



## Medica Central Utilization Management Policy

**Title:** Orthognathic Surgery MP9651 (III-SUR.32)

**Effective Date:** January 01, 2026

*This policy was developed with input from specialists in Oral and Maxillofacial Surgery and endorsed by the Medical Policy Committee.*

### IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY

*These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.*

*Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>*

*Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.*

### PURPOSE

To promote consistency between utilization management reviewers by providing the criteria that determines medical necessity.

### BACKGROUND

#### I. Definitions

- A. **Apnea-Hypopnea Index (AHI):** Calculated as the number of episodes of apnea plus hypopnea per hour of sleep.
- B. **Cancer Sequela:** A pathological condition resulting from a cancer, e.g., destruction of bone in the jaw from radiation therapy.
- C. **Congenital Anomaly:** A physical developmental defect that is present at the time of birth, and that is identified within the first twelve months of birth. For example, Pierre Robin Syndrome, Hemifacial Microsomia, and Treacher Collins Syndrome.
- D. **Cosmetic Procedure:** Procedures or services that change or improve appearance without significantly improving physiological function, as determined by The Health Plan.
- E. **Function/Physical Impairment:** A physical/functional or physiological impairment causes deviation from the normal function of a tissue or organ. This result in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or

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- perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing basic life functions.
- F. **Genioplasty (mentoplasty):** Commonly known as chin repositioning, is a plastic surgery procedure used to reshape the appearance of the chin and correct chin abnormalities like asymmetry, receding chin, chin misalignment and/or chin excess. There are two main types of genioplasty: sliding osteotomy genioplasty to reposition the chin bone, and chin implants of autograft, allograft, or prosthetic material. Chin corrections are mainly performed for cosmetic reasons.
  - G. **Jaw Surgery:** Surgical procedures to address facial trauma, neoplasms, facial clefts, surgical resection and iatrogenic radiation.
  - H. **Orthognathic Surgery:** The surgical correction of skeletal anomalies or malformations involving the mandible (lower jaw) or maxilla (upper jaw). These malformations may be present at birth or may become evident as the individual grows and develops. Causes include congenital or developmental anomalies.
  - I. **Post-Surgical Sequela:** A pathological condition resulting from surgery to the jaw, e.g., slippage of hardware used to stabilize a fractured jaw.
  - J. **Respiratory Disturbance Index (RDI):** The number of apneas, hypopneas and respiratory effort-related arousal (RERA) per hour of sleep, confirmed by EEG.
  - K. **Reconstructive Procedures:** Reconstructive procedures when the primary purpose of the procedure is either to treat a medical condition or to improve or restore physiologic function. Reconstructive procedures include surgery or other procedures which are associated with an Injury, Sickness or Congenital Anomaly. The primary result of the procedure is not a changed or improved physical appearance.
    - 1. Procedures that correct an anatomical Congenital Anomaly without improving or restoring physiologic function are considered Cosmetic Procedures. The fact that a Covered person may suffer psychological consequences or socially avoidant behavior as a result of an Injury, Sickness or Congenital Anomaly does not classify surgery (or other procedures done to relieve such consequences or behavior) as a reconstructive procedure.
    - 2. Reconstructive procedures include surgery or other procedures which are associated with an Injury, Sickness or Congenital Anomaly. The primary result of the procedure is not a changed or improved physical appearance for cosmetic purposes only, but rather to improve function and/or to create a normal appearance, to the extent possible. Covered Health Services include dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures.

### BENEFIT CONSIDERATIONS

- 1. Prior authorization **is required** for orthognathic surgery. Please see the prior authorization list for product specific prior authorization requirements.
- 2. Coverage may vary according to the terms of the member's plan document.
- 3. Cosmetic surgery is excluded in the member's coverage document.
- 4. Medical director review is required for any of the following maxillofacial surgeries when it is performed in conjunction with uvulopalatopharyngoplasty. Please refer to The Health Plan's utilization management policy, *Uvulopalatopharyngoplasty (UPPP or U3P) for Obstructive Sleep Apnea/Hypopnea Syndrome (III-SUR.08)*.
  - A. Inferior mandibular sagittal osteotomy
  - B. Geniohyoid advancement
  - C. Bimaxillary advancement

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### D. Genioglossus advancement

5. Some states may require coverage for orthognathic (jaw) surgery for cleft lip and cleft palate such as repair of external congenital anomalies in the absence of a functional impairment. Please refer to the member specific benefit plan document.
6. Medical Director review and/or oral surgery consultation is required for all cases where the member is 18 years of age or less and may be requested at the discretion of the reviewer prior to coverage determination for members over 18 years of age.
7. If the Medical Necessity Criteria and Benefit Considerations are met, The Health Plan will authorize benefits within the limits in the member's plan document.
8. If it appears that the Medical Necessity Criteria and Benefit Considerations are not met, the individual's case will be reviewed by the medical director or an external reviewer. Practitioners are reminded of the appeal process in their Provider Administrative Manual.

### MEDICAL NECESSITY CRITERIA

All orthognathic (jaw) surgeries are subject to some level of review.

- I. Orthognathic (jaw) surgery is considered medically necessary when documentation in the medical record indicates that the severity of the deformities precludes conservative dental treatments (e.g., orthodontics) and both the skeletal deformity **AND** the functional impairment criteria below are met:
  - A. The presence of **one or more of the following** facial skeletal deformities associated with masticatory malocclusion:
    1. Anteroposterior Discrepancies, **one or more of the following** criteria are met:
      - 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 deviation from published norms
    2. Vertical Discrepancies  
Presence of a vertical facial skeletal deformity which is two or more standard deviations from published norms for accepted skeletal landmarks and **one or more of the following** criteria are met:
      - a. Open bite:
        - i. No vertical overlap of anterior teeth, OR
        - ii. Unilateral or bilateral posterior open bite greater than 2mm
      - b. Deep overbite with impingement or irritation of buccal or lingual soft tissues of the opposing arch
      - c. Supraeruption of a dentoalveolar segment due to lack of occlusion
    3. Transverse Discrepancies, **one or more of the following** criteria are met:
      - 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, **one or more of the following** criteria are met:
      - a. Anteroposterior, transverse or lateral asymmetries greater than 3mm with concomitant occlusal asymmetry

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- B. In addition to meeting the skeletal deformity requirement above, the patient must also have **one or more of the following** functional impairments:
    - 1. Masticatory (chewing) and swallowing dysfunction due to skeletal malocclusion (e.g., inability to incise/and or chew solid foods, choking on incompletely masticated solid foods, damage to soft tissue during mastication, malnutrition)
    - 2. Speech deficits supporting existence of speech impairment due to skeletal malocclusion
    - 3. Moderate to severe obstructive sleep apnea when all of the following are met:
      - a. Polysomnography reflects AHI or RDI greater than or equal to 15 per hour
      - b. Documented oropharyngeal narrowing secondary to maxillomandibular deficiency is the primary cause of obstructive sleep apnea
  - C. Failed dental/orthodontics treatment, one of the following:
    - 1. The severity of the malocclusion/deficit deformities (either lateral or anterior) precludes adequate treatment through dental therapeutics and orthodontics/braces alone, OR
    - 2. When dental therapeutics or orthodontics have failed.
- II. For Obstructive Sleep Apnea
- A. Maxillomandibular advancement surgery (MMA):
    - 1. For information regarding medical necessity review, when applicable, see MCG™ Care Guidelines, 29<sup>th</sup> edition, 2025: Maxillomandibular Osteotomy and Advancement, A-0248 (ACG).
  - B. Multilevel procedures whether done in a single surgery or phased multiple surgeries:
    - 1. There are a variety of procedure combinations, including mandibular osteotomy and genioglossal advancement with hyoid myotomy (GAHM). For information regarding medical necessity review, when applicable, see MCG™ Care Guidelines, 29<sup>th</sup> edition, 2025: Mandibular Osteotomy, A-0247 (ACG).

### CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

- For Medicare members, refer to the following, as applicable at:  
<https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>

### DOCUMENT HISTORY

	Committee/Source	Date(s)
<b>Document Created:</b>	Medical Policy Committee/Health Services Division	September 20, 2023
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Began use of MCG™ Care Guidelines	01/01/2024
MCG Care Guidelines Edition Updates	29 <sup>th</sup> edition 09/19/2025
Administrative Update(s)	

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### References

#### **10/2017 MPC:**

1. American Association of Oral and Maxillofacial Surgeons (AAOMS). Clinical Paper. Criteria for Orthognathic Surgery. 2017. Available at: <https://www.aaoms.org/practice-resources/aaoms-advocacy-and-position-statements/clinical-resources>. Accessed September 21, 2017.
2. American Cleft Palate-Craniofacial Association. Parameters for Evaluation and Treatment of patients with Cleft Lip/Palate or Other Craniofacial Anomalies. *Cleft Palate Craniofac J*. March 1993;30:S1-S16. Revised November 2009. Available at: <http://acpa-cpf.org/team-care/standardscat/parameters-of-care/>. Accessed September 21, 2017.
3. American Society of Plastic Surgeons (ASPS) available: <http://www.plasticsurgery.org/>. Accessed September 21, 2017.
4. Aurora RN, Casey KR, et al. practice parameters for the surgical modifications of the upper airway for obstructive sleep apnea in adults. *Sleep*. October 2010;33(10):1408-13.

#### **11/2018 MPC:**

No new references added.

#### **11/2019 MPC:**

5. American Association of Oral and Maxillofacial Surgeons (AAOMS). Clinical Paper. Guidelines to the evaluation of impairment of the oral and maxillofacial region. 2019. Available at: <http://www.aaoms.org>. Accessed July 23, 2019.
6. American Association of Oral and Maxillofacial Surgeons (AAOMS). White Paper. Craniofacial anomalies. 2018. Available at: <http://www.aaoms.org>. Accessed July 23, 2019.
7. Hollier LH. UpToDate, Inc. Craniosynostosis syndromes. In: *UpToDate*, TePas, E (Ed), UpToDate, Waltham, MA, 2019.
8. Weaver EM. UpToDate, Inc. Surgical treatment of obstructive sleep apnea in adults. In: *UpToDate*, Finlay, G (Ed), UpToDate, Waltham, MA, 2019.

#### **11/2020 MPC:**

No new references.

#### **11/2021 MPC:**

9. American Association of Oral and Maxillofacial Surgeons (AAOMS). Clinical Paper. Guidelines to the evaluation of impairment of the oral and maxillofacial region. 2019. Available at: <http://www.aaoms.org>. Accessed September 28, 2021.
10. American Association of Oral and Maxillofacial Surgeons (AAOMS). White Paper. Craniofacial anomalies. 2018. Available at: <http://www.aaoms.org>. Accessed September 28, 2021.

#### **11/2022 MPC:**

11. American Association of Oral and Maxillofacial Surgeons (AAOMS). Clinical Paper. Criteria for Orthognathic Surgery. 2020. Available at: <http://www.aaoms.org>. Accessed November 31, 2022.

#### **11/2023 MPC:**

No new references.



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### **06/2024 MPC:**

12. American Association of Oral and Maxillofacial Surgeons (AAOMS). Clinical Paper. Criteria for Orthognathic Surgery. 2023. Available at: <http://www.aaoms.org>. Accessed June 05, 2024.  
[https://aaoms.org/wp-content/uploads/2024/08/parcare\\_patient\\_assesment.pdf](https://aaoms.org/wp-content/uploads/2024/08/parcare_patient_assesment.pdf)

### **08/2025 MPC:**

13. American Association of Oral and Maxillofacial Surgeons (AAOMS). Parameters of care clinical practice guidelines for surgical correction of maxillofacial skeletal deformities, JOMS 2023. Available at: [https://aaoms.org/wp-content/uploads/2024/08/parcare\\_patient\\_assesment.pdf](https://aaoms.org/wp-content/uploads/2024/08/parcare_patient_assesment.pdf) . Accessed July 10, 2025.
14. American Association of Oral and Maxillofacial Surgeons (AAOMS). Indications for Orthognathic Surgery (clinical paper) JOMS 2025. Available at: [https://aaoms.org/wp-content/uploads/2025/01/ortho\\_indications.pdf](https://aaoms.org/wp-content/uploads/2025/01/ortho_indications.pdf). Accessed July 10, 2025.
15. American Association of Oral and Maxillofacial Surgeons (AAOMS). Clinical Paper. Criteria for Orthognathic Surgery. 2023. Available at: <http://www.aaoms.org>. Accessed July 10, 2025.