

Orthognathic Surgery



INDEPENDENT CARE HEALTH PLAN

Effective Date: 01/01/2024

Revision Date: Click or tap to enter a date.

Review Date: Click or tap to enter a date.

Policy Number: WI.PA-1176

Line of Business: Medicare

Medicare Advantage Medical Coverage Policy

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Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

Related Documents

Please refer to [CMS website](#) for the most current applicable CMS Online Manual System (IOMs)/National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/ Transmittals.

There are no NCDs and/or LCDs for Orthognathic Surgery.

Description

Orthognathic surgery corrects abnormalities of the mentum (chin), the mandible (lower jaw) and/or the maxilla (upper jaw) which are severe enough to preclude adequate treatment by dentistry or orthodontics alone. The defects may be congenital (present at birth), become evident with growth and development or may be due to traumatic injury. Orthodontic therapy to correct occlusion (bite alignment) may be necessary prior to orthognathic surgery.

During the procedure, an oral and maxillofacial surgeon repositions the affected areas (mentum, mandible and/or maxilla) to approximate normal alignment and structure, sometimes adding, removing or reshaping bone. Synthetic prosthetic materials may be used along with surgical plates, screws, wires and rubber bands to hold the jaws into the new position. Oral surgical splints may also be fabricated to offer perioperative and/or postoperative support to ensure satisfactory surgical outcomes. The most common surgical technique is known as the LeFort I osteotomy, though there are variations of this technique that may be performed, depending on the exact indications for the surgery.

Orthognathic surgery may also be performed as a surgical treatment for obstructive sleep apnea (OSA). OSA is a common sleep disorder where deformities in the upper airway anatomy cause breathing to become difficult and noisy. An individual with OSA may also experience apneic episodes which can last from 10 to 60 seconds at a time with up to 120 incidents per hour during sleep. As a result, oxygen levels in the bloodstream fall, which may lead to high blood pressure, stroke, heart attack and/or abnormal heart rhythms. Common orthognathic surgeries performed for OSA include:

- **Mandibular osteotomy** moves the lower jaw as one unit either forward or backwards by way of bilateral incisions into the gums behind the molars and lengthwise down the jawbone.
- **Maxillary osteotomy** moves the upper jaw as one unit either forward or backwards by way of incisions into the gums above the upper teeth and into the jawbone.
- **Maxillomandibular advancement** increases airway by advancing the maxilla and mandible by means of Le Fort I maxillary and sagittal-split mandibular osteotomies.

Coverage Determination

iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.

In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria:

[Orthognathic Surgery](#)

The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically

necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.

Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
21085	Impression and custom preparation; oral surgical splint	
21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)	
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	
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 (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)	

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, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, 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 (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	
21198	Osteotomy, mandible, segmental;	
21199	Osteotomy, mandible, segmental; with genioglossus advancement	
21206	Osteotomy, maxilla, segmental (eg, 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)	
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	
21299	Unlisted craniofacial and maxillofacial procedure	
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
No code(s) identified		

Change Summary

- 01/01/2024 New Policy.