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Medicare Advantage Policy Manual

Policy ID: M-SUR137

## 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 obstructive sleep apnea (OSA). The Medicare Advantage Medical Policy *Surgeries for Snoring and Obstructive Sleep Apnea Syndrome In Adults* (M-SUR166) addresses surgical procedures for the treatment of OSA.

- 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).
- Procedures performed as a dental service are also not covered under Medicare. If the requested procedure appears to be primarily dental in nature, see Medicare Advantage Medical Policy *Dental Services* (M-AH35) (see Cross References).

<b>CMS Coverage Manuals*</b>	None
<b>National Coverage Determinations (NCDs)*</b>	None
<b>Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles*</b>	None <sup>[1]</sup>
<b>Medical Policy Manual</b>	<p><i>While Medicare does not allow coverage for dental or cosmetic procedures, coverage may be available for some procedures performed to correct functional impairment. Medicare coverage criteria is not available for orthognathic surgery. Therefore, the health plan's medical policy is applicable.</i></p> <p>Orthognathic Surgery, Surgery, <a href="#">Policy No. 137</a> (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

[Investigational \(Experimental\) Services, New and Emerging Medical Technologies and Procedures, and Other Non-Covered Services](#), Medicine, Policy No. M-149

[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)* (This reference can be found on the [Medicare Coverage Database](#) website) “Corrective facial surgery will be considered cosmetic rather than reconstructive when there is no functional impairment present.” [cited 01/17/2024]

## CODING

Codes	Number	Description
<b>CPT</b>	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

<b>Codes</b>	<b>Number</b>	<b>Description</b>
	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 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)

<b>Codes</b>	<b>Number</b>	<b>Description</b>
	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
<b>HCPCS</b>	D7940	Osteoplasty – for orthognathic deformities
	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.