

## Medical Necessity Guidelines: Orthognathic Surgery for Severe Oral-Maxillofacial Functional Disorders

Effective: October 21, 2020

<b>Prior Authorization Required</b> If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>
<p><b>Applies to:</b></p> <p><b>COMMERCIAL Products</b></p> <p><input checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409</p> <p><input checked="" type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409</p> <ul style="list-style-type: none"> <li>CareLink<sup>SM</sup> – Refer to <a href="#">CareLink Procedures, Services and Items Requiring Prior Authorization</a></li> </ul> <p><b>TUFTS HEALTH PUBLIC PLANS Products</b></p> <p><input checked="" type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055</p> <p><input checked="" type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055</p> <p><input checked="" type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404</p> <p><input checked="" type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304</p> <p>*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.</p> <p><b>SENIOR Products</b></p> <ul style="list-style-type: none"> <li>Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the <a href="#">Tufts Health Plan SCO Prior Authorization List</a></li> <li>Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the <a href="#">Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List</a></li> </ul>	
<p><b>To obtain InterQual<sup>®</sup> SmartSheets<sup>™</sup>:</b></p> <ul style="list-style-type: none"> <li><b>Tufts Health Plan Commercial Plan products and Tufts Health Freedom Plan products:</b> If you are a registered Tufts Health Plan provider <a href="#">click here</a> to access the Provider website. If you are not a Tufts Health Plan provider please click on the Provider Log-in and follow instructions to register on the Provider website or call Provider Services at 888.884.2404.</li> <li><b>Tufts Health Public Plans products:</b> InterQual SmartSheet(s) available as part of the prior authorization process.</li> </ul>	

**Note:** While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

Tufts Health Plan requires prior authorization for Orthognathic Surgery for Severe Oral-Maxillofacial Disorders.

In order to obtain prior authorization for procedure(s), choose appropriate InterQual SmartSheet(s) listed below. The completed SmartSheet(s) must be sent to the applicable fax number listed above, according to Plan.

- **Bone Augmentation, Mandible**
- **Bone Augmentation, Maxilla**
- **Osteotomy, Anterior Segment, Mandible**
- **Osteotomy, Anterior Segment, Maxilla**
- **Osteotomy, LeFort I**
- **Osteotomy, Sagittal Split, Mandible Ramus**
- **Osteotomy, Maxillary Buttress, +/- Mid Palatal Osteotomy**

### TUFTS HEALTH PLAN MODIFICATION TO INTERQUAL

#### Additional Clinical Coverage Criteria:

Tufts Health Plan may authorize **Osteotomy, Anterior Segment, Maxilla** for Members less than 18 years of age when:

- Interqual criteria for procedure is met  
**AND**
- **one** of the following criteria is met:
  - Documentation of cessation of growth in males for 2 or more years  
or
  - Documentation of onset of menses in females more than 2 years ago  
or
  - Hand/wrist, cephalometric and/or panoramic x-ray interpretation confirms skeletal maturity

## **CODES**

### **PROCEDURES REQUIRING PRIOR AUTHORIZATION:**

Tufts Health Plan will be using InterQual SmartSheet(s) for the following procedure code(s) only.

### **BONE AUGMENTATION, MANDIBLE**

The following CPT code(s) require prior authorization:

<b>Code</b>	<b>Description</b>
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21215	Graft, bone; mandible (includes obtaining graft)
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial

### **BONE AUGMENTATION, MAXILLA**

The following CPT code(s) require prior authorization:

<b>Code</b>	<b>Description</b>
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)

### **OSTEOTOMY, ANTERIOR SEGMENT, MANDIBLE**

The following CPT code(s) require prior authorization:

<b>Code</b>	<b>Description</b>
21198	Osteotomy, mandible, segmental
21199	Osteotomy, mandible, segmental; with genioglossus advancement

### **OSTEOTOMY, ANTERIOR SEGMENT, MAXILLA**

The following CPT code(s) require prior authorization:

<b>Code</b>	<b>Description</b>
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21206	Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard)

**OSTEOTOMY, LEFORT I**

The following CPT code(s) require prior authorization:

Code	Description
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft
21142	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft
21143	Reconstruction midface, LeFort I; three 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) (e.g., ungrafted unilateral alveolar cleft)
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)

**OSTEOTOMY, SAGITTAL SPLIT, MANDIBLE RAMUS**

The following CPT code(s) require prior authorization:

Code	Description
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

**OSTEOTOMY, MAXILLARY BUTTRESS +/- MID PALATAL OSTEOTOMY**

The following CPT code(s) require prior authorization:

Code	Description
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21206	Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard)
21299	Unlisted craniofacial and maxillofacial procedure

**Note:** The following procedure(s) (CPT and HCPCS codes) require prior authorization and must meet the requirements of one of the InterQual® SmartSheets™ listed above:

Code	Description
21209	Osteoplasty, facial bones; reduction
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
D7940	Osteoplasty-for orthognathic deformities
D7941	Osteotomy-mandibular rami
D7943	Osteotomy-mandibular rami with bone graft; includes obtaining the graft
D7944	Osteotomy-segmental or subapical
D7945	Osteotomy-body of mandible
D7946	LeFort I (maxilla-total)
D7947	LeFort I (maxilla-segmented)

Code	Description
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion ) without bone graft)
D7949	LeFort II or LeFort III- with bone graft
D7950	Osseous, osteoperiosteal, or cartilage of the mandible or maxilla-autogenous or nonautogenous
D7993	Surgical placement of craniofacial implant - extra oral
D7994	Surgical placement: zygomatic implant
D7995	Synthetic graft-mandible or facial bones, by report
D7996	Implant-mandible for augmentation purposes (excluding alveolar ridge), by report

For the following CPT code(s) refer also to the [Temporomandibular Joint \(TMJ\) Disorder Treatment Medical Necessity Guidelines](#).

Code	Description
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
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
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia)
21248	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial
21249	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	Arthroscopy, temporomandibular joint, surgical

The following CPT code(s) are not covered and deny as not medically necessary:

Code	Description
21280	Medial canthopexy (separate procedure)
21282	Lateral canthopexy

## REFERENCES

1. Vignolo, M., Milani, S., Dibattista, E. et al. Modified Greulich, Pyle, Tanner-Whitehouse and Rochee-Wainer-Thissen (knee) methods for skeletal age assessment in a group of Italian children and adolescents. Eur. J. Pediatr., 1990; 149:314-7.

## APPROVAL HISTORY

August 11, 2010: Reviewed by Medical Affairs-Medical Policy for November 1, 2010 effective date

Subsequent endorsement date(s) and changes made:

- November 9, 2011: Reviewed and renewed without changes
- October 10, 2012: Reviewed by IMPAC. Completed InterQual® SmartSheets™ for these procedures will be required effective January 1, 2013.
- December 11, 2013: Reviewed by IMPAC, renewed without changes

- December 10, 2014: Reviewed by IMPAC, renewed without changes
- January 1, 2015: Instructions for Tufts Health Plan – Network Health products included in this document
- August 12, 2015: Reviewed by IMPAC, renewed without changes
- September 21, 2015: Coding changes for effective date September 21, 2015, InterQual® upgrade.
- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016.
- July 20, 2016: Review by IMPAC, renewed without changes
- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017.
- July 20, 2017: Reviewed by IMPAC, renewed without changes
- July 25, 2018: Reviewed at IMPAC. For effective date January 1, 2019, THP Modification to Interqual criteria added for Osteotomy, Anterior Segment, Maxilla for Members less than 18 years of age.
- October 2018: Template and disclaimer updated
- December 3, 2018: 2018.2 Interqual upgrade for Tufts Health Commercial products including Freedom. Effective December 17, 2018, Interqual upgrade is effective for Tufts Health Direct and Tufts Health Together. January 14, 2019, Interqual upgrade is effective for Tufts Health RITogether and Tufts Health Unify.
- December 12, 2018: Reviewed by IMPAC, Moved codes 21244 and 21245 to Bone Augmentation, Mandible section
- October 16, 2019: Reviewed by IMPAC, renewed without changes
- October 21, 2020: Reviewed by IMPAC, renewed without changes
- November 24, 2020: Fax number for Unify updated
- February 4, 2021: Coding updated. Per AMA CPT®, effective January 1, 2021 the following code(s) added: D7993, D7994

#### **BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION**

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member’s benefit document, and in coordination with the Member’s physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member’s benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.

[Provider Services](#)