

## Orthognathic Surgery

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**All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.\*.**

### Purpose:

This policy addresses Orthognathic Surgery.

### Description & Definitions:

**Orthognathic surgery** corrects conditions related to the structure of the jaw and face.

### Criteria:

**Orthognathic surgery** is considered medically necessary for individuals with significant physical functional impairment as indicated by **1 or more** of the following:

- Masticatory dysfunction/malocclusion with **all of the following**:
  - Documentation including **all of the following**:
    - Completion of skeletal growth
  - Individual with indications of **1 or more of the following**:
    - Anteroposterior discrepancies of greater than 2 standard deviations above published norms as defined by **1 or more of the following**:
      - Maxillary/Mandibular incisor relationship with an overjet that is **1 or more of the following**:
        - Equal to or greater than 5 millimeters
        - Equal to or less than 0 millimeters
      - Maxillary/Mandibular anteroposterior molar relationship discrepancy of 4 millimeters or greater
    - Vertical discrepancies with 1 or more of the following:
      - Individual has vertical skeletal facial deformity that is 2 or more standard deviations from normal skeletal landmarks
      - Individual has an open bite with either no vertical overlap of anterior teeth
      - Individual has unilateral or bilateral posterior open bite greater than 2 millimeters

- Deep overbite with impingement or irritation of buccal or lingual soft tissues of the opposing arch
- Supra-eruption of a dentoalveolar segment due to lack of occlusion
- Transverse discrepancies with **1 or more of the following**:
  - 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 4 millimeters or greater
  - Unilateral maxillary palatal cusp to mandibular fossa of 3 millimeters or greater
- Anteroposterior, transverse, or lateral asymmetries greater than 3 millimeters with concomitant occlusal asymmetry
- Maxillary or mandibular deformities contributing to airway dysfunction
- Speech abnormalities evaluated by a speech therapist or pathologist and determined to be due to a malocclusion with **ALL of the following**:
  - Documentation including **all of the following**:
    - Completion of skeletal growth
    - Radiologic results with measurements (e.g. bilateral or lateral x-rays, cephalometric or panoramic radiographs, tomograms)
    - A short narrative regarding the plans, procedure, and International Classification of Disease codes
    - Photographs
    - Extent of functional impairment
  - Cannot be corrected with orthodontia.
  - Cannot be corrected with at least 6 months of speech therapy

Orthognathic surgery is considered **not medically necessary** for any use other than those indicated in clinical criteria.

## Coding:

### Medically necessary with criteria:

Coding	Description
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, 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 (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)
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial

21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
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
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)
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
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

**Considered Not Medically Necessary:**

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

**Document History:**

Revised Dates:

- 2023: August
- 2022: August
- 2020: February, October
- 2012: September
- 2010: September
- 2008: September
- 2005: August
- 2000: November
- 1998: December

Reviewed Dates:

- 2023: August
- 2021: October
- 2019: November
- 2018: September
- 2017: November
- 2015: September
- 2014: September
- 2013: September
- 2011: September
- 2009: September
- 2007: December
- 2004: September
- 2003: September, October
- 2002: September
- 2001: November
- 1999: November
- 1996: August

Effective Date:

- June 1994

## References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522orthognathic%2522,%2522title%2522:n ull,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size %2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%2522:%255>

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## Special Notes: \*

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

## Keywords:

Orthognathic, malocclusion, maxillofacial deformities, maxillofacial, SHP Orthognathic Surgery, Surgical 34, Difficulty swallowing, choking, Speech abnormalities, Masticatory dysfunction, Open bite