

# Orthodontic Treatment for Congenital Craniofacial Anomalies (orthognathic surgery)

Date of Origin: 7/2023

Last Review Date: 04/05/2024

Effective Date: 06/09/2024

Dates Reviewed: 04/2024

Developed By: Medical Necessity Criteria Committee

## I. Description

Craniofacial anomalies (CFAs) are congenital abnormalities in the bone or soft tissue of the face or head, and comprise a wide range of heterogeneous conditions with many associated syndromes. Craniofacial anomaly means a physical disorder identifiable at birth that affects the bony structures of the face or head, including but not limited to cleft palate, cleft lip, craniosynostosis, craniofacial microsomia and Treacher Collins.

Orthognathic surgery involves the surgical manipulation of the facial skeleton, particularly the maxilla and mandible, to restore the proper anatomic and functional relationship in patients with dentofacial skeletal anomalies. Jaw deformities may be congenital, and others develop as anomalies during one's lifetime. Jaw deformities can affect the shape, size, position, orientation, and symmetry of the maxilla and mandible. Depending on how the jaws are affected, the malformations may produce one or more atomic derangements: malocclusion, narrowing of the airways, and facial disfigurement. Anatomic derangements may disrupt the health of an individual by hindering jaw function, promoting oral injury, initiating and/or aggravating a disease. Treatment for jaw deformities may involve orthodontics or need orthognathic surgery.

## II. Criteria: CWQI HCS

**Note: Please review Members handbook language for specific exclusion related to TMJ/developmental maxillofacial conditions**

- A. Moda Health considers treatment of **congenital craniofacial anomaly** medically necessary when ALL of the following requirements are met;
- a. Member has documented congenital craniofacial anomaly, derived as a physical disorder identifiable at birth that affects the bony structures of the face or head and includes but not limited to at least one of the following,
    - i. Arthrogryposis
    - ii. Amniotic band syndrome of face
    - iii. Cleft lip/palate
    - iv. Craniosynostosis

- v. Craniofacial microsomia
- vi. Cranofacial dysostosis (Crouzon’s Syndrome)
- vii. Hemifacial hyperplasia
- viii. Hemifacial microsomia
- ix. Klinefelter’ syndrome
- x. Klippel-Fiel syndrome
- xi. Pierre Robin Syndrome
- xii. Primordial dwarfism or nanocephalic
- xiii. Treacher Collins syndrome (TCS) or Mandibulofacial Dysostosis

- b. There is documentation of absent or lost function that is attributable to the congenital craniofacial anomaly that causes significant functional impairment
- c. The planned procedure is expected to restore function
- d. The requested services are not related to;
  - i. Treatment of Temporomandibular joint pathology, or
  - ii. Developmental maxillofacial condition resulting in an overbite, crossbite, malocclusion or similar developmental irregularity of the teeth

### III. Information Submitted with the Prior Authorization Request:

1. Medical records documenting evaluation, diagnosis, and history of the congenital anomaly
2. Treatment plan including duration of treatment
3. Any diagnostic studies e.g. X-rays, images etc. that are consistent with the clinical description

### IV. CPT or HCPC codes covered:

Codes	Description
21085	Impression and custom preparation; oral surgical splint
21088	Impression and custom preparation; facial prosthesis
21089	Unlisted
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; any direction, requiring bone grafts (includes obtaining autografts)
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
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21193	Reconstruction of mandible rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194	Reconstruction of mandible 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)
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	Graft, bone; mandible (includes obtaining graft)
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia)
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages
40799	Unlisted procedure, lips

**V. CPT or HCPC codes NOT covered:**

Codes	Description

## V. Annual Review History

Review Date	Revisions	Effective Date
04/05/2024	New policy	06/09/2024

## VI. References

1. American association of oral and maxillofacial surgeons (AAOMS). Craniofacial Anomalies. White paper. 2024.  
[https://www.aaoms.org/docs/govt\\_affairs/advocacy\\_white\\_papers/craniofacial\\_anomalies.pdf](https://www.aaoms.org/docs/govt_affairs/advocacy_white_papers/craniofacial_anomalies.pdf)
2. Schneider et al 2021. Validity of Medical Insurance Guidelines for Orthognathic Surgery J Oral Maxillo Surg. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7925386/>
3. Treatment of Craniofacial anomaly. ORS 743A.150; Retrieved from [https://oregon.public.law/statutes/ors\\_743a.150](https://oregon.public.law/statutes/ors_743a.150)
4. Tanya Wanchek, PhD, JD and George Wehby, PhD 2020. State Mandated Coverage of Cleft Lip and Cleft Palate Treatment. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7357273/>
5. Oregon State Legislature. House Bill 4128. Requires health benefit plans to cover medically necessary dental or orthodontic services for treatment of craniofacial anomalies.  
<https://olis.oregonlegislature.gov/liz/2012R1/Downloads/MeasureDocument/HB4128/A-Engrossed>

## Appendix 1 – Applicable Diagnosis Codes:

Codes	Description
Q35.9	Cleft palate, unspecified
Q67.0	Congenital facial asymmetry
Q67.1	Congenital compression facies
Q67.2	Dolichocephaly
Q67.3	Plagiocephaly
Q67.4	Other congenital deformities of skull, face and jaw
Q75.0	Craniosynostosis

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):

NCD/LCD Document (s):

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC