

# Blue Cross and Blue Shield of Illinois Provider Manual

## HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,  
an Independent Licensee of the Blue Cross and Blue Shield Association

# Orthognathic Surgery

## Benefit

Orthognathic surgery addresses mandibular and maxillary deformities or defects that prevent effective functional relationships between osseous, muscular, dental and contiguous structures. Such surgery may be covered if the member's general health is affected, if he/she has difficulty living normally because of the orofacial condition, or if he/she needs to take medication frequently to treat pain related to the deformity.

## Interpretation

Gross defects in the facial skeleton may cause disharmony in jaw relationships. These deformities may be genetic or acquired. Abnormalities of jaw-to-face size and shape may include excessive or deficient bone-to-bone, tooth-to-bone and bone-to-soft tissue relations. These may include but are not limited to:

- Prognathia, retrognathia, micrognathia, apertognathia;
- Retrusion of maxilla, protrusion of mandible;
- Hypoplasia, hyperplasia or asymmetry of the maxilla and/or mandible or parts thereof;
- Agenesis or ankylosis of the temporomandibular joint, as well as condylar abnormalities and aberrations of the coronoid process;
- Paget's disease, acromegaly.

The treatment plan usually includes the following steps:

1. Consultation - The Primary Care Physician (PCP) refers for consultative and diagnostic services. The PCP should document the member's chief complaint and any comorbidity to support medical necessity. The PCP should refer the member to a general dentist, an oral maxillofacial surgeon, an orthodontist, and/or other physician as appropriate.
2. Diagnostic Work-up - Facial skeletal deformities may be identified and measured by:
  - Clinical examination
  - Intraoral plaster study casts
  - Cephalometric radiographs & analysis
  - Oral and facial photographs
3. Absolute medical criteria justifying surgical intervention include but may not be limited to, one or more of the following:
  - Significant symptoms refractory to conservative treatment
  - Serious comorbidity which can only be resolved surgically
  - Chronic severe pain requiring frequent medication.
  - Documented speech or occupational dysfunction
  - Documented psychological impairment.
  - Documented serious nutritional deficiencies as a result of the deformity.
4. Second Opinion: If there are questions about the course of treatment, or use of one surgical procedure over another, a second opinion from another oral maxillofacial surgeon and/or appropriate health professional should be obtained. The opinion of a Board Certified Orthodontic specialist may be particularly useful.
5. If the PCP and consultant(s) agree that orthognathic surgery is clinically indicated, the surgery should be authorized.
6. Exclusions: Orthodontic and/or prosthodontic services of a dentist are excluded, including pre-surgical services.

<b>Paid by</b>	Professional Charges (including oral surgery)	<b>IPA</b>
	Anesthesia Charges	<b>IPA</b>
	Inpatient and/or Outpatient Surgical Facility Charges	<b>HMO</b>
	Orthodontic and/or prosthodontic service	<b>Member</b>

**Note: See related benefit Guidelines on Dental, Oral Surgery, Temporomandibular Joint Disorder, Orthodontics**