is to establish the presence of a medical functional impairment due to skeletal malformation or anomaly of the maxilla and / or mandible.</p> <p>Skeletal deformities related to masticatory dysfunction: Documentation requirements:</p> <ul style="list-style-type: none"><li>a. A-C above</li><li>b. X rays to confirm diagnosis / discrepancy</li><li>c. BMI</li><li>d. Medical evidence of malnutrition</li><li>e. Models and photos</li></ul> <p>Skeletal deformities related to airway dysfunction contribution to the skeletal deformity Documentation requirements:</p> <ul style="list-style-type: none"><li>a. A-C above</li><li>b. X rays to confirm diagnosis / deformity</li><li>c. Obstructive sleep apnea indicated by AHI greater than <b>15</b> on sleep study</li><li>d. Failed Two month trial of C-PAP where clinically appropriate</li></ul> <p>Orthodontic treatment prior to request for orthognathic surgery: Orthodontic treatment may be needed prior to orthognathic surgery to position the teeth in a manner that will provide for an adequate occlusion following surgical repositioning of the jaws. The interim occlusion that is achieved by orthodontic treatment may be dysfunctional prior to the completion of the orthognathic surgical phase of the treatment plan.</p> <p>Documentation Requirements:</p> <ul style="list-style-type: none"><li>a. A-C above</li><li>b. A written explanation of the member's clinical course, including dates and nature of any previous treatment</li><li>c. physical evidence of a skeletal, facial, or craniofacial deformity defined by study models and pre-orthodontic imaging</li><li>d. To correct jaw and craniofacial deformities related to severe malnutrition secondary or handicapping malocclusion.<ul style="list-style-type: none"><li>• Severe malnutrition secondary or handicapping malocclusion is defined as a deformity where the patient has difficulty in swallowing or in the ability to chew only soft food or intake liquids. For these patients, there should be evidence of significant and persistent symptoms and other causes of swallowing and oral problems should have been evaluated. The Blue Cross Complete will require clinical evidence, such as weight loss or malnutrition.</li></ul></li></ul>

Exclusions	<ul style="list-style-type: none"> <li>A. Mentoplasty or genial osteotomies/ostectomies (chin surgeries) are considered cosmetic when performed as an isolated procedure to address genial hypoplasia, hypertrophy, or asymmetry, and may be considered cosmetic when performed with other surgical procedures.</li> <li>B. Orthognathic surgery performed primarily for cosmetic purposes are excluded.</li> <li>C. Orthodontic treatment expenses associated with the orthodontic phase of care, including braces, both pre- and post- surgical are considered dental in nature. Expenses associated with orthodontic phase of treatment (both pre- and post-surgical) are considered dental in nature and are not covered under medical plan.</li> <li>D. Orthognathic surgery for Myofacial Pain Dysfunction (MPD) and/or Temporomandibular Joint Syndrome (TMJ). Evidence in peer-reviewed literature does not support the use of orthognathic surgery alone as a primary treatment of TMJ and there is no literature to support a cause-and-effect relationship between malocclusion and TMJ. Orthognathic surgery does not remove or improve a medical functional impairment for the following symptoms / conditions and are not covered: <ul style="list-style-type: none"> <li>1. Myofascial, neck, head, and shoulder pain</li> <li>2. Popping / clicking of temporomandibular joint(s)</li> <li>3. Potential for development or exacerbation of temporomandibular joint dysfunction</li> <li>4. Teeth grinding</li> </ul> </li> <li>E. Any malocclusion that is correctable by a non-surgical orthodontic or dental procedure</li> <li>F. Dental implants (including the implanted tooth and posts) for any orthognathic procedure</li> <li>G. Dental services related to the care, filling, removal or the replacement of teeth, and cleaning of teeth</li> <li>H. Orthognathic surgery for cosmetic purposes with no evidence of a medical impairment associated with an over or under bite</li> <li>I. Class I occlusion/malocclusions</li> <li>J. Surgical adjustment of facial balance or facial proportion in the absence of skeletal functional impairment is considered cosmetic</li> </ul>
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Source: Michigan Association of Health Plans, revised by the MAHP Medical Directors Jan. July 2011, 2015, 2017

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