

Orthognathic Surgery

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

DESCRIPTION

Orthognathic surgery is surgery of the facial skeletal structures to restore proper function and to treat jaw and craniofacial deformities. Examples of conditions that may require orthognathic surgery include, but are not limited to, overbite, underbite, mandibular prognathism, crossbite, open bite, and mandibular and/or maxillary deformity.

MEDICARE ADVANTAGE POLICY CRITERIA

Notes:

- This policy does not apply to orthognathic surgery as a treatment of sleep apnea. Medicare Advantage Medical Policy *Surgeries for Snoring and Obstructive Sleep Apnea Syndrome In Adults* (M-SUR166) addresses surgical procedures for the treatment of obstructive sleep apnea.
- In addition, orthognathic surgery in the absence of significant physical functional impairment may be considered cosmetic, including but not limited to when used for

altering or improving bite or for improvement of appearance. If the requested procedure appears to be cosmetic in nature, see Medicare Advantage Medical Policy *Cosmetic and Reconstructive Procedures* (M-SUR12) (see Cross References).

| | |
|---|---|
| CMS Coverage Manuals* | None |
| National Coverage Determinations (NCDs)* | None |
| Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)* | None ^[1] |
| Medical Policy Manual | <p><i>While Medicare does not allow coverage for cosmetic procedures, Medicare coverage criteria is not available for orthognathic surgery. Therefore, the health plan's medical policy is applicable.</i></p> <p>Orthognathic Surgery, Surgery, Policy No. 137 (see "NOTE" below)</p> |

NOTE: If a procedure or device lacks scientific evidence regarding safety and efficacy because it is investigational or experimental, the service is noncovered as not reasonable and necessary to treat illness or injury. ([Medicare IOM Pub. No. 100-04, Ch. 23, §30 A](#)). According to Title XVIII of the Social Security Act, §1862(a)(1)(A), only medically reasonable and necessary services are covered by Medicare. In the absence of a NCD, LCD, or other coverage guideline, CMS guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an **objective, evidence-based process, based on authoritative evidence**. ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)). The Medicare Advantage Medical Policy - Medicine Policy No. M-149 - provides further details regarding the plan's evidence-assessment process (see Cross References).

POLICY GUIDELINES

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Condition being treated, such as a congenital anomaly (e.g., cleft lip/palate repair), a defect caused by tumor, trauma, infection, etc.
- Intra-oral and extra-oral photographs;
- Cephalometric and panoramic radiographs; when available, a written report should be submitted in addition to the radiographs
- Current history and physical and results of diagnostic evaluation (medical record should include documentation regarding the deformity and the functional impairment it causes, including but not limited to effects on the patient's physical health, not just dental health).

REGULATORY STATUS

Orthognathic surgery is not a U.S. Food and Drug Administration–regulated procedure.

CROSS REFERENCES

[Dental Services](#), Allied Health, Policy No. M-35

[Cosmetic and Reconstructive Procedures](#), Surgery, Policy No. M-12

[Surgeries for Snoring, Obstructive Sleep Apnea Syndrome, and Upper Airway Resistance Syndrome](#), Surgery, Policy No. M-166

[Hypoglossal Nerve Stimulation](#), Surgery, Policy No. M-215

REFERENCES

1. Noridian LCD for Plastic Surgery ([L37020](#)) “*Corrective facial surgery will be considered cosmetic rather than reconstructive when there is no functional impairment present.*” [cited 06/26/2018]

CODING

| Codes | Number | Description |
|-------|--------|---|
| CPT | 21085 | Impression and custom preparation; oral surgical splint |
| | 21110 | Application of interdental fixation device for conditions other than fracture or dislocation, includes removal |
| | 21120 | Genioplasty; augmentation (autograft, allograft, prosthetic material) |
| | 21121 | Genioplasty; sliding osteotomy, single piece |
| | 21122 | Genioplasty; sliding osteotomies, two 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) |
| | 21125 | Augmentation, mandibular body or angle; prosthetic material |
| | 21127 | Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft) |
| | 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; two pieces, segment movement in any direction, without bone graft |
| | 21143 | Reconstruction midface, LeFort I; three 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; two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted |

| Codes | Number | Description |
|--------------|---------------|---|
| | | unilateral alveolar cleft) |
| | 21147 | Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies) |
| | 21150 | Reconstruction midface, LeFort II; anterior intrusion (e.g., 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, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I |
| | 21160 | Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I |
| | 21188 | Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts) |
| | 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 |
| | 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; |
| | 21206 | Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard) |
| | 21208 | Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant) |
| | 21209 | Osteoplasty, facial bones; reduction |
| | 21210 | Graft, bone; nasal, maxillary or malar areas (includes obtaining graft) |
| | 21215 | Graft, bone; mandible (includes obtaining graft) |
| | 21230 | Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft) |
| | 21295 | Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach |
| | 21296 | Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach |
| HCPCS | D7940 | Osteoplasty – for orthognathic deformities |

| Codes | Number | Description |
|--------------|---------------|---|
| | D7941 | Osteotomy; mandibular rami |
| | D7943 | Osteotomy; mandibular rami with bone graft; includes obtaining the graft |
| | D7944 | Osteotomy; segmented of subapical – per sextant or quadrant |
| | D7945 | Osteotomy; body of mandible |
| | D7946 | LeFort I (maxilla – total) |
| | D7947 | LeFort I (maxilla – segmented) |
| | D7948 | LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion); without bone graft |
| | D7949 | LeFort II or LeFort III; with bone graft |
| | D7950 | Osseous, osteoperiosteal, or cartilage graft of the mandible or facial bones – autogenous or nonautogenous, by report |
| | D7995 | Synthetic graft – mandible or facial bones, by report |
| | D7996 | Implant – mandible for augmentation purposes (excluding alveolar ridge), by report |

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.