

Policy Name:	Medical Policy: Osteotomies	Policy #:	MP-53
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Policy Information

Owner Department:	Medical UM & Systems Department
Owner:	Assigned Medical Director
Electronic Signature/Date:	Krystal Revai (06/23/2023), Lori Slaughter (06/22/2023)

If there is a discrepancy between a medical policy and a patient's policy or plan document/summary plan description, the policy or plan document/summary plan descriptions provisions and limitations will govern the determination of benefits.

Purpose of the Policy

To make utilization decisions, Health Alliance uses written criteria based on sound clinical evidence for appropriately applying the criteria.

Statement of the Policy

To apply objective and evidence-based criteria when determining the medical appropriateness of health care services.

NOTE: Please refer to plan documents for prior authorization necessity/status.

Interpretations

Health Alliance uses InterQual criteria to determine the medical necessity of Osteotomies for select self-funded groups: Mandibular, Maxillary. The InterQual criteria are available in the Utilization Management software system and can be accessed by providers when submitting an authorization digitally.

Medicare Advantage Criteria details:

- No NCDs available.
- Enter Regional LCD/LCA ID in the Medicare website/link below for criteria details.
- [MCD Search \(cms.gov\)](https://www.cms.gov/mcd)

Regional Medicare Admin Contractor (MAC) – Member's state	Regional LCD/LCA Identifier	Applicable criteria
NGS (IL)	None	Commercial policy
Noridian (WA)	None	Commercial policy
Palmetto (NC)	L33428/A56658	Applicable Palmetto LCD/LCA
WPS (IA, IN)	None	Commercial policy
CGS (OH)	None	Commercial policy

Codes

*Codes listed are for informational purposes only and do not necessarily indicate prior authorization is or is not required or coverage is guaranteed.

21120	Genioplasty, augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction without bone graft
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (including autografts)
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (including autografts) (e.g. ungrafted alveolar cleft)
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
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 genioglossus advancement
21206	Osteotomy, maxilla, segmental (e.g. Wassmund or Schuchard)
21299	Unlisted craniofacial and maxillofacial procedure
21685	Hyoid myotomy and suspension

Providers are required to indicate the diagnosis and procedure codes when requesting review of coverage.

References

History

Created Date:	02/24/10		
Effective Date:	02/24/10		
Next Review Date:	06/23/2024		
Revision Date:	05/12/10 – MDC	04/13/11 – MDC	04/11/12 – MDC
	05/14/13 – MDC	04/25/14 – MDC	03/11/15

	06/08/16	08/09/17 – MDC	
	07/03/18 – MDC reviewed with no changes.		
	08/21/18 – MDC approved InterQual 2018 revisions.		
	07/16/19 – MDC-Annual review, no change.		
	07/22/20 – MDC-Annual review, Clear Coverage language updated to Guiding Care/InterQual.		
	06/15/21 – MDC-Annual review, no changes.		
	06/21/22 – MDC-Annual review, codes added, no changes.		
	06/20/23 – MDC-Annual review, Medicare information added, no changes.		