Medical Policy
Oral and Maxillofacial Surgery and Procedures

Document Number: 003

<table>
<thead>
<tr>
<th>Cleft lip and palate surgery for members &lt;18 years old</th>
<th>Commercial and Health Connector/Qualified Health Plans</th>
<th>MassHealth</th>
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</thead>
<tbody>
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<td>Notification within 24 hours of service or next business day</td>
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Overview
The purpose of this document is to describe the guidelines Neighborhood Health Plan (NHP) utilizes to determine medical appropriateness for oral and maxillofacial surgeries and procedures including repair of cleft lip and palate.

Coverage Guidelines
NHP 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: NHP 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
NHP 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
   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.

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1 For commercial members: NHP 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. NHP also covers preventative and restorative dentistry and orthodontic treatment related to the treatment of cleft lip or palate.
2. Orthognathic surgery for correction of a significant skeletal abnormality that causes a disabling functional malocclusion, when there is medical record documentation of the following:
   a. Significantly impaired chewing and eating functions secondary to jaw misalignment with the potential for weight loss, inadequate growth, and/or nutritional deficiency due to interference with eating;
   b. Documentation of the patient history, symptoms and functional impairment, exam, diagnosis, and proposed treatment plan including any prior or dietary advice or nutritionist counselling;
   c. Photographs of the occlusion (right, left, and center);
   d. Current panorex radiographs, and cephalometric radiographs including lateral and posterior-anterior orientation (where indicated) with analysis, and any other tracings, imaging, or other information that support analysis or treatment plan; and
   e. The condition cannot be treated by orthodontic treatment alone.

Note: Photographs and radiographs must be taken within 3 months of the procedure. Authorization for orthognathic surgery will be valid for 6 months. Procedures to be performed after 6 months will require re-authorization and submission of updated medical record documentation, any orthodontic treatment to date, and photographs and radiographs performed within the last 3 months.

3. NHP 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. For an orthognathic surgery request for speech intelligibility, documentation similar to 2b-e must also be submitted.

4. For surgical correction of skeletal abnormalities associated congenital and syndromatic 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 ≥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 NHP 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 NHP 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 [Oral Maxillofacial/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 NHP 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)**  
As of February 20, 2017 medical necessity for arthroplasty for TMJ is determined through McKesson’s InterQual® criteria. To access the criteria, log in to NHP’s provider website at [NHP.Net](#) and click the InterQual® Criteria Lookup link under the Resources Menu.

**General Exclusions**  
NHP 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 cleft lip and palate;
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.

**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
- Cosmetic and Reconstructive Procedures Medical Policy
- Oral and Maxillofacial Provider Payment Guideline
- Oral Maxillofacial/Dental Treatment Setting Policy

Effective
February 2017: Changes reflect the addition of InterQual® Arthroplasty, Temporomandibular Joint 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.

References


Massachusetts General Law, Chapter 234 of the Acts of 2012