

## Provider Payment Guidelines

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### Oral and Maxillofacial Surgery

#### Policy

Mass General Brigham Health Plan reimburses participating providers for medically necessary oral and maxillofacial surgery.

#### Prerequisites

The specialist and/or the primary care provider are responsible for providing all necessary clinical information including presenting problems, past medical and/or surgical interventions and results thereof, clear photographic evidence and recommended interventions necessary for the determination of benefit coverage and medical necessity.

#### Authorization, Notification and Referral

Service	Requirement
Specialty Care for: <ul style="list-style-type: none"><li>Commonwealth Care Members</li><li>MassHealth Members</li></ul>	A referral number for specialists is required for Mass General Brigham Health Plan members seeking <i>non-emergency care</i> . Please verify that the member has the appropriate referral number prior to rendering care.
Orthognathic Procedures	Prior Authorization Required.
Oral Surgery	Prior Authorization Required.
Primary and secondary cleft lip and cleft palate repair, reconstruction, and excision for: <ul style="list-style-type: none"><li>Commercial and Medicare Advantage members</li></ul>	No Prior Authorization notification or referral required for commercial members under 19 years of age. Prior Authorization required for all members 19 years of age and older.

The Prior Authorization Guidelines are accessible by the following link:

[Prior Authorizations & Referrals](#)

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### Limitations

Expenses related to the orthodontic phase of care, both pre-surgical and post-surgical are considered dental in nature and not covered under the medical benefit.

### Definitions

**Malocclusion:** Irregular contact of opposing teeth in the upper and lower jaws.

**Maxillofacial:** Pertaining to the jaws and face, particularly with reference to specialized surgery of this region.

**Obstructive Sleep Apnea:** A breathing disorder characterized by brief interruptions of breathing during sleep that occurs when air cannot flow into or out of the person's nose or mouth although efforts to breathe continue. The throat collapses during sleep causing the individual to snort and gasp for breath.

**Oral Surgery:** Surgical treatment of any problematic or pathological condition of the mouth or jaws.

**Orthodontic treatment:** Dental treatment that corrects irregularities of the teeth or of the relation of the teeth to surrounding anatomy. Treatment is usually by braces or mechanical aids/devices to move teeth or adjust underlying bone, orthodontic treatment of facial abnormalities.

**Orthognathic:** Correcting deformities of the jaw and the associated malocclusion.

**Primary surgery for cleft lip and palate:** Surgery, often completed in stages, performed to:

- Repair the cleft lip deformity
- Repair the cleft palate
- Replace a bone graft in the alveolar (gum) cleft, often completed in stages.

**Secondary surgery for cleft lip and palate:** Additional or secondary operations to correct residual deformities of the lip or nose.

**Temporomandibular joint syndrome (TMJ):** A syndrome evident by severe aching pain in and around the temporomandibular joint. Pain often worsens with chewing. This syndrome is often accompanied by a clicking during chewing and limited movement of the temporomandibular joint.

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**Significant malocclusion:** A malocclusion that cannot be corrected by orthodontic treatment alone.

### Mass General Brigham Health Plan Reimburses

- TMJ initial consultation only (including examination and panoramic x-ray by oral surgeon to evaluate symptoms).
- Surgery for the treatment of TMJ.
- Cleft palate and cleft lip repair.
- Orthognathic surgery for the correction of a significant skeletal abnormality impairing function resulting in a disability associated with one or more of the following:
  - Significant difficulties with mastication
  - Inadequate growth, weight loss, and/or nutritional deficiency due to interference with eating.
  - Airway dysfunction not amenable to non-surgical treatment, such as obstructive sleep apnea, congenital and syndromic craniofacial anomalies (Pierre Robin, Apert's, Treacher Collins, etc.).
  - Significant malocclusion of the teeth causing chronic facial TMJ pain.
  - Malocclusion resulting from tumor, infection or trauma needing restoration to normality.
  - Difficulties in phonation when all other treatment modalities have failed, and a speech language evaluation substantiates the degree of impairment in phonation and the failed treatment intervention(s).
- Removal of impacted teeth.

### Mass General Brigham Health Plan Does **Not** Reimburse

- Dental services/orthodontia which are not part of the medical benefit, including but not limited to expenses associated with the pre- and post-surgical orthodontia phase of care, such as services related to the development of a surgical treatment plan prior to orthognathic surgery, because it is considered dental in nature.
- Orthodontic treatment of:
  - Cleft palate
- Palatal stiffening/restoration with implants (e.g., Pillar Palatal Implant System)

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### Procedure Codes Applicable to Guideline

*Note: This list of codes may not be all-inclusive.*

Code	Descriptor
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21198	Osteotomy, mandible, segmental;
21199	Osteotomy, mandible, segmental; with genioglossal advancement
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
21685	Hyoid myotomy and suspension
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 stage procedure
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Eslander type) including sectioning and inserting of pedicle
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
70350	Cephalogram, orthodontic
70355	Orthopantomogram

### Provider Payment Guidelines and Documentation

Documentation in the medical record including all necessary clinical information to substantiate the medical necessity of the services, including but not limited to:

- Presenting problems
- Past medical and/or surgical interventions and their results
- Recommended interventions necessary to determine benefit coverage and medical necessity.
- Functional deficit, diagnosis, and a detailed treatment plan.

### References

[MassHealth, 130 CMR 420.453](#)

[MassHealth Physician Manual](#)

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[MedicineNet.com](https://www.medicinenet.com) for the definition of OSA

### Publication History

<b>Topic:</b> Oral and Maxillofacial Surgery	<b>Owner:</b> Network Management
<b><i>May 5, 2011</i></b>	<i>Original Documentation</i>
<b><i>February 1, 2012</i></b>	<i>Referral Grid Updated</i>
<b><i>January 1, 2019</i></b>	<i>Document restructure; codes, code descriptor and references updated</i>
<b><i>January 1, 2023</i></b>	<i>Document rebrand</i>
<b><i>January 1, 2024</i></b>	<i>Annual review; updated to include coverage of treatment of phonetic difficulties for MassHealth members.</i>
<b><i>January 1, 2025</i></b>	<i>Annual review, no policy changes</i>

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Payment policies are intended to assist providers in obtaining Mass General Brigham Health Plan's payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers' contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

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