SURGICAL TREATMENT OF SLEEP APNEA/ORTHOGNATHIC SURGERY
SUR706.009

For information related to Radiofrequency/Laser Tissue Reduction for Snoring and Sleep Related Breathing Disorders (LAUP, Somnoplasty, RFVTR), refer to SUR706.009ps

COVERAGE:

Genioplasty is either performed alone or in conjunction with other orthognathic surgical procedures. If the orthognathic surgery is covered by the contract, then genioplasty performed in conjunction with the orthognathic procedure would be covered also.

Coverage may be allowed for genioplasty when a congenital or developmental deformity necessitating surgical correction is present and the individual contract does not have an exclusion/limitation for orthognathic, reconstructive/cosmetic procedures.

If covered, the surgery may be:

- directed to chin modification only (Class I),
- directed at advancement of the mandible with or without modification of the chin with possible follow-up orthodontia (Class II),
- directed at retrusion of the mandible surgically, advancement of the maxilla, or a combination thereof (Class III),
- directed at shortening the midface with autorotation of the chin for maxillary vertical hyperplasia (Class I).

Coverage may be allowed for mandibular and/or maxillary advancement surgery for the diagnosis of obstructive sleep apnea (OSAS) only after non-surgical management has been tried and has failed (see policy on Non-Surgical Management of Sleep Apnea). Documentation of a polysomnogram must be provided showing that the patient has an established diagnosis of obstructive sleep apnea.

Mandibular-maxillary advancement is a more aggressive surgical procedure than uvulopalatopharyngoplasty (UPPP). It has been used to relieve obstruction in OSAS patients who have not responded to UPPP.

Surgical correction with tracheostomy is medically necessary for those patients with documented sleep apnea, particularly for patients whose oxygen desaturations are frequently below 50%, who have failed conservative treatment with nasal CPAP. Examples might be those patients who are morbidly obese, have small mandibles or those patients with excessive hypopharyngeal tissue.

Surgical Treatment for Congenital or Developmental Deformities
Mandibular-maxillary advancement surgery is frequently performed for other indications than for sleep apnea, most commonly correction of craniofacial abnormalities such as micrognathia (abnormal smallness of the jaws, especially of the mandible). Coverage for mandibular or maxillary advancement surgery for congenital or developmental deformities may be allowed if there is no individual contract limitation or exclusion for orthognathic, congenital, reconstructive and/or cosmetic surgery.

Diagnostic evaluation prior to orthognathic surgery could include the following:

- polysomnography (required with a diagnosis of OSAS only),
- photographs,
- cephalometric radiographs and analysis,
- panorex radiograph, and
- unstable orthodontic results.

History must include at least one of the following conditions:

- chewing difficulties,
- temporomandibular joint pain,
- respiratory problems, airway obstruction, sleep apnea,
- speech pathology,
- myofacial pain, headaches,
- malocclusion,
- inability to open or close jaws.

NOTE:

The member’s contract should be reviewed for any cosmetic surgery limitations and exclusions, including possible age limitations on correction of congenital defects.

DESCRIPTION:

Orthognathia is a branch of oral medicine dealing with the cause and treatment of malposition of the bones of the jaw.

Genioplasty, or horizontal osteotomy of the mandible (HOM), is a procedure to correct chin deformities. These deformities are basically deficiency, excess, or asymmetry. The objectives of the surgery include achievement of facial harmony and establishment of lip competence. Genioplasty is either performed as an isolated procedure or in conjunction with other orthognathic surgical procedures.

Mandibular surgical advancement is an orthognathic surgery necessitated most commonly by mandibular retrognathia (state of the mandible being located posterior to the normal position) or by mandibular prognathism (abnormal protrusion of the mandible). Multitudes of procedures have been introduced to correct these developmental or genetic disharmonies. Sagittal split mandibular osteotomy remains the most versatile and commonly performed procedure to restore facial skeletal balance and occlusal (pertaining to the contacting surfaces of the opposing teeth) harmony. These deformities are frequently corrected in cooperation with an orthodontist familiar with the role of the orthodontist in orthognathic surgery.
Deformities of the Maxilla, maxillary retrognathia (hypoplasia) with or without apertognathia (open bite) or maxillary protrusion (hyperplasia) and vertical deficiency or excess, may be corrected by LeFort I and segmental osteotomies. In addition to these abnormalities, there may be evidence of functional disorders such as respiratory problems (sleep apnea, airway obstruction), masticatory (chewing) and/or swallowing abnormalities, speech pathology, dental and or periodontal pathology, myofacial pain, and psychosocial impairment.

**Tracheostomy** is the formation of an opening into the trachea. Tracheostomy was used as an effective treatment of sleep apnea long before the disease was fully recognized as an entity. While newer methods have displaced tracheostomy as the primary treatment for the disease, tracheostomy is not obsolete. The lifelong care of a tracheostomy is a nuisance to most patients, and to some patients (or spouses) it can be highly objectionable. But others adapt well to the new airway and find such a remarkable improvement in their quality of life that the annoyances of the tracheostomy become tolerable.

**RATIONALE:**

None

**DISCLAIMER:**

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically. HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.

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