



Oral & Maxillofacial Surgery

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Orthognathic Surgery

Dear patient,

This document is designed to inform you about reconstructive jaw (orthognathic) surgery. Orthognathic surgery is a long and potentially expensive process. Before you begin I want to explain the process including insurances issues.

Traditionally, patients will wear braces for 12-18 months before surgery, have surgery, and wear braces another 6-12 months after surgery. Most patients will want two weeks to recover at home after surgery so plan accordingly.

Your surgery journey begins with a \$400 consultation visit. The full \$400 will be credited to surgery if you have surgery within 18 months. If you need a panorex x-ray it is included in the \$400 fee. The consultation is good for 18 months and includes one pre-operative visit during those 18 months. Additional visits are \$150 within 3 years of the original consultation. After 3 years you will need a new \$400 consultation.

Please bring your latest plaster casts/models from your orthodontist or dentist to the consultation. The consultation, your time with me, is typically about 20 - 30 minutes. I will send models, x-rays, and my notes to your insurance company(s) after the visit for pre-determination of benefits. If your insurance company requests a separate letter from me I do charge \$100 to write the letter. Additional documents for work, school, or insurance are \$50 each. Document fees do not apply to surgery.

River City Oral & Maxillofacial Surgery (RCOMS) is out of network with all insurance companies and does not bill insurance for surgery. We will give you an up-front price for your surgery and this fee must be paid in full at least 2 weeks before your surgery.

Our fees are published & known. Unfortunately, anesthesia and hospital fees are not as clear and often not revealed until after the fact. It is IMPERITIVE that we know if insurance will cover anesthesia & hospital fees before surgery. If not, those fees can reach \$80,000+ and make surgery completely unaffordable.

As I said, we will send off records to make our own determination of benefits but before you come in and spend money & time on your surgery consultation please contact your medical insurance



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company(s) and ask them if you have coverage. You deserve to know if you have coverage before spending money with RCOMS. Anytime you call your insurance company please record:

1. The date & time
2. The name of the representative
3. The "reference number" or serial number for the call. Your insurance company will give a serial number to every call. Write the number down and save it even after your surgery.

Ask your insurance company if orthognathic surgery is a covered benefit of your plan. If they say yes, please give them all the common diagnostic & treatment codes included at the end of this letter and verify coverage based on specific codes, not a blanket statement. My NPI and tax ID numbers are also included if needed. If your insurance company says orthognathic surgery is covered, ask them if they will cover anesthesia and facility fees even if your surgeon is out of network. Try to get them to give you these answers in writing, an email is sufficient.

Your insurance company may say that orthognathic surgery is covered as long as I code it correctly or it is "medically necessary". The insurance companies will often tell you that I just need to declare your surgery as medically necessary or code it appropriately. This is a half-truth designed to appease you.

Regarding medical necessity, your insurance company will have a definition of what they consider medically necessary. Medical necessity is NOT dependent on my opinion. Ask your insurance company their specific criteria to determine medically necessary. Some companies have told me the only way they will cover orthognathic surgery is if the patient has documented episodes of choking on food due to inability to chew. Obviously, that is a high hurdle to clear that was not revealed to the patient beforehand.

Regarding coding, I can only code the truth. I cannot use a code that does not apply to your case no matter with your insurance company says. Intentionally miscoding is insurance fraud. At times insurance companies almost seem to be encouraging me to commit insurance fraud!

If you determine that you do not have orthognathic surgery benefits or the benefits do not apply if you use an out-of-network surgeon, we can perform the surgery in a surgery center where cash fees tend to be more reasonable. You cannot spend the night at a surgery center but spending the night is rarely necessary. In the worst case you would leave the surgery center and be admitted to a hospital.

Thank you for your interest and for checking out RCOMS. Please contact us with additional questions.

Sincerely,

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Common Orthognathic Surgery ICD-10 Diagnostic Codes	
ICD-10 Code	Diagnosis
M26.01	Maxillary hyperplasia
M26.02	Maxillary hypoplasia
M26.03	Mandibular hyperplasia
M26.04	Mandibular hypoplasia
M26.11	Maxillary asymmetry
M26.12	Mandibular asymmetry
M26.220	Anterior open bite
M26.221	Posterior open bite
M26.05	Macrogenia
M26.06	Microgenia
M26.24	Crossbite

Common Orthognathic Surgery Treatment Codes and River City OMS Fees			
Dental CDT Treatment Code	Medical CPT Treatment Code	RCOMS Fee	Procedure
D7945	21196	\$2,800	Orthognathic, sagittal split ramus osteotomy (SSRO), per side
D7941	21193	\$2,200	Orthognathic, intraoral vertical ramus osteotomy (IVRO), per side
D7946	21141	\$6,200	Orthognathic, LeFort I, 1 piece, does not include bone graft harvest if required
D7947	21142	\$7,600	Orthognathic, LeFort I, 2 piece, does not include bone graft harvest if required
D7947	21143	\$8,500	Orthognathic, LeFort I, 3 piece, does not include bone graft harvest if required
D7944	21121	\$3,300	Orthognathic, subapical osteotomy, does not include bone graft harvest if required
D7945	21121	\$2,800	Genioplasty, includes sedation, does not include bone graft harvest if required, does not include hardware if done in office.
D7950 D7955	21210 21215	\$350	Allograft bone graft for orthognathic surgery (blocks, BMP, putty, etc), per osteotomy
	21210 21215	\$1,600	Autograft bone graft for orthognathic surgery (hip, tibia, skull, etc), per osteotomy
D7991	21070	\$900	Coronoidectomy, per side

Dr. Haverkorn's NPI number: 1568672996

RCOMS Tax ID number: 82-1525446