BSC7.03	Orthognathic Surgery		
Original Policy Date:	April 3, 2009	**Effective Date:**	February 1, 2025
Section:	7.0 Surgery	**Page:**	Page 1 of 15

Policy Statement

I. Orthognathic surgery may be considered **medically necessary** and **reconstructive** when there is documentation of **either** of the following:
   A. An abnormal structure of the maxilla and mandible caused by **any** of the following:
      1. Accidental injury
      2. Congenital defect
      3. Developmental abnormality
      4. Disease
      5. Infection
      6. Trauma
   B. Abnormal function of the maxilla and mandible exclusive of functional abnormalities of the teeth and occlusion

II. Orthognathic surgery may be considered **medically necessary** for correction of facial skeletal deformities when there is medical documentation of **all** of the following criteria:
   A. Facial skeletal deformities are not correctable with non-surgical modalities
   B. Documentation that orthodontic treatment is completed or is not required
   C. Documentation that CLEARLY shows of **any** of the following discrepancies based on tooth position (non-cephalometric) measurements:
      1. Anteroposterior discrepancies (these values represent two or more standard deviation from published norms [established norm=2mm])defined as **either** of the following:
         a. Maxillary/Mandibular incisor relationship as **either** of the following:
            i. Horizontal overjet of +5mm or more
            ii. Horizontal overjet of zero to a negative value
         b. Maxillary/Mandibular anteroposterior molar relationship discrepancy of 4mm or more (norm 0 to 1mm)
      2. Vertical discrepancies defined as **any** of the following:
         a. Presence of a vertical facial skeletal deformity, which is two or more standard deviations from published norms for accepted skeletal landmarks
         b. Open Bite as **either** of the following:
            i. No vertical overlap of anterior teeth
            ii. Unilateral or bilateral posterior open bite greater than 2mm
         c. Deep overbite with impingement or irritation of buccal or lingual soft tissues of the opposing arch
         d. Supra-eruption of a dentoalveolar segment due to lack of occlusion from a facial skeletal deformity (does not apply when opposing dentition was removed for other reasons and the teeth have super-erupted)
      3. Transverse discrepancies defined as **either** of the following:
         a. Presence of a transverse skeletal discrepancy, which is two or more standard deviations from published norms
         b. Total bilateral maxillary palatal cusp to mandibular central fossa discrepancy of 4mm or greater, or a unilateral discrepancy of 3mm or greater, given normal axial inclination of the posterior teeth
      4. Asymmetries defined as the following:
         a. Anteroposterior, transverse or lateral asymmetries greater than 3mm with concomitant occlusal asymmetry

Alternative Method of Establishing Jaw Discrepancies:
Cephalometric Radiographic Landmarks using the Steiner Cephalometric Protocol may be used to establish medical necessity as an alternative to the use of the dental position criteria for orthognathic surgery.

III. Orthognathic surgery is considered **not medically necessary** in all other situations, including but not limited to **any** of the following:
   A. Surgery intended to alter or reshape normal structures of the body in order to improve physical appearance when there is normal human anatomic variation
   B. Surgery intended to correct articulation disorders and other impairments in the production of speech, or for distortions in speech quality (e.g., hypernasal or hyponasal speech)
   C. The procedure is likely to result in only minimal improvement in appearance, in accordance with the standard of care as practiced by providers specializing in reconstructive surgery
   D. The treating surgeon cannot or will not provide sufficient documentation, including (when appropriate) quality color photographs, which accurately depicts the extent of the clinical problem (see Policy Guidelines and Documentation for Clinical Review sections)
   E. There is alternative approved medical or surgical intervention with equal or superior clinical outcomes
   F. The procedure is for cosmetic purposes only

Note: Orthodontia treatment provided as an adjunct to orthognathic surgery (pre- and post-surgical) is not covered under the medical benefit because it is considered dental in nature. Generally, orthodontic treatment should be completed before surgical correction of the jaws. Refer to the subscribers dental or orthodontia benefit for further reference. (For dental/ orthodontia procedures related to cleft palate repair, see Blue Shield of California Medical Policy: Cleft Palate - Dental Related Services for further information.)

NOTE: Refer to Appendix A to see the policy statement changes (if any) from the previous version.

Policy Guidelines

Documentation
Documentation (no more than 6 months old) includes (when appropriate) quality color photographs and radiographs showing the pre-operative and current situation of the body part to be reconstructed.

Cephalometric Radiographic Landmarks
Anteriorposterior (AP) Discrepancies:

- Maxillary and/or mandibular cephalometric measurements that are two or more standard deviations below or above published norms for the accepted skeletal landmarks under the Steiner Cephalometric Protocol:
  - Anteriorposterior relation of the maxilla and the mandible. **ANB** is the angle formed by the intersection of lines NA (nasion to the A point) and NB (nasion to the B point).
  - Relative position of the mandbile to the cranial base or (**SNB**) is measured by the angle formed by the intersection of the lines NS (nasion to sella) and NB (nasion to the B point)
  - Relative position of the maxilla to the cranial base or (**SNA**) is measured by the angle formed by the intersection of the lines NS (nasion to sella) and NA (nasion to the A point)

The angles **SNA**, **SNB**, and **ANB** indicate relative position of maxilla/mandible to each other and to the cranial base; if the SNA or SNB is greater or less than normal it indicates the degree of prognathism or retrognathism of the jaws to the cranial base. This may be due to a difference in jaw

growth or size. ANB (ANB=SNA-SNB) indicates the relative position of maxilla to mandible, and allows the measurement of the extent of the jaw size/position discrepancy. The published values (Steiner Protocol) for the SNA, SNB, and ANB are as follows:

- SNA: 82° ± 3°
- SNB: 79° ± 3°
- ANB: 3° ± 2°

Vertical Discrepancies:

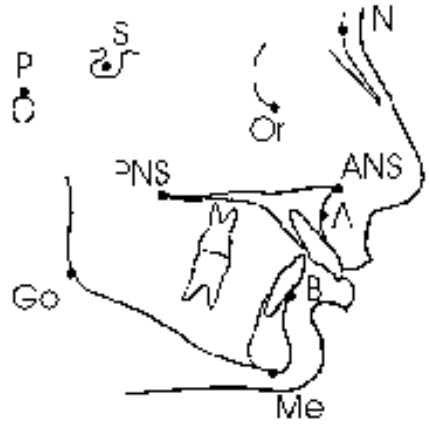
- The presence of a vertical facial skeletal deformity on cephalometric measurements that are two or more standard deviations below or above published norms:
  - The inclination of the mandibular plane in relation to the anterior base of the cranium is measured by the angle formed by the line formed by the sella to nasion and the line formed by the gonion to gnathion (GoGn); this angle is referred to as SN-GoGn.
    - The published value of SN-GoGn is 32° ± 5°

Transverse Discrepancies

- Presence of a transverse skeletal discrepancy, which is two or more standard deviations from published norms using one of the two criteria published by the American Academy of Oral Maxillofacial Surgery (AAOMS):
  - Total bilateral maxillary palatal cusp to mandibular fossa discrepancy of 4mm or greater
  - Unilateral discrepancy of 3mm or greater, given normal axial inclination of the posterior teeth

Definitions of Cephalometric Measurements:
SNA: Indicates the anteroposterior position of maxillary apical base in relation to cranial base
SNB: Indicates the anteroposterior position of the mandible apical base in relation to the cranial base
ANB: Indicates the anteroposterior apical base relation of mandible to maxilla
SN-GoGn: Angle measuring the inclination of the mandibular plane in relation to the anterior base of the cranium
PFH: Posterior face height
AFH: Anterior face height
S-Go: Linear measure which represents the posterior face height (PFH)
N-Me: Linear measure corresponding to the total anterior face height (AFH)
S: Sella: Midpoint of the sella turcica
N: Nasion: Most anterior point on fronto-nasal suture
Or: Orbitale: Most inferior anterior point on margin of orbit
Po: Porion: Upper most point on bony external auditory meatus
ANS: Anterior Nasal Spine
PNS: Posterior Nasal Spine
Go: Gonion: Most posterior inferior point on angle of mandible
Gn: Gnathion: The lowest point in the lower border of the mandible at the median plane
Me: Menton: Lower most point on the mandibular symphysis
A point: Position of deepest concavity on anterior profile of maxilla
B point: Position of deepest concavity on anterior profile of mandibular symphysis

Cephalometric Radiographic Landmark Tracing:



For the purpose of this policy, the qualified reviewer will differentiate a normal structure from an abnormal one based on **any** of the following elements:

- The availability of published normative data for specific anatomic measurements (e.g., cephalometric data for orthognathic surgery)
- The normal structures wide range of accepted variations in diverse populations (e.g., nasal size and shape)
- The presence of a cosmetic implant, in the absence of adjacent native tissue structural pathology, does not constitute an abnormal structure (e.g., cosmetic unilateral, bilateral or asymmetrical saline breast implants)

In determining whether or not a procedure is likely to result in more than minimal improvement in appearance, the qualified reviewer will consider both the size and location of the structural abnormality.

"Cosmetic surgery" means surgery that is performed to alter or reshape normal structures of the body in order to improve appearance.

Coding
See the Codes table for details.

Description

Orthognathic surgery is the surgical correction of abnormalities of the mandible (lower jaw), maxilla (upper jaw), or both, to achieve facial and occlusal balance when the severity of orofacial deformities is such that they cannot be treated through orthodontic treatment alone. Orthognathic surgery is generally considered an outpatient surgical procedure. Certain CPT's in orthognathic surgery almost never require an assistant surgeon per the American College of Surgeons[6]. For inpatient hospital stays following surgery and for certain assistant surgeon claims, a documented medical rationale would be required for medical necessity review. While orthodontics can correct many bite problems when only the teeth are involved; orthognathic surgery may be indicated if there is an underlying skeletal abnormality jaw needing surgical repositioning. One or more segments of the jaw(s) can be simultaneously repositioned to treat various types of malocclusions and jaw deformities. The overall goal of treatment is to improve function through correction of the underlying skeletal abnormality.

Note: This policy does not address the treatment of temporomandibular joint (TMJ) disorders or obstructive sleep apnea (OSA). Orthodontic therapy is not covered under the medical benefit as it is a dental benefit.

Dentistry is a continuum of treatments involving the oral cavity, teeth and surrounding structures and is defined by the American Dental Association as "as the evaluation, diagnosis, prevention and/or treatment (nonsurgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body; provided by a dentist, within the scope of his/her education, training and experience, in accordance with the ethics of the profession and applicable law. (As adopted by the 1997 ADA House of Delegates)." For the purpose of this medical policy, dental treatment and routine oral surgery (as distinguished from "orthognathic surgery") has a primary focus on various treatments involving the teeth, treatments to prepare the mouth/jaws for dental implants or dentures, structures that support the teeth (e.g., alveolus, periodontium, etc.), the occlusion of teeth, and the treatment of various lesions which may occur in the hard and soft tissues of the oral cavity especially during the development of the teeth and jaws (e.g., cysts, benign neoplasms, odontogenic tumors associated with teeth, structures supporting the dentition and various soft tissues lesions).

Related Policies

- Cleft Palate - Dental Related Services
- Diagnosis of Obstructive Sleep Apnea Syndrome
- Medical Management of Obstructive Sleep Apnea Syndrome
- Reconstructive Services
- Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome
- Temporomandibular Joint Disorder

Benefit Application

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal mandates (e.g., Federal Employee Program [FEP]) prohibits plans from denying Food and Drug Administration (FDA)-approved technologies as investigational. In these instances, plans may have to consider the coverage eligibility of FDA-approved technologies on the basis of medical necessity alone.

Regulatory Status

FDA:
Orthognathic surgery is a surgical procedure and, as such, is not subject to regulation by the U.S. Food and Drug Administration (FDA).

State:
The California Reconstructive Surgery Act (Health & Safety Code Section 1367.63 and the Insurance Code Section 10123.88) defines "reconstructive surgery" as surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to do **either** of the following (see also Blue Shield of California Medical Policy: Reconstructive Services):

- Create a normal appearance to the extent possible
- Improve function

Rationale

Background

Orthognathic surgery is the surgical correction of abnormalities of the mandible (lower jaw), maxilla (upper jaw), or both. The underlying deformity may be present at birth, may become evident as an individual grows and develops, or may be the result of traumatic injury or disease.

Orthognathic surgery involves the surgical manipulation of the facial skeleton, particularly the maxilla and mandible, to restore the proper anatomic and functional relationship in individuals with dentofacial skeletal anomalies. Examples of conditions for which orthognathic surgery is used include mandibular prognathism, crossbite, open bite, overbite, underbite, mandibular deformity, and maxillary deformity. Orthognathic surgery may also be referred to as jaw surgery, dentofacial skeletal surgery, craniofacial surgery, or facial orthopedic surgery. These procedures include osteotomy, ostectomy, or osteoplasty, and the insertion of plates, screws, and wires to hold bones together. Several surgical methods may be used depending on the severity of the deformity. Additionally, orthodontic therapy (braces) may be required preoperatively and postoperatively.

Literature Review

The American Association of Oral and Maxillofacial Surgeons (AAOMS) classified dentofacial deformities as mid-face or mandibular, as follows:[1]

- Skeletal deformities of the midface
  - Maxillary hyperplasia
  - Maxillary hypoplasia
  - Cleft deformities
  - Other midface deformities, including nasal, zygomatic, orbital, ethmoidal, frontal or other cranial bones
- Skeletal deformities of the mandible
  - Mandibular hyperplasia
  - Mandibular hypoplasia
  - Mandibular asymmetry
  - Condylar abnormalities, including hypoplasias, hyperplasia, neoplasia, ankylosis, post-traumatic conditions, and agenesis

The American Association of Oral and Maxillofacial Surgeons Criteria for Orthognathic Surgery[2] has become an accepted assessment tool to determine if orthognathic surgery is medically necessary. This tool provides verifiable clinical measurements of maxillary and/or mandibular facial skeletal deformities associated with masticatory malocclusion. (See Supplemental Information section below)

Additionally, interpretation of cephalometric radiographic landmarks, points, and planes can be assessed to determine medical necessity. Standard cephalometric films are traced, and various standard landmarks, lines and angles are measured and recorded. This allows for comparison with normal values for a population and assessment of growth and/or effects of treatment. A widely used analysis by orthodontics is the Eastman Analysis.[3] Key landmarks are identified such as the Sella (S), the nasion (N), the (A) point (position of deepest concavity on the anterior profile of the maxilla), and the (B) point (position of deepest concavity on anterior profile to the mandibular symphysis). Angular measurements including SNA/SNB/ANB angles are evaluated. If the SNA or SNB values are greater or less than normal this indicates that the mandible or maxilla is positioned either anteriorly or posteriorly and may reflect a difference in jaw growth and size. ANB indicates the relative position of the maxilla to the mandible, and allows the measurement of the extent of the jaw size and position discrepancy.[4] Further reference to these values is included in the Policy Guideline. Computerized generated prediction tracings may be utilized to reflect the skeletal abnormalities for diagnosis, preoperative planning, and postoperative evaluation.

According to the AAOMS[2] there is convincing evidence of the relationship between facial skeletal abnormalities and malocclusions, including Class II, Class III, asymmetry, and open bite deformities. A strong correlation has been demonstrated between the state of the occlusion and chewing efficiency. They report that studies have shown that individuals with skeletal malocclusions suffer from a variety of functional impairments including diminished bite forces, restricted mandibular excursions and abnormal chewing patterns. The authors further advised that orthognathic surgery has resulted in improvement of skeletal deformities that contribute to functional parameters of chewing, breathing and swallowing dysfunction when the deformity cannot be corrected by dental therapeutics or orthodontics. The AAOMS conclusions were based on non-randomized controlled trials and case series studies.

The AAOMS criteria also discussed the following position on orthognathic surgery for facial skeletal discrepancies associated with documented speech impairments:

> Abnormal jaw relationships affect many of the structures involved in the production of speech, including the position of the lips, tongue and soft palate. Studies demonstrate that altered speech production may be associated with facial skeletal deformities, the most common impairment of which is a distortion within the sibilant sound class. Such studies also demonstrate the beneficial effects of orthognathic surgery on speech production, documenting improvement in a high percentage of individuals after the correction of abnormal jaw relationships. In the age of information, the ability to accurately communicate with an articulate speech pattern is of great importance.
>
> Prior to surgery, speech evaluation should be obtained to demonstrate the nature of the problem and to determine if improvement can be expected.[2]

A study by Janulewicz et al[5] confirmed previous findings that "individuals with clefts of the lip and palate or palate alone are predisposed to velopharyngeal function alteration after maxillary advancement, particularly with borderline function preoperatively. However, these results show that surgical correction of skeletal relationships and occlusion may translate into improvements in certain aspects of speech disorders." Much of the literature regarding speech impairments has been done on cleft abnormalities in which orthognathic surgery would be considered reconstructive. However, there is inadequate evidence in the peer reviewed literature to support the effectiveness of orthognathic surgery for correction of articular disorders, and other impairments in the production of speech or speech quality.

Summary of Evidence

Orthognathic surgery is the surgical correction of abnormalities of the mandible (lower jaw), maxilla (upper jaw), or both, to achieve facial and occlusal balance when the severity of orofacial deformities is such that they cannot be treated through orthodontic treatment alone. The evidence for orthognathic surgery includes non-randomized controlled trials and the medical necessity criteria is largely based on the accepted assessment tool from the American Association of Oral and Maxillofacial Surgeons Criteria for Orthognathic Surgery. Orthognathic surgery is considered medically necessary as outlined in the medical necessity criteria of the policy. There is inadequate evidence in the peer reviewed literature to support the effectiveness of orthognathic surgery for correction of articular disorders, and other impairments in the production of speech or speech quality.

Supplemental Information

Practice Guidelines and Position Statements

American Association of Oral and Maxillofacial Surgeons (AAOMS)

According to the American Association of Oral and Maxillofacial Surgeons (AAOMS) Criteria for Orthognathic Surgery,[2] orthognathic surgery should be considered medically appropriate in the following circumstances:

A. Anteroposterior discrepancies: established norm=2mm
   1. Maxillary/Mandibular incisor relationship:
      a. Horizontal overjet of +5mm or more
      b. Horizontal overjet of zero to a negative value
   2. Maxillary/Mandibular anteroposterior molar relationship discrepancy of 4mm or more (norm 0 to 1mm)
   3. These values represent two or more standard deviation from published norms
B. Vertical discrepancies
   1. Presence of a vertical facial skeletal deformity, which is two or more standard deviations from published norms for accepted skeletal landmarks
   2. Open Bite
      a. No vertical overlap of anterior teeth
      b. Unilateral or bilateral posterior open bite greater than 2mm
   3. Deep overbite with impingement or irritation of buccal or lingual soft tissues of the opposing arch
   4. Supra-eruption of a dentoalveolar segment due to lack of occlusion
C. Transverse discrepancies
   1. Presence of a transverse skeletal discrepancy, which is two or more standard deviations from published norms
   2. Total bilateral maxillary palatal cusp to mandibular fossa discrepancy of 4mm or greater, or a unilateral discrepancy of 3mm or greater, given normal axial inclination of the posterior teeth
D. Asymmetries
   1. Anteroposterior, transverse or lateral asymmetries greater than 3mm with concomitant occlusal asymmetry

U.S. Preventive Services Task Force Recommendations
Not applicable.

Medicare National Coverage
There is no national coverage determination (NCD). In the absence of an NCD, coverage decisions are left to the discretion of local Medicare carriers.

References

1. American Association of Oral and Maxillofacial Surgeons. Position Paper: Orthognathic Surgery. Rosemont, IL:AAOMS;1988 Aug.
2. American Association of Oral and Maxillofacial Surgeons. Criteria for Orthognathic Surgery. 2020. Accessed April 5, 2024. https://www.aaoms.org/docs/practice_resources/clinical_resources/ortho_criteria.pdf.
3. Harris M, Reynolds IR. Cephalometric analysis. In: Fundamentals of Orthognathic Surgery. London: WB Saunders Company, 1991: 38–48.
4. Stuani AS, Matsumoto MAN, Stuani MBS. Cephalometric Evaluation of Patients with Anterior Open-bite. Braz Dent J. 2000;11(1):35-40. Accessed April 26, 2022. http://www.forp.usp.br/bdj/bdj11(1)/t05111/t05111.html.
5. Janulewicz J, Costello BJ, Buckley MJ et al. The effects of Le Fort I osteotomies on velopharyngeal and speech functions in cleft palates. J Oral Maxillofac Surg. 2004;62(3):308-14.
6. American College of Surgeons. Physicians as Assistants at Surgery: 2020 Update. Accessed March 31, 2023. https://www.facs.org/-/media/files/advocacy/pubs/2020-physicians-as-assistants-at-surgery-consensus.ashx

Documentation for Clinical Review

Please provide the following documentation:

- History and physical and/or consultation notes including:
  - Description and cause of the specific anatomic deformity present
  - Diagnosis and evaluation
  - Previous management of the functional medical impairment (if applicable)
  - Symptoms related to the orthognathic deformity (if applicable)
- Diagnostic quality (clear) intra-oral and extra-oral photographs, two-view head photograph (front and side view)
- Bilateral cephalometric radiographs with measurements
- Cephalometric tracings and/or analysis
- Additional reports:
  - Current study models with the appropriate bite registration or representation of patient's pre-surgical centric occlusion and /or centric relation bite
  - Panorex x-ray or tomograms
- An independent medical radiographic report stating or demonstrating completion of skeletal growth for cases under the age of 18 (except for Class II malocclusion-mandibular retrognathic)
- Medical rationale for inpatient hospital stay following surgery (if applicable)
- Medical rationale for assistant surgeon requirement (if applicable)

Post Service (in addition to the above, please include the following):

- Procedure report(s)
- Medical rationale for inpatient hospital stay following surgery (if applicable)
- Medical rationale for assistant surgeon requirement (if applicable)

Coding

This Policy relates only to the services or supplies described herein. Benefits may vary according to product design; therefore, contract language should be reviewed before applying the terms of the Policy.

The following codes are included below for informational purposes. Inclusion or exclusion of a code(s) does not constitute or imply member coverage or provider reimbursement policy. Policy Statements are intended to provide member coverage information and may include the use of some codes for clarity. The Policy Guidelines section may also provide additional information for how to interpret the Policy Statements and to provide coding guidance in some cases.

Type	Code	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, 2 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

Type	Code	Description
	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; 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) (e.g., ungrafted unilateral alveolar cleft)
	21147	Reconstruction midface, LeFort I; 3 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 (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 (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)

Type	Code	Description
	21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia)
HCPCS	D7940	Osteoplasty - for orthognathic deformities
	D7941	Osteotomy - mandibular rami
	D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft
	D7944	Osteotomy - segmented or subapical
	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 maxilla - 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
	D8091	Comprehensive orthodontic treatment with orthognathic surgery ***(Code effective 01/01/2025)***
	D8671	Periodic orthodontic treatment visit associated with orthognathic surgery ***(Code effective 01/01/2025)***

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

Effective Date	Action
04/03/2009	New Policy Adoption
04/02/2010	Administrative Update
09/29/2010	Policy revision with position change: clarification of reconstructive statement verbiage
03/30/2015	Policy clarification
06/30/2015	Coding update
07/01/2016	Policy revision without position change
07/01/2017	Policy revision without position change
07/01/2018	Policy statement clarification
08/01/2018	Policy revision without position change
08/01/2019	Policy revision without position change
06/01/2020	Annual review. Policy statement, guidelines and literature updated.
06/01/2021	Annual review. No change to policy statement. Literature review updated.
06/01/2022	Annual review. Policy statement and guidelines updated.
05/01/2023	Annual review. No change to policy statement. Literature review updated.
05/01/2024	Annual review. No change to policy statement.
02/01/2025	Coding update.

Definitions of Decision Determinations

Medically Necessary: Services that are Medically Necessary include only those which have been established as safe and effective, are furnished under generally accepted professional standards to treat illness, injury or medical condition, and which, as determined by Blue Shield, are: (a) consistent with Blue Shield medical policy; (b) consistent with the symptoms or diagnosis; (c) not furnished primarily for the convenience of the patient, the attending Physician or other provider; (d) furnished at the most appropriate level which can be provided safely and effectively to the patient; and (e) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the Member's illness, injury, or disease.

Investigational/Experimental: A treatment, procedure, or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California/Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a split evaluation, where a treatment, procedure, or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Prior Authorization Requirements (as applicable to your plan)

Within five days before the actual date of service, the provider must confirm with Blue Shield that the member's health plan coverage is still in effect. Blue Shield reserves the right to revoke an authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

Questions regarding the applicability of this policy should be directed to the Prior Authorization Department at (800) 541-6652, or the Transplant Case Management Department at (800) 637-2066 ext. 3507708 or visit the provider portal at www.blueshieldca.com/provider.

We are interested in receiving feedback relative to developing, adopting, and reviewing criteria for medical policy. Any licensed practitioner who is contracted with Blue Shield of California or Blue Shield of California Promise Health Plan is welcome to provide comments, suggestions, or concerns. Our internal policy committees will receive and take your comments into consideration.

For utilization and medical policy feedback, please send comments to: MedPolicy@blueshieldca.com

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. Blue Shield of California may consider published peer-reviewed scientific literature, national guidelines, and local standards of practice in developing its medical policy. Federal and state law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first in determining covered services. Member contracts may differ in their benefits. Blue Shield reserves the right to review and update policies as appropriate.

Appendix A

POLICY STATEMENT (No changes)	
BEFORE	**AFTER**
Orthognathic Surgery BSC7.03 **Policy Statement:** I. Orthognathic surgery may be considered **medically necessary** and **reconstructive** when there is documentation of **either** of the following: A. An abnormal structure of the maxilla and mandible caused by **any** of the following: 1. Accidental injury 2. Congenital defect 3. Developmental abnormality 4. Disease 5. Infection 6. Trauma B. Abnormal function of the maxilla and mandible exclusive of functional abnormalities of the teeth and occlusion II. Orthognathic surgery may be considered **medically necessary** for correction of facial skeletal deformities when there is medical documentation of **all** of the following criteria: A. Facial skeletal deformities are not correctable with non-surgical modalities B. Documentation that orthodontic treatment is completed or is not required C. Documentation that CLEARLY shows of **any** of the following discrepancies based on tooth position (non-cephalometric) measurements: 1. Anteroposterior discrepancies (these values represent two or more standard deviation from published norms [established norm=2mm])defined as **either** of the following: a. Maxillary/Mandibular incisor relationship as **either** of the following: i. Horizontal overjet of +5mm or more ii. Horizontal overjet of zero to a negative value	**Orthognathic Surgery BSC7.03** **Policy Statement:** I. Orthognathic surgery may be considered **medically necessary** and **reconstructive** when there is documentation of **either** of the following: A. An abnormal structure of the maxilla and mandible caused by **any** of the following: 1. Accidental injury 2. Congenital defect 3. Developmental abnormality 4. Disease 5. Infection 6. Trauma B. Abnormal function of the maxilla and mandible exclusive of functional abnormalities of the teeth and occlusion II. Orthognathic surgery may be considered **medically necessary** for correction of facial skeletal deformities when there is medical documentation of **all** of the following criteria: A. Facial skeletal deformities are not correctable with non-surgical modalities B. Documentation that orthodontic treatment is completed or is not required C. Documentation that CLEARLY shows of **any** of the following discrepancies based on tooth position (non-cephalometric) measurements: 1. Anteroposterior discrepancies (these values represent two or more standard deviation from published norms [established norm=2mm])defined as **either** of the following: a. Maxillary/Mandibular incisor relationship as **either** of the following: i. Horizontal overjet of +5mm or more ii. Horizontal overjet of zero to a negative value

POLICY STATEMENT (No changes)	
BEFORE	**AFTER**
b. Maxillary/Mandibular anteroposterior molar relationship discrepancy of 4mm or more (norm 0 to 1mm) 2. Vertical discrepancies defined as **any** of the following: a. Presence of a vertical facial skeletal deformity, which is two or more standard deviations from published norms for accepted skeletal landmarks b. Open Bite as **either** of the following: i. No vertical overlap of anterior teeth ii. Unilateral or bilateral posterior open bite greater than 2mm c. Deep overbite with impingement or irritation of buccal or lingual soft tissues of the opposing arch d. Supra-eruption of a dentoalveolar segment due to lack of occlusion from a facial skeletal deformity (does not apply when opposing dentition was removed for other reasons and the teeth have super-erupted) 3. Transverse discrepancies defined as **either** of the following: a. Presence of a transverse skeletal discrepancy, which is two or more standard deviations from published norms b. Total bilateral maxillary palatal cusp to mandibular central fossa discrepancy of 4mm or greater, or a unilateral discrepancy of 3mm or greater, given normal axial inclination of the posterior teeth 4. Asymmetries defined as the following: a. Anteroposterior, transverse or lateral asymmetries greater than 3mm with concomitant occlusal asymmetry	b. Maxillary/Mandibular anteroposterior molar relationship discrepancy of 4mm or more (norm 0 to 1mm) 2. Vertical discrepancies defined as **any** of the following: a. Presence of a vertical facial skeletal deformity, which is two or more standard deviations from published norms for accepted skeletal landmarks b. Open Bite as **either** of the following: i. No vertical overlap of anterior teeth ii. Unilateral or bilateral posterior open bite greater than 2mm c. Deep overbite with impingement or irritation of buccal or lingual soft tissues of the opposing arch d. Supra-eruption of a dentoalveolar segment due to lack of occlusion from a facial skeletal deformity (does not apply when opposing dentition was removed for other reasons and the teeth have super-erupted) 3. Transverse discrepancies defined as **either** of the following: a. Presence of a transverse skeletal discrepancy, which is two or more standard deviations from published norms b. Total bilateral maxillary palatal cusp to mandibular central fossa discrepancy of 4mm or greater, or a unilateral discrepancy of 3mm or greater, given normal axial inclination of the posterior teeth 4. Asymmetries defined as the following: a. Anteroposterior, transverse or lateral asymmetries greater than 3mm with concomitant occlusal asymmetry
Alternative Method of Establishing Jaw Discrepancies: Cephalometric Radiographic Landmarks using the Steiner Cephalometric Protocol may be used to establish medical necessity as an alternative to the use of the dental position criteria for orthognathic surgery.	**Alternative Method of Establishing Jaw Discrepancies:** Cephalometric Radiographic Landmarks using the Steiner Cephalometric Protocol may be used to establish medical necessity as an alternative to the use of the dental position criteria for orthognathic surgery.
III. Orthognathic surgery is considered **not medically necessary** in all other situations, including but not limited to **any** of the following:	III. Orthognathic surgery is considered **not medically necessary** in all other situations, including but not limited to **any** of the following:

POLICY STATEMENT (No changes)	
BEFORE	**AFTER**
A. Surgery intended to alter or reshape normal structures of the body in order to improve physical appearance when there is normal human anatomic variation B. Surgery intended to correct articulation disorders and other impairments in the production of speech, or for distortions in speech quality (e.g., hypernasal or hyponasal speech) C. The procedure is likely to result in only minimal improvement in appearance, in accordance with the standard of care as practiced by providers specializing in reconstructive surgery D. The treating surgeon cannot or will not provide sufficient documentation, including (when appropriate) quality color photographs, which accurately depicts the extent of the clinical problem (see Policy Guidelines and Documentation for Clinical Review sections) E. There is alternative approved medical or surgical intervention with equal or superior clinical outcomes F. The procedure is for cosmetic purposes only	A. Surgery intended to alter or reshape normal structures of the body in order to improve physical appearance when there is normal human anatomic variation B. Surgery intended to correct articulation disorders and other impairments in the production of speech, or for distortions in speech quality (e.g., hypernasal or hyponasal speech) C. The procedure is likely to result in only minimal improvement in appearance, in accordance with the standard of care as practiced by providers specializing in reconstructive surgery D. The treating surgeon cannot or will not provide sufficient documentation, including (when appropriate) quality color photographs, which accurately depicts the extent of the clinical problem (see Policy Guidelines and Documentation for Clinical Review sections) E. There is alternative approved medical or surgical intervention with equal or superior clinical outcomes F. The procedure is for cosmetic purposes only