A Patient’s Guide
To Medical Insurance & Jaw Surgery

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“The surgical correction of growth deformities of the jaw undeniably enhances chewing function. Treating growth deformities of the jaw enhances the quality of life for those suffering from them. Growth deformities of the facial skeleton are routinely diagnosed by physicians and dentists. Reconstructive surgery is performed routinely with minimal complications. Long term improvements in breathing, chewing and speech are well documented.”
Orthognathic surgery (jaw reconstruction) is best described as surgery to align the jaws and thereby the teeth to accomplish normal chewing function. Abnormal growth of the jaws causes the bite to be misaligned. This abnormal growth is either congenital in nature, which means that it is present at birth, or is acquired in nature which means it is a bite misalignment that has developed over time. Bite problems that develop over time are also referred to as developmental bite problems. This is an important point that will be discussed in greater detail in this brochure. The diagnosis of a bite problem is usually made by your dentist or orthodontist.
Developmental bite problems are bite problems that develop as the patient grows and are caused by unbalanced growth of the jaws. They differ from congenital bite problems that are present at birth. Developmental bite problems many times are covered by medical insurance if they are associated with functional issues such as difficulty chewing foods, swallowing, problems with speech or chronic problems with trauma to the tongue and lips. Any bite problem which limits incising, biting and chewing of foods may be considered a medical problem and coverage may be available for jaw reconstruction. As they say, “the devil is in the details.” The way the contract is written is very important and may take some close investigation by our orthognathic surgery coordinator to determine whether or not there is coverage for orthognathic surgery. Some medical contracts, however, specifically state that orthognathic surgery is an exclusion.

This type of exclusion is very specific and in Ohio there is no appeal for an exclusion of this type.
Four Causes of Bite Problems

1. Developmental bite problems that develop as the patient grows and the facial skeleton matures.
2. Congenital bite problems that are present at birth, i.e. cleft palate or hemifacial microstomia.
3. Bite problems that are a result of facial trauma.
4. Bite problems that result from cysts, tumors or diseases of the jaws.
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Congenital bite problems are present at birth and diagnosed soon after birth. They are genetic in nature. This patient suffers from a condition called hemifacial microsomia.
Trauma to the jaws can lead to bite problems which require jaw surgery. In cases like this one, medical insurance will cover reconstructive surgery.
Cysts, tumors and other medical diseases can cause abnormal growth of the jaws. The bite deformity in the above example was caused by an imbalance in hormones released by the pituitary gland.
What Problems Can a Patient Have Because of a “Bad Bite”?

1. Difficulty or an inability to chew food
2. Difficulty swallowing
3. Chronic trauma to the lips, cheeks or tongue
4. Speech problems
5. Facial muscle pain from poor chewing efficiency
6. Overloading of the jaw and jaw joints
7. Increased levels of clenching and grinding of the teeth
8. An inability to find a comfortable resting position of the lower jaw
9. Abnormal wear of the teeth (occlusal decline)
10. Abnormal wear and recession of the gums (periodontal decline)
11. Abnormal facial appearance (facial decline)
12. Obstructive sleep apnea, snoring and sleep disturbances
Bite problems associated with facial trauma, cysts or tumors as well as bite problems associated with cancers and congenital birth defects are considered medical problems and surgery to correct them is covered by all medical insurance policies. Bite problems that are developmental in nature, however, are troublesome when it comes to determining medical insurance coverage. These types of growth deformities are the most common type and your orthodontist may have diagnosed part of your bite problem as a result of improper or inadequate growth of the jaws.

Treating the tooth portion of the bite without addressing and fixing the bone or skeletal portion of the bite may lead to other problems, the least of which may be instability of the orthodontic result you and your orthodontist have worked so hard to achieve.
Figure 1 (above) shows the patient’s bite prior to orthodontic therapy. A skeletal problem exists in combination with crowding and malpositioned teeth.

Figure 2 (above) shows the position of the teeth after orthodontic intervention. The teeth are now positioned correctly in the upper jaw and lower jaw unmasking the true size of the jaw misalignment.
Medical Necessity for Jaw Surgery

Some medical insurance carriers cover orthognathic surgery when medical necessity for the surgery is met. The definition of medical necessity is determined by the medical insurance carrier and always requires a functional or chewing problem as a result of the skeletal imbalance. Some medical insurance carriers will cover bite deformities if there is an associated speech impediment or chronic and recurrent trauma to the lips, tongue or cheeks.

There is no longer a special “code” or “wording” that your oral surgeon can use to “write up your claim.” All chewing problems associated with a bad bite or a skeletal misalignment must be documented, verified and proven in your medical history and your doctor’s medical record. Problems with chewing foods, restrictions in your diet because of problems chewing, pain in the jaw muscles, difficulty swallowing food and repeated biting of the cheeks, lips and tongue because of a bad bite should be discussed with your physician, dentist, orthodontist or oral surgeon. The actual size of your jaw misalignment and the problems that it causes must be documented.
This patient met medical necessity for jaw surgery. The size of the skeletal deformity and functional problems that the patient was having with speech and chewing satisfied the medical insurance criteria.
This patient met medical necessity for jaw surgery. The size of the skeletal deformity and the lack of chewing ability met the insurance carrier’s definition of a functional deformity. Coverage was obtained for jaw reconstruction.
The patient demonstrated in these two images required jaw surgery for dental reasons and not medical reasons. No functional problem existed. The patient suffers from abnormal tooth wear and receding gums, but not a functional problem. According to the medical insurance contract, no coverage was available to correct the patient's misaligned jaw.
Although this patient had difficulty chewing because her front teeth did not overlap, the problem was not considered significant enough by the insurance company to satisfy their definition of medical necessity. The medical insurance contract had an exclusion for this type of surgery. If there is an exclusion in the contract, such as in this patient’s case, there is no coverage.
You have a right in Ohio to appeal any denial for the coverage for jaw surgery if there is no specific exclusion for jaw surgery in your contract. A functional problem associated with your bad bite must be documented. A letter from you outlining the functional problems that you experience because of your bad bite is very beneficial in determining medical necessity. Letters documenting chewing problems, a history of chronic trauma to the lips or cheeks or pain or fatigue in the muscles used to chew food may serve to document and determine medical necessity for jaw reconstruction.

Patients with bad bites who have associated speech impediments must have documentation of the speech problem by a speech pathologist. Patients are cautioned that insurance fraud in the state of Ohio is a criminal offense. Dr. Lee refuses to participate in or knowingly allow his patients to participate in insurance fraud.
When to Appeal an Insurance Denial

Appeal the insurance company's decision of denial if:
1. There is no contractual exclusion for jaw surgery.
2. You can document a functional problem that satisfies your insurance company’s definition of medical necessity. Your oral and maxillofacial surgeon can document a skeletal problem that satisfies your insurance company’s definition of a clinical indication for jaw surgery.
3. You suffer from a documented speech problem or have obstructive sleep apnea and have failed conservative treatment.
4. You suffer from chronic trauma to the oral mucosa and it has been documented by your dentist, family physician or treating oral and maxillofacial surgeon.
Medical Insurance Myths

Myth #1
Obtaining coverage for surgery is all about using the right code or writing the letter to the insurance carrier using the “correct wording.” This misconception is founded in “insurance lore” from the early 1980’s. The diagnosis of a jaw deformity is what it is and must be documented. There are no magic codes or letters.

Myth #2
Exact out-of-pocket expenses for your surgery are available from your medical insurance company. This is not true. The best that anyone can do is estimate the out-of-pocket expenses associated with jaw reconstruction. Dr. Lee and his staff have 25 years of experience dealing with insurance carriers. 80/20, 90/10 and 100% coverage for a surgical procedure does not always equate to an easily calculable out-of-pocket expense. All insurance contracts pay their 80/20 or 90/10 share based upon their fee schedules. They will not share their fee schedule with anyone. Therefore, it is impossible to do better than to estimate your out-of-pocket expense based upon past experience with other patients with similar medical contracts.
Successful treatment of jaw deformities requires attention to detail and careful planning. Our goal is to surpass the standard of care when it comes to orthognathic surgery. Accomplishing that goal requires a concerted effort by everyone involved.

Myth #3
Once you have coverage for surgery you have a contract with the insurance company for payment. Although this was true in the past it is no longer so. Changes in contract language and changes in employment benefits occur routinely today. Close follow-up during your treatment is mandatory not only for a successful surgical outcome but for a successful financial outcome as well. Please remember patient employment status, academic status and marital status, as well as parental employment status and marital status can affect coverage for orthognathic surgery.
If your medical insurance company excludes orthognathic surgery or the severity of your bite problem does not satisfy the contractual language of your medical insurance policy, there are still alternatives open to you in order to have your bite problem corrected. First, discuss your treatment alternatives with your orthodontist. In some cases modification of the orthodontic treatment plan can minimize the surgery needed to correct your bad bite. Be sure to discuss the success and stability of your treatment if a decision is made not to include jaw surgery.

Through our office, it is possible to make pre-surgery payment arrangements which can significantly minimize the cost of jaw reconstruction. Payment plans are available for charges associated with jaw surgery including all hospital and anesthesia services. Significant pre-pay fee reductions apply. Surgery fees, hospital fees and anesthesia fees can be charged on a low interest credit card with extended payment options. While surgery fees vary depending on the complexity of the surgery, hospital costs and anesthesia costs are fixed. Hospital and anesthesia fees are discounted.
to a fraction of their usual rate thanks to the participation and commitment to oral health made by Our Lady of Mercy Anderson. Anesthesia fees are discounted to a fraction of the usual rate thanks to the participation of the Anesthesia Intensive Care Consultants of Our Lady of Mercy Anderson.

More information concerning pre-pay options is available by calling our office at 513-232-8989.