KAISER PERMANENTE® Mid-Atlantic States	**Orthognathic Surgery** **Medical Coverage Policy**

UTILIZATION * ALERT*

- Prior to use of this MCP for evaluation of medical necessity, benefit MUST be verified in the member's EOC or benefit document if it includes the optional rider.
- Please refer to CMS guidelines or National Coverage Determination (NCD) for Medicare members
- Medicare does not currently have a National Coverage Determination (NCD) for TMD.
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) currently do not exist.
- After searching the Medicare Coverage Database, if no NCD/LCD/LCA is found, then use the policy referenced above for coverage guidelines

I. Service: **Orthognathic Surgery**

II. Specialty: **Otolaryngology, Oral Surgery**

III. Clinical Indications for Referral

Orthognathic surgery is considered medically necessary when there is documentation that the facial skeletal discrepancy results in significant functional impairment or **dysfunction**. For an initial consultation, speech therapy and/or nutrition evaluations are required to demonstrate significant functional impairment or dysfunction. The only exception is for consultation specifically requested for sleep study documented Obstructive Sleep Apnea for those members who decline or have contraindications to non-surgical treatments for OSA. The patient should meet the required clinical measurements below based on the identified deformity for approval of any surgical procedures.

A. Significant Facial, Maxillary and/or Mandibular Facial Skeletal Deformities associated with Masticatory Malocclusion
These deformities contribute to significant masticatory dysfunction and the severity of the deformity precludes adequate dental therapeutics and orthodontic treatment.

1. **Anteroposterior discrepancies**:
   a. Maxillary/mandibular incisor relationship; overjet of 5mm or more, or a 0 to a negative value (norm 2mm);
   b. Maxillary/mandibular anteroposterior molar relationship discrepancy of 4mm or more (norm 0 to 1mm);
   c. These values represent two or more standard deviations from published norms.

2. **Vertical discrepancies**

a. Presence of a vertical facial skeletal deformity, that is two or more standard deviations from published norms for accepted skeletal landmarks;
b. Open bite
   i. No vertical overlap of anterior teeth;
   ii. Unilateral or bilateral posterior open bite greater than 2mm
c. Deep overbite with impingement or irritation of buccal or lingual soft tissues of the opposing arch;
d. Supra-eruption of a dentoalveolar segment due to lack of occlusion
   i. No vertical overlap of anterior teeth; and
   ii. Unilateral or bilateral posterior open bite greater than 2mm

3. Transverse discrepancies

a. Presence of a transverse skeletal discrepancy, which is two or more standard deviations from published norms;
b. Total bilateral maxillary palatal cusp to mandibular fossa discrepancy of 4mm or greater, or a unilateral discrepancy of 3mm or greater, given normal axial inclination of the posterior teeth.

4. Asymmetries

a. Anteroposterior, transverse or lateral asymmetries greater than 3mm with concomitant occlusal asymmetry.

B. Facial skeletal deformities associated with conditions affecting the airway, temporomandibular joint disorders, or speech impairments and contribute to severe or significant dysfunction.

a. Facial skeletal discrepancies associated with sleep apnea, airway defects, and soft tissue discrepancies

i. Obstructive Sleep Apnea (OSA) with underlying facial skeletal deformities; and
   1) vertical hyperplasia of the maxilla; or
   2) maxillary and/or mandibular hypoplasia with or without clefts.

b. **Facial skeletal discrepancies associated with Temporomandibular Joint Disorder (TMD) and dysfunction**

   i. A documented diagnosis of TMD and dysfunction; and
   ii. Severe class II deformity; and
   iii. Speech and masticatory impairment; and
   iv. Unresponsive to attempts of non-surgical TMD treatment or non-correctable by dental therapeutics or orthodontics alone.

c. Facial skeletal discrepancies associated with Speech Impairment

i. Abnormal jaw relationship to facial structures, including the position of the lips, tongue and soft palate can result in altered or impaired speech production; and
ii. Meets the clinical measurement criteria cited in section III, A, B or C

IV. Limitations

Orthodontic treatments prior to orthognathic surgery are considered dental in nature and not covered under medical benefit.

V. Exclusions

Orthognathic Surgery is considered not medically necessary and not covered for the following:

1. For conditions other than those identified in section III; **and**
2. When the required criteria cited in section III have not been met; **or**
3. For cosmetic purposes, to improve or change the physical appearance with normal anatomic variation and without functional impairment including speech and nutritional abnormalities.

VI. Definition

Orthognathic surgery is defined by the American Association of Oral and Maxillofacial Surgeons as the surgical correction of severe abnormalities of the mandible, maxilla, or both, resulting from traumatic injury or underlying abnormality present at birth and becomes more evident as the member grows and develops. The severity of these underlying deformities require treatment beyond dental treatment alone with the primary goal to restore the form and improve the function of the affected anatomical structure(s) through correction of the underlying skeletal deformity

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Approval History

Effective June 01, 2016, state filing is no longer required per Maryland House Bill HB 798 – Health Insurance – Reporting

Date approved by RUMC	Date of Implementation
04/25/2023	04/25/2023
04/25/2024	04/25/2024

*The Regional Utilization Management Committee received delegated authority in 2011 to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.