

Orthognathic surgery

We provide coverage for this procedure for adult and pediatric members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We may retrospectively monitor compliance with this authorization requirement.

Applicable procedure codes: *21120, *21121, *21122, *21123, *21125, *21127, *21141, *21142, *21143, *21145, *21146, *21147, *21150, *21151, *21154, *21155, *21159, *21160, *21188, *21193, *21194, *21195, *21196, *21198, *21199, *21206, *21208, *21209, *21210, *21215, *21230, *21244, *21245, *21246, *21247, *21255, *21270, *21295, *21296

*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2020 American Medical Association. All rights reserved.

See below for the questions you'll encounter in the e-referral system.

Q Did the patient have imaging that shows SEVERE developmental skeletal discrepancies of the upper and lower jaw bones that cannot be corrected by nonsurgical procedures?

A

Possible answers: Yes No N/A

Q Does the patient's abnormality involve the jaws, facial skeleton and/or associated soft tissues?

A

Possible answers: Yes No N/A



**Blue Care
Network**
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Preview questionnaire Orthognathic surgery

For Blue Care Network commercial and BCN AdvantageSM

Effective Sept. 11, 2022

Q Does the patient have AT LEAST ONE of the following (A-E)? A. Obstructive sleep apnea verified with a sleep study and board-certified sleep medicine physician AND failed conservative treatment {for example, continuous positive airway pressure (CPAP), an oral appliance, physical therapy treatment for the jaw, or nonsteroidal anti-inflammatory drugs (unless contraindicated or not tolerated)}. B. A deformity that prevents the patient from closing the lips while at rest (lip incompetency). C. A deformity that impacts the patient's speech. D. A deformity in which surgical intervention would provide improved functional status. E. Inability to chew effectively.

A

Possible answers: Yes No N/A

Q Is the patient's abnormality a result of AT LEAST ONE of the following (A-E)? A. Birth defect. B. Environmental or developmental factors. C. Functional deficit. D. Manifested in subsequent growth and development. E. Trauma, tumor or degenerative disease.

A

Possible answers: Yes No N/A

Q Is the surgery being performed as initial or prophylactic treatment when temporomandibular disorder or myofascial muscle dysfunction (chronic pain disorder) is the primary diagnosis?

A

Possible answers: Yes No

Q Is the procedure being performed either a genioplasty or anterior mandibular osteotomy and the patient does NOT have either A or B? A. A masticatory malocclusion (misalignment between the teeth of the upper and lower dental arches when they approach each other as the jaws close). B. Obstructive sleep apnea.

A

Possible answers: Yes No