

## **KAISER-PERMANENTE GUIDELINES FOR MAXILLOFACIAL SURGERY (Second Draft 5-13-05)**

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In 1998 two bills were passed by the California legislature, AB 1181 and AB 1621. Together, these bills mandate that health plans must provide patients with: 1. **Specialist referrals when a disease or condition requires specialty team care**, (This is the standard of care for treatment of patients with craniofacial and cleft anomalies) and cover 2. **Reconstructive surgery to improve function and/or to create a normal appearance**.

### **Background – California State Legislation**

The actual text and history of state bills can be searched and viewed online at <http://www.assembly.ca.gov/acs/acsframeset2text.htm>. The names of the legislation listed below are links to the bill introduction text. Please click on the link above to get access to text and pdf versions of all the versions of these bills. It will be helpful to include the correct year the bill was introduced.

**AB 1181** (Escutia, Chapter 31, Statutes of 1998), enables enrollees of health care service plans to receive standing referrals to specialists, or if a condition or disease requires specialized medical care over a prolonged period of time, to a specialty care center. (team care = the standard of care for patients with cleft lip and/or palate or craniofacial deformities.)

**AB 1621** (Figueroa, Chapter 788, Statutes of 1998), defines reconstructive surgery as "surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma infection, tumors, disease to do either of the following: 1) improve function; 2) to create a normal appearance to the extent possible." Health plans and disability insurers, and the Medi-Cal Program, are required by this law to cover reconstructive surgery in contracts issued, amended, renewed or delivered on or after July 1, 1999. Previously, reconstructive surgery was only provided to improve function.

**AB 55** Right to independent review for denials

**SB 189** Right to written responses to requested procedures

## Knox-Keene Act

### **Oral and Maxillofacial surgery IS Covered:**

- Reduction of fractures of the jaws or facial bones;
- Surgical correction of cleft lip, cleft palate functional malocclusion;
- Medically indicated correction of facial soft or hard tissue distribution, such as Romberg's disease (hemifacial atrophy), hemifacial microsomia, Treacher Collins syndrome, malar hypoplasia (congenital, developmental or post-traumatic) with resultant entropion or post-traumatic scleral show;
- Treatment of osteoradionecrosis or osteonecrosis of the jaws;
- Medically indicated genioplasty if the Permanente surgeon determines that the deformity is significantly greater than normal or if there is significant asymmetry or contour deformity;
- Maxillo-mandibular advancement for treatment of obstructive sleep apnea;
- Removal of stones from salivary ducts;
- Excision of leukoplakia or malignancies;
- Distraction osteogenesis;
- Excision of cysts and incision of abscesses when done as independent procedures;
- Splint therapy or non-surgical (trigger point injections, injections for oromandibular dystonia) and surgical treatment for disorders the temporomandibular joints; including the complex of muscles, nerves and other tissues related to those joints; and
- Other surgical procedures that do not involve the teeth or their supporting structures.

### **Oral and Maxillofacial surgery IS NOT Covered:**

- Dental implants and transplants, regardless of the underlying etiology (ectodermal dysplasia, partial anodontia and other congenital anomalies include failure to form teeth) except in cases where tumor ablation surgery has resulted in the need for an obturator which cannot be worn without an implant(s) attachment;
- Dental extractions, except in cases that are to receive radiation treatment for head and neck cancer;
- Procedures that involve the teeth or their supporting (such as the periodontal membrane, gingiva, and alveolar bone);
- Traumatic injuries to the teeth, including avulsion of teeth and/or dentoalveolar fractures;
- CT scans of the jaws exclusively in preparation for dental implants;
- Orthognathic surgery in patients **without** functional problems
- Antibiotic or surgical treatment of NICO in order to treat or cure chronic fatigue syndrome or chronic facial pain unless a true osteomyelitis of the jaws is diagnosed by a Permanente physician;
- Augmentation of the jaws in order for implants or dentures to be fabricated;\*\*\*

**Specifics regarding coverage of orthognathic surgery are outlined below:**

Orthognathic Surgery is covered for each of the following clinical indications when the guidelines listed below are met: Elements must be met under one of the following: A, B, C or D.

A. When the surgery is performed to correct deformities caused by congenital or developmental abnormalities, illness, or injury for the purpose of **more than minimally** improving bodily function, reducing symptoms or creating a normal appearance.

OR

B. Restoration of function following treatment for significant accidental injury, infection or tumor.

OR

C. Treatment of malocclusion that contributes to recalcitrant temporomandibular (TMJ) syndrome symptoms.

Medical necessity criteria for orthognathic surgery for TMJ syndrome symptoms include both 1 and 2:

1. Signs and/or symptoms are present for at least 4 months. At least one sign and one symptom of TMJ disorder must be present:

a. Symptoms must include at least one of the following:

i. Painful chewing clearly related to the TMJ OR

ii. Frequent and significant headaches clearly related to TMJ OR

iii. Significant and persistent joint and/or muscle tenderness. AND

b. Clinical signs must include at least one of the following:

i. Internal derangement of the TMJ; OR

ii. Restricted range of motion, including at least one of the following:

- **interincisal opening** <30 mm OR

- **lateral excursive movement**, <4mm OR

- **protrusive excursive movement** <4mm; OR

iii. Significant over or underjet (one of the following)

- for patients with mandibular excess or maxillary deficiency a reverse overjet of at least 3mm

OR

- in mandibular deficiency an **overjet** of at least 6mm (Note: **Overjet** should be considered/calculated without dental compensation for skeletal abnormality or other skeletal parameters should be considered [Wits analysis, ANB, etc.]);

OR

- Open bite >2mm and deep bite > 4mm

AND

2. Symptoms are unresponsive to conservative measures for 4 months, including

ALL of the following:

- a. elimination of aggravating factors (e.g., gum chewing, chewing hard or tough foods) AND
- b. use of anti-inflammatory drugs unless contraindicated. Therapeutic level for at least 6 weeks AND
- c. Orthodontic and/or splint therapy (Note: in many cases orthodontic treatment alone cannot correct the abnormality. While orthodontic treatment will be required as part of the overall treatment plan, orthodontic treatment should not be a necessary prerequisite for approval for surgery)

OR

D. Treatment of malocclusion that contributes significantly to any one of the following (1,2,3, 4 or 5)

1. Difficulty swallowing and/or choking, or ability to chew only soft or liquid foods

Medical necessity criteria should include BOTH of the following:

- a. Symptoms must persist for at least 4 months (Episodes witnessed at home, school, or work should be documented in the medical record.);

AND

b. Other causes of swallowing/choking problems have been ruled out, by history, physical, and/or other appropriate diagnostic studies, including:

- i. allergies, postnasal drip (diagnostic studies, therapeutic trial of antihistamine and/or decongestant)
- ii. other neurologic or metabolic diseases
- iii. hypothyroidism if enlarged tongue present on clinical exam

OR

2. Speech abnormality

Medical necessity criteria should include ALL or at least TWO of the following:

- a. Speech deficit is noticeable to a lay person or primary care physician; AND one of the following:
  - b. The speech deficit cannot be resolved by speech therapy (requires speech therapy evaluation); OR
  - c. The speech deficit is related to a structural abnormality of the maxillary and/or mandible; OR
  - d. The speech deficit is NOT related to oral motor dysfunction.

OR

3. Inability to effectively masticate

Medical necessity criteria include:

- a. significant weight loss over 4 months; OR
- b. low serum albumin related to malnutrition; OR
- c. Inability to masticate foods resulting in choking, gagging or swallowing dysfunction when neuromuscular structures are normal.

OR

4. Significant intraoral trauma while chewing related to malocclusion.

OR

5. Hyoid suspension, surgical modification of the tongue (including genioglossus advancement and reduction glossectomy), and/or

Maxillofacial surgery, including maxillo-mandibular advancement may be considered medically necessary in patients when ALL of the following criteria are met:

- a. Clinically significant OSA (documentation of findings from a sleep study is required)
- b. Objective documentation of hypopharyngeal obstruction by physical examination
- c. Documentation of trial and failure of a good faith effort at treatment with CPAP, BiPAP or DPAP, and
- d. Orthognathic surgery is NOT the first surgical therapy for OSA unless otolaryngology evaluation has ruled out obstruction at a higher anatomic level (i.e. nose, palate)

### **Orthognathic Surgery NOT Covered:**

The following are **not considered medically necessary** and are **not covered**:

1. Orthognathic surgery performed primarily for cosmetic purposes (i.e. vertical maxillary excess or bimaxillary protrusion).
2. Orthognathic surgery performed for **malocclusion only** when the criteria listed above are not met.
3. Orthognathic surgery where significant risk of recurrence of symptoms or structural abnormalities exist.

For treatment of mandibular excess, skeletal maturation must be documented by either:

- a. closure of the epiphyses at the wrist by radiography; **or**
  - b. no change on mandibular or facial growth on serial cephalometric radiographs over six months
4. Genioplasty, mentoplasty and chin augmentation are surgical procedures that enhance (i.e., build up) a small chin or reduce a prominent chin to restore facial harmony and chin projection. These procedures are considered cosmetic except when the Permanente surgeon determines that the deformity is significantly greater than normal or if there is significant asymmetry or contour deformity.
  5. Orthognathic surgery that is performed to reduce the time in orthodontics.
  6. Orthognathic surgery for cases that can be corrected with orthodontics alone.

Any and all orthodontic services are considered dental in nature and are not covered as a medical benefit. In many cases of orthognathic surgery orthodontic treatment may be necessary and the patient must undertake all associated non-covered orthodontic and dental care in order to achieve a complete correction of the deformity. Orthognathic surgery alone simply substitutes one malocclusion for another, and therefore is not covered.