ORTHOGNATHIC SURGERY

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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ORTHOGNATHIC SURGERY (cont.)

Description:

Orthognathic surgery is performed to correct mandible and/or maxilla abnormalities that may be:

- Present at birth (congenital)
- A skeletal anomaly that may become evident as the individual grows and develops
- The result of traumatic injuries
- The result of an illness or disease process
- The result of surgery or therapeutic intervention

Depending upon the severity of the abnormality, reconstructive surgical procedures may be performed to correct a malpositioned or malformed mandible and/or maxilla, correcting a functional impairment.

Definitions:

Apneic-Hypopneic Index (AHI):
The AHI is the average number of episodes of apnea and hypopnea per hour as recorded by a polysomnography based on a minimum of 2 hours of actual sleep. The polysomnography must be performed by a certified sleep laboratory, either in an overnight laboratory or in the home setting, and reviewed by a certified practitioner and BCBSAZ eligible provider.

Distraction Osteogenesis (DO):
A surgical process that has been investigated for the correction of craniofacial abnormalities. Bone is surgically fractured to promote callus formation. As the callus forms, the bony segments are incrementally separated with specialized hardware to gradually lengthen and reshape the bone. Hardware may be externally or internally placed.

Functional Impairment:
A state in which the normal or proper action of any body part or organ is damaged or deficient as a result of a malpositioned or malformed mandible and/or maxilla, facial skeletal discrepancy or a congenital defect.

Genioplasty:
Surgery to reshape the chin. Types of surgeries include chin augmentation with the use of an implant to correct a receding chin and a sliding genioplasty to reduce a prominent chin.
ORTHOGNATHIC SURGERY (cont.)

Criteria:

COVERAGE FOR TREATMENT TO CORRECT A CONGENITAL DEFECT OR BIRTH ABNORMALITY IS DEPENDENT UPON BENEFIT PLAN LANGUAGE AND IS SUBJECT TO THE PROVISIONS OF THE RECONSTRUCTIVE BENEFIT AND THE COSMETIC BENEFIT EXCLUSION. REFER TO MEMBER’S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS AND THE FUNCTIONAL IMPAIRMENT REQUIREMENT.

Facial Skeletal Discrepancy:

➢ Radiological documentation of ONE of the following:

1. Macrogenia
2. Mandibular hyperplasia
3. Mandibular hypoplasia
4. Maxillary hyperplasia or asymmetry
5. Maxillary hypoplasia
6. Microgenia
7. Prognathism
8. Retrognathism

Functional Impairment:

➢ Clinical records must document the presence of ONE of the following conditions as the result of a facial skeletal discrepancy:

▪ Airway defect
▪ Masticatory malocclusion
▪ Severe sleep apnea as documented by an apneic-hypopneic index (AHI) (see Description section) of 15 or more
▪ Soft tissue discrepancies resulting in functional impairment
▪ Speech impairment secondary to the functional deformity/deficiency
ORTHOGNATHIC SURGERY (cont.)

Criteria: (cont.)

Serial orthognathic surgeries may be required to correct a functional impairment when the impairment is the result of a congenital defect. Timing of these procedures may extend beyond 18 years of age in order to maximize the medical appropriateness of the surgical correction(s).

➢ The following orthognathic surgeries to correct a functional impairment (as defined above) resulting from a facial skeletal discrepancy (as defined above) are considered medically necessary with clinical documentation, radiological report and preoperative intraoral and facial photographs:

1. Anterior segment osteotomy of mandible
   • ONE of the following:
     - Prominent anterior segment of mandible and one of the following¹:
       a. Malocclusion without bimaxillary protrusion
       b. Bimaxillary protrusion
     - Uneven AP mandibular occlusal plane with malocclusion¹

2. Anterior segment osteotomy of maxilla
   • Malocclusion with ONE of the following:
     - Abnormal premaxilla without bimaxillary protrusion and one of the following:
       a. Premaxillary vertical excess
       b. Premaxillary vertical deficiency
       c. Prognathic premaxilla
     - Abnormal premaxilla with bimaxillary protrusion and one of the following:
       a. Premaxillary vertical excess
       b. Prognathic premaxilla
ORTHOGNATHIC SURGERY (cont.)

Criteria: (cont.)

➢ The following orthognathic surgeries to correct a functional impairment (as defined above) resulting from a facial skeletal discrepancy (as defined above) are considered medically necessary with clinical documentation, radiological report, and preoperative intraoral and facial photographs: (cont.)

3. Osteotomy of mandible ramus

   • **ONE** of the following:

   - Mandibular prognathism and **one** of the following:
     - a. Negative overjet (reverse overbite)
     - b. Class III malocclusion
     - c. Bimaxillary protrusion

   - Mandibular retrognathism with Class II malocclusion
   - Mandibular asymmetry with facial asymmetry
   - Mandibular occlusal cant
ORTHOGNATHIC SURGERY (cont.)

Criteria: (cont.)

➢ The following orthognathic surgeries to correct a functional impairment (as defined above) resulting from a facial skeletal discrepancy (as defined above) are considered medically necessary with clinical documentation, radiological report, and preoperative intraoral and facial photographs: (cont.)

4. LeFort I osteotomy with ONE of the following:
   - Anterior open bite/no overbite
   - Maxillary occlusal cant > 4 degrees
   - Vertical maxillary excess and ALL of the following:
     - Lip incompetence
     - Ratio of lower face height to total face height > 60%
   - Vertical maxillary deficiency and ALL of the following:
     - Malocclusion
     - Ratio of lower face height to total face height < 50%
   - Retrognathic maxilla and ALL of the following:
     - Nasolabial angle > 100 degrees
     - Malocclusion
     - Sella-Nasion-A (SNA) decreased for norms
   - Prognathic maxilla and ALL of the following:
     - Nasolabial angle < 75 degrees
     - Lip incompetence
     - Sella-Nasion-A (SNA) increased for norms

➢ If above criteria not met, orthognathic surgery for the improvement of an individual’s facial structure is considered cosmetic and not eligible for coverage even when the procedure will improve emotional, psychological or mental condition or performance, based upon ANY of the following:

1. Intent to enhance or improve appearance
2. Absence of a functional physical impairment
ORTHOGNATHIC SURGERY (cont.)

Criteria: (cont.)

- Genioplasty performed in conjunction with orthognathic surgery is considered cosmetic and not eligible for coverage.

- Physician fabricated oral surgical splint in association with orthognathic surgery is considered medically necessary.

- Distraction osteogenesis for the treatment of craniofacial abnormalities is considered experimental or investigational based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

1 Intraoral and facial photographs not required
ORTHOGNATHIC SURGERY (cont.)

Resources:

Literature reviewed 05/15/18. We do not include marketing materials, poster boards and non-published literature in our review.

Resources prior to 05/09/17 may be requested from the BCBSAZ Medical Policy and Technology Research Department.


ORTHOGNATHIC SURGERY (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ 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: BCBSAZ’s Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ’s 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, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un interprete, llame al 602-864-4884.

Navajo: Díí kwe’é atah nilinígíí Blue Cross Blue Shield of Arizona haada yít’éego bíná’dílkiidgo éí doodago Háida bijá aniyeedígíí t’áaddo le’é yíná’dílkiidgo bee hazá’aání hólo díí t’áá hazaadk’éhí háká a’dooowolgo bee haz’a doo báah nilígódó. Atá’ halné’ígíí kojí’ bích’í’ hodííínih 877-475-4799.

Chinese: 如果您，或是您正在协助的对象，有关于插入项目的名称 Blue Cross Blue Shield of Arizona 方面的问题，您有权利免费以您的母语得到帮助和讯息。洽询一位翻译员。请拨电话 在此插入数字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thể thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thợ dịch viên, xin gọi 877-475-4799.

Arabic: إن كنا نذكر أو لدى شخص تساؤله أسئلة بخصوص الضرورية بلغتك من دون أي تكلفة. للتحدث مع مترجم اتصل ب977-475-4799.
ORTHOGNATHIC SURGERY (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutuiangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona에 대한 질문이 있다면 귀하의 질문을 정확히 이해하고 비용 부담없이 답변할 수 있는 권리가 있습니다. 그렇게 토역사와 매개하기 위해서는 877-475-4799로 전화하십시오.

French: Si vous, ou quelqu’un que vous êtes en train d’aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d’obtenir de l’aide et l’information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizonaについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799までお電話ください。

Farsi:

آگر شما یا کسی که شما به آن کمک می‌کنید، سوالی در مورد اطلاعات به زبان خود را به طور رایگان درواقع نسایی 877-475-4799 بررسی کنند.

Assyrian:

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Serbo-Croatian: Ukoiko Vi ili neko kome Vi pomažete imajam od Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือคนที่คุณช่วยเหลือหรือคุณช่วยเหลือ Blue Cross Blue Shield of Arizona คุณมีสิทธิ์ได้ความช่วยเหลือและดูแลในภาษา ของคุณได้โดยไม่มีค่าใช้จ่าย ติดต่อทีม โทร. 877-475-4799