



## Orthognathic Surgery Clinical Coverage Criteria

### Description

Orthognathic surgery is the surgical correction of skeletal abnormalities of the mandible, maxilla, or both. The underlying abnormality may be present at birth or may become evident as the individual grows and develops or may be the result of traumatic injuries. The severity of these skeletal abnormalities precludes adequate treatment through dental treatment alone.

The primary goal of orthognathic surgery is to improve function through correction of the underlying skeletal deformity.

### Policy

This Policy applies to the following Fallon Health products:

- ☒ Medicare Advantage (Fallon Medicare Plus, Fallon Medicare Plus Central)
- ☒ MassHealth ACO
- ☒ NaviCare HMO SNP
- ☒ NaviCare SCO
- ☒ PACE (Summit Eldercare PACE, Fallon Health Weinberg PACE)
- ☒ Community Care

Prior authorization is required for orthognathic surgery.

Note: This policy does not address surgery for obstructive sleep apnea, which is addressed in a separate medical policy. Orthognathic surgery will be considered cosmetic rather than reconstructive when there is no functional impairment present.

### Fallon Health Clinical Coverage Criteria

Fallon Health Clinical Coverage Criteria apply to Medicare and Community Care members.

Effective for dates of service on and after September 1, 2025, Fallon Health will use InterQual® Criteria when making medical necessity determinations for orthognathic surgery for Medicare and Community Care members.

For coverage criteria, refer to the InterQual® Criteria in effect on the date of service:

- InterQual® CP Procedures, Orthognathic Surgery
- InterQual® CP Procedures, Orthognathic Surgery (Pediatric)
- InterQual® CP Procedures, Orthognathic Surgery, Maxillectomy or Mandibulectomy
- InterQual® CP:Procedures, Reconstruction, Temporomandibular Joint (TMJ)
- InterQual® CP:Procedures, Arthroplasty, Temporomandibular Joint (TMJ)
- InterQual® CP:Procedures, Arthroscopy, Temporomandibular Joint (TMJ)
- InterQual® CP:Procedures, Discectomy, Temporomandibular Joint (TMJ)
- InterQual® CP:Procedures, Bone Augmentation, Mandible
- InterQual® CP:Procedures, Bone Augmentation, Maxilla

Fallon Health makes InterQual® Criteria available to the public through the transparency tool on our website, effective January 1, 2024.

For orthognathic surgery for obstructive sleep apnea, including but not limited Orthognathic Surgery for Obstructive Sleep Apnea +/- Genioglossal Advancement, refer to Surgery for Obstructive Sleep Apnea Clinical Coverage Criteria.

Bone augmentation, also known as bone grafting, is a surgical procedure that replaces missing bone with a bone graft. The graft material can be sourced from the patient's own body (autograft), from a donor (allograft), or be synthetic. This procedure is usually performed when bone quality and quantity in the alveolar ridge are poor. Ridge defects may develop as a result of trauma or congenital malformations, such as cleft palate. Augmentation to the bone allows secure dental implant placement or ensures stability of a traditional denture. Bone augmentation is considered medically necessary when ridge defects are the result of trauma or congenital malformations, or when bone augmentation is an integral to a covered surgical procedure. Bone augmentation is otherwise considered dental in nature and not a covered service.

### Medicare Variation

Medicare statutes and regulations do not have coverage criteria for orthognathic surgery. Medicare does not have an NCD for orthognathic surgery. National Government Services, Inc., the Part A/B Medicare Administrative Contractor with jurisdiction in the Plan's service area does not have an LCD for orthognathic surgery (Medicare Coverage Database search 06/18/2025), therefore, the Plan's coverage criteria are applicable.

There is related Medicare Benefit Policy Manual guidance:

- Medicare Benefit Policy Manual, Chapter 1 - Inpatient Hospital Services, Section 70 - Inpatient Services in Connection with Dental Services (Rev. 1, 10-01-03)

When a patient is hospitalized for a dental procedure and the dentist's service is covered under Part B, the inpatient hospital services furnished are covered under Part A. For example, both the professional services of the dentist and the inpatient hospital expenses are covered when the dentist reduces a jaw fracture of an inpatient at a participating hospital. In addition, hospital inpatient services, which are necessary because of the patient's underlying medical condition and clinical status or the severity of a noncovered dental procedure, are covered.

When the hospital services are covered, all ancillary services such as x-rays, administration of anesthesia, use of the operating room, etc., are covered.

Regardless of whether the inpatient hospital services are covered, the medical services of physicians furnished in connection with noncovered dental services are not covered. The services of an anesthesiologist, radiologist, or pathologist whose services are performed in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting teeth are not covered.

- Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, Section 100 – Surgical Dressings, Splints, Casts and Other Devices Used for Reductions of Fractures and Dislocations (Rev. 1, 10-01-03)

Splints and casts, and other devices used for reductions of fractures and dislocations are covered under Part B of Medicare. This includes dental splints.<sup>1</sup>

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<sup>1</sup> 411.15 (i)(3)(C) The stabilization or immobilization of teeth in connection with the reduction of a jaw fracture, and dental splints only when used in conjunction with covered treatment of a covered medical condition such as dislocated jaw joints.

- Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services, Section 150 - Dental Services (Rev. 11995; Issued: 04-21-23; Effective: 01-01-23; Implementation: 05-12-23)

As indicated under the general exclusions from coverage in 42 CFR 411.15(i), and subject to exceptions, items and services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting the teeth are not covered. "Structures directly supporting the teeth" means the periodontium, which includes the gingivae, dentogingival junction, periodontal membrane, cementum of the teeth, and alveolar process. Two statutory exceptions to this policy allow for Medicare payment for inpatient hospital services in connection with the provision of dental services if the individual, because of the individual's underlying medical condition and clinical status or because of the severity of the dental procedure, requires hospitalization in connection with the provision of such services.

There are some other instances where medical services necessary to diagnose and treat the individual's underlying medical condition may require the performance of certain dental services and the dental exclusion may not apply. Dental services that are inextricably linked to, and substantially related and integral to the clinical success of, certain covered medical services are not excluded. Such non-excluded dental services could include dental and oral examinations as well as medically necessary diagnostic and treatment services to eliminate an oral or dental infection. We note that the necessary treatment to eradicate an infection may not include the totality of recommended dental services for a given patient. For example, if an infected tooth is identified in a patient requiring an organ transplant, cardiac valve replacement, or valvuloplasty procedure, the necessary treatment would be to eradicate the infection, which could result in the tooth being extracted. Additional dental services, such as a dental implant or crown, may not be considered immediately necessary to eliminate or eradicate the infection or its source prior to surgery. Therefore, such additional services would not be inextricably linked to, and substantially related and integral to the clinical success of, the organ transplant, cardiac valve replacement, or valvuloplasty services. As such, no Medicare payment would be made for the additional services that are not immediately necessary prior to surgery to eliminate or eradicate the infection.

Payment may be made under Medicare Parts A and B for dental services, prior to or, in certain circumstances, contemporaneously with, certain covered medical services furnished in the inpatient or outpatient setting. Scenarios in which Medicare payment for dental services is not excluded include but are not limited to the examples below.

Refer to Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services, Section 150 - Dental Services for additional information: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf>.

- Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, Section 150.1 - Treatment of Temporomandibular Syndrome (Rev. 1, 10-01-03)

There are a wide variety of conditions that can be characterized as TMJ, and an equally wide variety of methods for treating these conditions. Many of the procedures fall within the Medicare program's statutory exclusion that prohibits payment for items and services that have not been demonstrated to be reasonable and necessary for the diagnosis and treatment of illness or injury (§1862(a)(1) of the Act). Other services and appliances used to treat TMJ fall within the Medicare program's statutory exclusion at 1862(a)(12), which prohibits payment "for services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting teeth...." For these reasons, a diagnosis of TMJ on a claim is insufficient. The actual condition or symptom must be determined.

- Medicare Benefit Policy Manual, Chapter 16 – General Exclusions from Coverage, Section 120 - Cosmetic Surgery and Section 140 - Dental Services Exclusion (Rev. 1, 10-01-03)

## MassHealth Variation

MassHealth has Guidelines for Medical Necessity Determination for Orthognathic Surgery (MassHealth website search 06/18/2025), therefore, the Plan's coverage criteria are not applicable.

## Exclusions

- Procedures for the purposes of dentures or dental implants.
- Procedures to treat malocclusions which can be treated by standard dental care or orthodontics.
- Orthognathic surgery performed primarily for cosmetic purposes.
- Orthognathic surgery performed to reshape or enhance unaesthetic facial features, regardless of whether such features are associated with psychological disorders.
- Mentoplasty or genial osteotomies/ostectomies (chin surgeries) are always considered cosmetic when performed as an isolated procedure to address genial hypoplasia, hypertrophy, or asymmetry, and may be considered cosmetic when performed with other surgical procedures.
- Orthognathic surgical correction of distortions within the sibilant sound class or for other distortions of speech quality (i.e., hyper-nasal or hypo-nasal speech) without evidence of functional impairment.

## Summary of Evidence

Scientific studies have shown that many patients with skeletal deformities suffer from a variety of functional impairments including, but not limited to, malocclusions, diminished bite forces, restricted mandibular excursions, swallowing difficulties, qualitative speech disorders, abnormal chewing patterns and temporomandibular disorders. Clinical experience and the literature have demonstrated that, when indicated, orthognathic surgery leads to improvement in a spectrum of functional impairments. The medical appropriateness of these procedures is well-documented in the scientific literature (AAOMS, 2025).

The American Association of Oral and Maxillofacial Surgeons (AAOMS) publishes Parameters of Care: AAOMS Clinical Practice Guidelines for Oral and Maxillofacial Surgery (*AAOMS ParCare*). The current edition, published in 2023, is the Seventh Edition. This document provides guidelines for treatment and expected outcomes across the spectrum of care that fellows and members of AAOMS provide. *AAOMS ParCare 2023* reflects practice considerations for 11 designated areas of oral and maxillofacial surgery including cleft and craniofacial surgery, surgical correction of maxillofacial skeletal deformities, temporomandibular joint surgery and trauma surgery. *AAOMS ParCare* have become widely adopted as a tool to assist in determining whether orthognathic surgery is medically indicated.

Additionally, the AAOMS publishes a Clinical Paper, which summarizes the indications for orthognathic surgery. These indications are based on a thorough review of the world literature and a consensus of the governing body of the American Association of Oral and Maxillofacial Surgeons (AAOMS, 2025).

The AAOMS Clinical Paper (AAOMS, 2025) classifies facial skeletal abnormalities as follows:

Congenital anomalies, such as

1. Cleft lip and palate
1. Dentofacial skeletal deformities: mandibular hyper or hypoplasia, maxillary hyper or hypoplasia, apertognathia, facial asymmetry, maxillary and mandibular transverse discrepancies
2. Craniofacial microsomia
3. Dysmorphic syndromes, such as Noonan and Treacher Collins
  1. Pierre Robin sequence
4. Chromosomal anomalies, including 22q11.2 deletion syndrome

Acquired anomalies, including

1. Traumatic facial skeletal injuries
2. Cysts and tumors of the jaws
3. Obstructive sleep apnea
5. Temporomandibular joint disorders resulting in skeletal malocclusion
6. Rheumatoid arthritis
7. Degenerative arthritis
8. Condylar atrophy
9. Growth disturbances
10. Condylar hyperplasia

- As listed below, these maxillary and/or mandibular facial skeletal deformities associated with masticatory malocclusion relate verifiable clinical measurements to significant facial skeletal deformities: Anteroposterior discrepancies: established norm = 2mm
  - Maxillary/mandibular incisor relationship
    - Horizontal overjet of + 5mm or more
    - Horizontal overjet of zero to a negative value
  - Maxillary/mandibular anteroposterior molar relationship discrepancy of 4mm or more (norm 0 to 1mm)
  - These values represent two or more standard deviation from published norms
- Vertical discrepancies
  - Presence of a vertical facial skeletal deformity, which is two or more standard deviations from published norms for accepted skeletal landmarks
  - Open bite
    - No vertical overlap of anterior teeth
    - Unilateral or bilateral posterior open bite greater than 2mm
  - Deep overbite with impingement or irritation of buccal or lingual soft tissues of the opposing arch
  - Supraeruption of a dentoalveolar segment due to lack of occlusion
- Transverse discrepancies
  - Presence of a transverse skeletal discrepancy, which is two or more standard deviations from published norms
  - Total bilateral maxillary palatal cusp to mandibular fossa discrepancy of 4mm or greater, or a unilateral discrepancy of 3mm or greater, given normal axial inclination of the posterior teeth
- Asymmetries
  - Anteroposterior, transverse or lateral asymmetries greater than 3mm with concomitant occlusal asymmetry

In addition to the above indications, orthognathic surgery may be indicated in cases where there are specific documented signs of dysfunction. These may include conditions involving airway dysfunction, such as sleep apnea and temporomandibular joint disorders.

Obstructive sleep apnea (OSA) is a specific type of respiratory dysfunction. Defined as periodic cessation of breathing during sleep, patients with OSA may have such associated findings as hypertension and cardiac arrhythmias. While this condition is multifactorial, a significant number of patients with obstructive sleep apnea have underlying facial skeletal deformities and benefit from orthognathic surgery. Prior to surgical treatment, such patients should be properly evaluated to determine the cause and site of their disorder with appropriate non-surgical treatment attempted when indicated (AAOMS, 2025). For coverage criteria for surgery for OSA, refer to Surgery for Obstructive Sleep Apnea Clinical Coverage Criteria.

It is generally accepted that temporomandibular joint (TMJ) dysfunction may have a variety of causes. In some patients, skeletal malocclusion and TMJ dysfunction may be correlated. While some types of malocclusion have been more commonly implicated, a variety of deformities have been reported to be associated with TMJ symptoms. The rationale for proceeding with surgery to correct skeletal-dental deformities is based on common reports of significant improvement in joint and muscle symptoms after a variety of orthognathic procedures. The literature reports that approximately 80 percent of patients show improvement of preoperative symptoms after orthognathic surgery. Prior to performing an orthognathic procedure on such patients, non-surgical therapies should be attempted, including those procedures and treatments that mimic the effects of occlusal alteration (AAOMS, 2025).

## **Analysis of Evidence (Rationale for Determination)**

Orthognathic surgery is the surgical correction of abnormalities of the mandible (lower jaw), maxilla (upper jaw), or both, to achieve facial and occlusal balance when the severity of orofacial deformities is such that they cannot be treated through orthodontic treatment alone. The evidence for orthognathic surgery includes non-randomized controlled trials and the medical necessity criteria is largely based on the accepted assessment tool from the American Association of Oral and Maxillofacial Surgeons Criteria for Orthognathic Surgery.

## Coding

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

Code	Description
<b>Maxillectomy or Mandibulectomy</b>	
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible
21045	Excision of malignant tumor of mandible; radical resection
21049	Excision of benign tumor or cyst of maxilla, requiring extra-oral osteotomy and partial maxillectomy [eg, locally aggressive or destructive lesion(s)]
31225	Maxillectomy; without orbital exenteration
31230	Maxillectomy; with orbital exenteration (en bloc)
61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidotomy and/or maxillectomy
<b>Condylectomy</b>	
21050	Condylectomy, temporomandibular joint (separate procedure)
<b>Discectomy, Temporomandibular Joint (TMJ)</b>	
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21299	Unlisted craniofacial and maxillofacial procedure
<b>Bone Augmentation, Maxilla</b>	
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21348	Open treatment on nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)
<b>Bone Augmentation, Mandible</b>	
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21194	Reconstruction of mandibular rami, horizontal, vertical, C or L osteotomy, without bone graft
21196	Reconstruction of mandibular rami, and/or body, sagittal split; with internal rigid fixation
21215	Graft, bone; mandible (includes obtaining graft)
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
<b>Osteotomy, LeFort I</b>	
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, 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 (includes obtaining autografts)
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)
<b>Osteotomy, LeFort II and III</b>	
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
21159	Reconstruction midface forehead advance; LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I
21160	Reconstruction midface forehead advance; with/LeFort I
<b>Osteotomy, Maxillary Buttress, +/- Mid Palatal Osteotomy</b>	
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
21299	Osteotomy, mandible, segmental; with genioglossus advancement
<b>Reconstruction, Temporomandibular Joint (TMJ)</b>	
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
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
<b>Osteotomy, Anterior Segment, Mandible</b>	
21198	Osteotomy, mandible, segmental;
<b>Osteotomy, Anterior Segment, Maxilla</b>	
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
<b>Osteotomy, Facial Bones</b>	
21209	Osteotomy, facial bones; reduction

<b>Arthroplasty, Temporomandibular Joint (TMJ)</b>	
21240	Arthroplasty temporomandibular joint (TMJ) with or without autograft (includes obtaining autograft)
21242	Arthroplasty temporomandibular joint TMJ with allograft
21243	Arthroplasty temporomandibular joint TMJ with prosthetic joint replacement
<b>Arthroscopy, Temporomandibular Joint (TMJ)</b>	
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	Arthroscopy, temporomandibular joint, surgical

## References

1. MassHealth Guidelines for Medical Necessity Determination for Orthognathic Surgery. Policy Revision Effective Date: February 10, 2025. Supersedes Policy Dated October 4, 2022. Available at: [https://www.mass.gov/files/documents/2018/10/16/mg-orthognathicsurgery\\_0.pdf](https://www.mass.gov/files/documents/2018/10/16/mg-orthognathicsurgery_0.pdf). Accessed 06/18/2025.
2. American Association of Oral and Maxillofacial Surgeons Parameters of Care: AAOMS Clinical Practice Guidelines for Oral and Maxillofacial Surgery (AAOMS ParCare 2023). Patient Assessment. Available at: [https://aaoms.org/wp-content/uploads/2024/08/parcare\\_patient\\_assesment.pdf](https://aaoms.org/wp-content/uploads/2024/08/parcare_patient_assesment.pdf). Accessed 06/18/2025
3. American Association of Oral and Maxillofacial Surgeons (AAOMS). Clinical Paper. Criteria for Orthognathic Surgery (2025). Available at: <https://aaoms.org/publications/position-papers/clinical-papers/>. Accessed 06/18/2025.
4. American Association of Oral and Maxillofacial Surgeons (AAOMS). Clinical Paper. Guidelines to the Evaluation of Impairment of the Oral and Maxillofacial Region (2018). Available at: <https://aaoms.org/publications/position-papers/clinical-papers/>. Accessed 06/18/2025.

## Policy history

Origination date: 03/01/2015

Review/Approval(s): Technology Assessment Committee: 09/24/2014 (adopted InterQual® Criteria, 01/28/2015 (annual review), 01/27/2016 (annual review), 01/25/2017 (annual review), 01/24/2018 (annual review), 01/23/2019 (annual review), 05/27/2020 (adopted Fallon Health criteria), 06/25/2021 (Added clarifying language related to Medicare Advantage, MassHealth ACO, NaviCare and PACE under policy section), 04/23/2024 (annual review; coverage criteria unchanged), 6/24/2025 (annual review; adopted InterQual® Criteria, added new sections for Medicare and MassHealth Variation; updated Evidence Summary and References). Utilization Management Committee: 07/15/2025 (annual review; approved with adoption of InterQual® Criteria).

## Instructions for Use

Fallon Health complies with CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations for Medicare Advantage members. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health may create internal coverage criteria under specific circumstances described at § 422.101(b)(6)(i) and (ii).

Fallon Health generally follows Medical Necessity Guidelines published by MassHealth when making medical necessity determinations for MassHealth members. In the absence of Medical Necessity Guidelines published by MassHealth, Fallon Health may create clinical coverage criteria in accordance with the definition of Medical Necessity in 130 CMR 450.204.



For plan members enrolled in NaviCare, Fallon Health first follows CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, or if the NaviCare member does not meet coverage criteria in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health then follows Medical Necessity Guidelines published by MassHealth when making necessity determinations for NaviCare members.

Each PACE plan member is assigned to an Interdisciplinary Team. PACE provides participants with all the care and services covered by Medicare and Medicaid, as authorized by the interdisciplinary team, as well as additional medically necessary care and services not covered by Medicare and Medicaid. With the exception of emergency care and out-of-area urgently needed care, all care and services provided to PACE plan members must be authorized by the interdisciplinary team.

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans.