

**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 will 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

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

**Q** Is the patient unable to chew effectively?

**A**

Possible answers:  Yes  No  N/A

**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

**Q** Does the patient have AT LEAST ONE of the following (A-D)? A. Obstructive sleep apnea verified with a sleep study and board-certified sleep medicine physician referral. 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

**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. The result of trauma, tumor or degenerative disease

**A**

Possible answers:  Yes  No  N/A

**Q** Did the patient try and fail 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)?

**A**

Possible answers:  Yes  No  N/A