

## Medical Policy

### Oral and Maxillofacial Surgery and Procedures

**Policy Number:** 038

	Commercial and Qualified Health Plans	MassHealth	Medicare Advantage
Authorization required	X	X	X
No Prior Authorization *Cleft lip and palate surgery for members <18 years old	X	X	

#### Overview

The purpose of this document is to describe the guidelines Mass General Brigham Health Plan utilizes to determine medical appropriateness for oral and maxillofacial surgeries and procedures including repair of cleft lip and palate.

#### Coverage Guidelines

Mass General Brigham Health Plan covers oral and maxillofacial surgery and procedures when medically necessary and covered under the members benefit package. The specialist and/or the primary care provider are responsible for submitting all necessary clinical information including presenting problems, past medical and/or surgical interventions and results thereof, clear photographic and/or radiographic evidence, and recommended interventions necessary in order for a determination of benefit coverage and medical necessity.

Note: Mass General Brigham Health Plan covers emergency dental services only when there is a traumatic injury to sound, natural and permanent teeth caused by a source external to the mouth and the emergency dental services are provided in a hospital emergency room or operating room within 72 hours following the injury.

#### Oral and Maxillofacial Surgery

Mass General Brigham Health Plan covers medically necessary oral and maxillofacial surgery and procedures when relevant criteria below are met:

1. Excision, repair and reconstruction of lip and cleft deformities is established when at least one of the following criteria is met:
  - a. For members under the age of 18 <sup>1</sup>
    - i. Primary and secondary cleft lip and cleft palate repair, reconstruction, and excision (as defined below under definitions of primary and secondary surgery) do not require prior authorization.
  - b. For members 18 years of age and older
    - i. Prior authorization is required for cleft lip, palate, and naso-labial repair.
2. Orthognathic surgery for correction of a significant skeletal abnormality. Medical necessity is determined through InterQual® criteria. To access the criteria, log in to Mass General Brigham Health

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<sup>1</sup> For commercial members: Mass General Brigham Health Plan provides coverage of cleft lip and cleft palate treatment for children under the age of 18, including oral and maxillofacial surgery, plastic surgery, speech therapy, audiology, and nutrition services as Medically Necessary. Mass General Brigham Health Plan also covers preventative and restorative dentistry and orthodontic treatment related to the treatment of cleft lip or palate.

Plan's provider website at [MassGeneralBrighamHealthPlan.org](http://MassGeneralBrighamHealthPlan.org) and click the InterQual® Criteria Lookup link under the Resources Menu. Please search using CPT code for the procedure.

3. Mass General Brigham Health Plan covers medically necessary oral maxillofacial surgery for poor intelligibility when speaking in sentences when all other modalities of treatment have failed, and the member continues to have poor intelligibility when speaking in sentences. In addition to documentation of the patient history, symptoms and functional impairment, exam, diagnosis, and proposed treatment plan and expected improvement, a Speech Language Pathology evaluation is required to substantiate degree of impairment in phonation and failed treatment intervention, and to attest to the expected improvement from surgery.
4. For surgical correction of skeletal abnormalities associated congenital and syndromic craniofacial anomalies that require repair for nutritional or airway compromise or for brain development, such as: Pierre Robin syndrome, Apert syndrome, or Treacher Collins. There must be documentation of the clinical history, and exam photos, Panorex radiographs, and cephalometric radiographs including lateral and posterior-anterior orientation (where indicated) with analysis, and any other tracings, imaging, or information that supports the analysis or treatment plan.
5. For medically necessary treatment of an oral/maxillofacial tumor, facial fractures and dislocations, or osteoradionecrosis of the jaw due to head and neck radiation. There must be a documentation of the clinical history and exam, documentation of x-rays, CT scan, and/or photographs demonstrating bone involvement when applicable.
6. For airway dysfunction that is due to a significant skeletal abnormality and not amenable to non-surgical treatment when one of the following are met:
  - a. For maxillomandibular advancement or mandibular advancement for sleep apnea there must be medical record documentation of the following:
    - I. Moderate or severe OSA (AHI/RDI  $\geq 15$ ); or mild apnea (AHI/RDI 5-14) with significant O2 desaturations and/or Epworth sleepiness scale of  $>9$
    - II. Failure of PAP titration or adherence despite coaching and treatment adjustments, or for mild OSA failure of an oral appliance due to ineffectiveness or intolerance.
    - III. If the member is obese weight loss must be discussed.
    - IV. The requested surgical procedure is expected to significantly improve their OSA as evidenced by lateral cephalometric radiographs with tracings, measurements, and predictions, or by 3D CT scan of the upper airway; or
  - b. For other skeletal abnormalities causing airway compromise there must be documentation of the clinical history, photos, Panorex radiographs, and cephalometric radiographs including lateral and posterior-anterior orientation (where indicated) with analysis, and any other tracings, imaging, or information that supports the analysis or treatment plan.
7. *Other oral surgery services for Group Insurance Commission (GIC)*  
The removal of 7 or more permanent teeth, excision of radicular cysts involving roots of three or more teeth, extraction of impacted teeth, gingivectomies of two or more gum quadrants. Benefits are provided for the dental services listed only when Mass General Brigham Health Plan determines that the member has a serious medical condition that makes it essential for the member to be admitted to an acute care hospital or to a surgical day care setting in order for the oral surgery to be performed safely.
8. *Other oral surgery services for all Commercial Products, Health Connector/Qualified Health Plans, and the PPO Product (excludes GIC)*



The extraction of impacted wisdom teeth is only covered when Mass General Brigham Health Plan determines that the member has a serious medical condition that makes it essential for the member to be admitted to an acute care hospital or to a surgical day care setting in order for the wisdom teeth to be extracted safely. Criteria under the Dental Treatment Setting Policy must be met.

9. *Other oral surgery services MassHealth members only*

Medically necessary oral surgery (including the extraction of impacted wisdom teeth) performed in an inpatient or a surgical day care unit or ambulatory surgical facility when Mass General Brigham Health Plan determines that the member has a serious medical condition that makes it essential for the member to be admitted to an acute care hospital or to a surgical day care setting in order for the oral surgery to be performed safely. Dental services and dental rehabilitation may be covered directly through MassHealth.

### **Arthroplasty, Temporomandibular Joint (TMJ)**

Medical necessity for arthroplasty for TMJ is determined through InterQual® criteria. To access the criteria, log in to Mass General Brigham Health Plan's provider website at [MassGeneralBrighamHealthPlan.org](http://MassGeneralBrighamHealthPlan.org) and click the InterQual® Criteria Lookup link under the Resources Menu.

### **General Exclusions**

Mass General Brigham Health Plan does not provide coverage for oral and maxillofacial surgery or procedures for conditions that do not meet criteria noted above, including but not limited to:

1. Coverage of surgery and procedures that are solely to enhance a patient's appearance in the absence of any signs or symptoms of functional abnormalities and/or associated medical complication, is considered cosmetic and is not a covered benefit, unless specifically noted otherwise in this coverage criteria;
2. Expenses associated with the orthodontic phase of care, both pre-surgical and post-surgical, are considered dental in nature and are not covered under the medical benefit, unless consequent to the treatment of cleft lip/palate in a Commercial member under the age of 18;
3. Prophylactic extractions other than described above;
4. Genioplasty;
5. For dental services that are not expressly covered in the member's handbook or in the limited circumstances described in the criteria above, or unless consequent to the treatment of cleft lip/palate in a Commercial member under the age of 18;
6. Oral appliances other than those authorized for the treatment of obstructive sleep apnea, and for cleft lip and palate; (unless specified in Member Handbook)
7. For experimental and investigational evaluation and treatment including but not limited to: TMJ treatment by electromyography, thermography, kinesiography; and
8. Arthroscopy for TMJ for diagnostic purposes only.

### **Medicare Variation**

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies are used for coverage determinations.

### **Definitions**

Primary surgery for cleft lip and palate: Surgery that is undertaken to:

1. Repair the cleft lip deformity
2. Repair the cleft palate



3. Replace a bone graft in the alveolar (gum) cleft.  
The repair is often completed in stages.

Secondary surgery for cleft lip and palate: Additional or secondary operations to correct residual deformities of the lip or nose.

Significant malocclusion: A malocclusion that cannot be corrected by orthodontic treatment alone.

Temporomandibular joint (TMJ): A syndrome evident by severe aching pain in and around the temporomandibular joint. Pain is often made worse by chewing. The syndrome is often accompanied by clicking during chewing and limited movement of the temporomandibular joint.

**Related Policies**

- [Reconstructive and Cosmetic Procedures Medical Policy](#)
- [Dental Treatment Setting Policy](#)
- [Oral and Maxillofacial Surgery Provider Payment Guidelines](#)

**Codes**

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

This list of codes applies to commercial and MassHealth plans only.

Authorized CPT/HCPCS Codes	Code Description
21010	Arthrotomy, temporomandibular joint
21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
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)
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; anterior intrusion (eg, Treacher-Collins Syndrome)
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)
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;
21199	Osteotomy, mandible, segmental; with genioglossus advancement
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
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
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial



21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
21270	Malar augmentation, prosthetic material
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation
21433	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	Arthroscopy, temporomandibular joint, surgical
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
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
40840	Vestibuloplasty; anterior
40842	Vestibuloplasty; posterior, unilateral
40843	Vestibuloplasty; posterior, bilateral
40844	Vestibuloplasty; entire arch
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)
41874	Alveoloplasty, each quadrant (specify)
42140	Uvulectomy, excision of uvula



42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
42180	Repair, laceration of palate; up to 2 cm
42182	Repair, laceration of palate; over 2 cm or complex
42200	Palatoplasty for cleft palate, soft and/or hard palate only
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)
42215	Palatoplasty for cleft palate; major revision
42220	Palatoplasty for cleft palate; secondary lengthening procedure
42225	Palatoplasty for cleft palate; attachment pharyngeal flap
42235	Repair of anterior palate, including vomer flap
42280	Maxillary impression for palatal prosthesis
42281	Insertion of pin-retained palatal prosthesis

### Effective

July 2023: Annual update. Medicare Advantage added to table. Medicare Variation language added. References updated.

July 2022: Annual update. References updated.

July 2021: Annual update. References updated.

July 2020: Annual update. References updated.

September 2019: Annual update. Revised oral appliances exclusion to allow for treatment of OSA. Updated references.

December 2018: Annual update. Edited criteria under Oral and Maxillofacial Surgery; added InterQual criteria language.

February 2017: Changes reflect the addition of InterQual® Arthroplasty, TMJ criteria.

January 2017: Annual update.

December 2015: Revised other oral and surgery services #8. Added exclusion #1 and *Other oral surgery services for all Commercial to reflect 1/1/16 benefit update*.

February 2015: Added exclusion # 5, amended medical necessity criteria to accurately reflect plan benefit.

August 2014: Reorganized criteria, added specific requirements for oral surgery.

January 2013: Changed Cleft Lip and Palate prior authorization age.

August 2012: Added oral surgery criteria, added exclusion of prophylactic extractions.

February 2012: Annual update, no change.

February 2011: Effective date.

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