

**EFFECTIVE DATE:** 07|01|2026

**POLICY LAST REVIEWED:** 03|18|2026

## **OVERVIEW**

Orthognathic surgery refers to the surgical correction of abnormalities of the maxilla and/or mandible.

## **MEDICAL CRITERIA**

### **Medicare Advantage Plans and Commercial Products**

Effective 7/1/2026, the medical criteria in this policy will no longer be in use. Please refer to the Prior Authorization of Services, Treatments or Procedures for the medical criteria sources for the codes in the Coding Section of this policy.

## **PRIOR AUTHORIZATION**

### **Medicare Advantage Plans and Commercial Products**

Prior authorization is required for Medicare Advantage Plans and recommended for Commercial Products via the online tool for participating providers.

Effective 7/1/2026, the medical criteria in this policy will no longer be in use. Please refer to the Prior Authorization of Services, Treatments or Procedures for the medical criteria sources for the codes in the Coding Section of this policy.

## **POLICY STATEMENT**

### **Medicare Advantage Plans and Commercial Products**

The services addressed in the Coding Section of this policy may be considered medically necessary when the medical criteria in the online authorization tool for participating providers has been met.

## **COVERAGE**

Benefits may vary between groups and/or contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Member Certificate for the applicable surgery benefits/coverage.

## **BACKGROUND**

Not applicable

## **CODING**

### **Medicare Advantage Plans and Commercial Products**

The following CPT codes may be considered medically necessary for Medicare Advantage Plans and Commercial Products when the medical criteria in the online authorization tool for participating providers has been met:

- 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

#### RELATED POLICIES

Gender Affirming Care  
 Prior Authorization of Services, Treatments or Procedures

#### PUBLISHED

Provider Update, May 2026  
 Provider Update, May 2025  
 Provider Update, May 2024  
 Provider Update, March 2023  
 Provider Update, July 2022

#### REFERENCES

Not applicable

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