

Medical Coverage Policy

Policy Number – MP23-032E

Original review date – 02/09/2023

Effective date – 11/19/2025

Oral maxillofacial surgery

Background

Surgical correction of abnormalities of the mentum, mandible, and/or maxilla is sometimes needed when defects are severe enough to preclude adequate treatment by orthodontics alone. These defects might be congenital, become evident with growth, or may be due to traumatic injury.

The most common surgical technique is known as the LeFort I osteotomy, during which the upper jaw is separated from the rest of the face and repositioned. There are several variations of this technique, depending on the indications for the surgery.

These types of surgical procedures are known as orthognathic surgery.

Policy statement

Disclaimer: This policy is applicable to TRICARE Prime & Select beneficiaries, and may not apply to Active Duty Service Members (ADSM) under SHCP or TPR in accordance with TOM Chapter 17, Section 3. Please review TOM Chapter 17, Section 3, Paragraph 2.0 onwards, regarding SHCP coverage and any TRICARE specific exclusions included in this coverage policy to accurately determine the benefit for ADSMs

Orthognathic surgery may be considered medically necessary for the following conditions:

- I. Excision of tumors and cysts of the jaws, cheeks, lips, tongue, roof and floor of the mouth
- II. Treatment of oral and/or facial cancer
- III. Surgical procedures required to correct accidental injuries of the jaws, cheeks, lips, tongue, roof and floor of the mouth
- IV. Treatment of fractures of facial bones
- V. External incision and drainage of cellulitis
- VI. Surgery of accessory sinuses, salivary glands, or ducts
- VII. Surgical correction of prognathism classified as Angles Class II or Class III
- VIII. Surgical correction of micrognathism
- IX. Surgical correction of congenital craniofacial anomalies
- X. Surgical treatment of the temporomandibular joint for any of the following conditions:
 - a. Osteoarthritis
 - b. Rheumatoid arthritis
 - c. Congenital causes, such as agenesis or hypoplastic condyle
 - d. Trauma
 - e. Ankylosis
 - f. Tumors
 - g. Dislocations or trauma
- XI. Obstructive sleep apnea with a failure of or intolerance to a 3 month trial of positive airway pressure therapy

Limitations of coverage

- I. Treatment of temporomandibular joint syndrome, also known as myofascial pain dysfunction syndrome is excluded from coverage per TRICARE policy
- II. Treatment of occlusal equilibration and restorative occlusal rehabilitation are excluded from coverage per TRICARE policy

TRICARE policy

TRICARE Policy Manual Chapter 4, Section 7.1

3.1 The following are examples of procedures are considered to be in this category and are covered:

3.1.1 Excision of tumors and cysts of the jaws, cheeks, lips, tongue, roof and floor of the mouth, when such conditions require a pathological (histological) examination.

3.1.2 Surgical procedures required to correct accidental injuries of the jaws, cheeks, lips, tongue, roof and floor of the mouth.

3.1.3 Treatment of oral and/or facial cancer.

3.1.4 Treatment of fractures of facial bones.

3.1.5 External (extraoral) incision and drainage of cellulitis.

3.1.6 Surgery of accessory sinuses, salivary glands or ducts.

3.1.7 Surgical treatment of the temporal bone and the lower bone of the jaw.

3.1.7.1 The following are examples of conditions under which surgical treatment of the temporomandibular joint will be allowed:

- Osteoarthritis
- Trauma
- Congenital causes, e.g., agenesis or hypoplastic condyle
- Ankylosis
- Tumors
- Dislocations.

3.1.7.2 The contractor may use the current recommendations for Management of Patients with Temporomandibular Joint Implants published by the American Academy of Oral Maxillofacial Surgeons in their adjudication of claims involving temporomandibular joint surgery.

3.2 Any oral surgical procedure which falls within the cosmetic, reconstructive and/or plastic surgery definition is subject to the limitations and requirements set forth in [32 CFR 199.4\(e\)\(8\)](#). Surgical correction of prognathism and micrognathism and congenital craniofacial anomalies (e.g., Treacher-Collins syndrome, hemifacial microsomia) is covered.

3.3 Oral surgical procedures for treatment of the following medical conditions are also covered:

3.3.1 Osteomyelitis.

3.3.2 Removal of a foreign body which is hazardous to the patient's health, which is reaction-producing or complicates a primary medical condition.

3.3.3 Intrinsic and traumatic diseases of the temporomandibular joint which require surgery such as rheumatoid arthritis and osteoarthritis.

3.3.4 Mandibular bone grafts performed for other than orthodontia or dental support.

3.3.5 Surgical treatment of the temporomandibular joint.

3.3.6 The Therabite Jaw Motion System may be considered for cost-sharing as Durable Medical Equipment (DME).

4.0 EXCLUSIONS

4.1 Treatment of Temporomandibular Joint Syndrome, also known as Myofacial Pain Dysfunction Syndrome, occlusal equilibration and restorative occlusal rehabilitation are excluded from this category. See [Chapter 8, Section 13.1](#).

4.2 Extraction of unerupted or partially erupted, malposed or impacted teeth, with or without the attached follicular or development tissues, are not covered oral surgery procedures except when the care is indicated in preparation for, or as a result of, dental trauma caused by the medically necessary treatment of an injury or illness.

Coding information

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 (e.g., for Long Face Syndrome), without bone graft
21143	Reconstruction midface, Lefort I; three or more pieces, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft
21145	Reconstruction midface, Lefort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), requiring bone grafts (includes obtaining graft)
21146	Reconstruction midface, Lefort I; two pieces, segment movement in any direction (e.g., for Long Face Syndrome), 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

References

1. TRICARE Policy Manual Chapter 4, Section 7.1 [TRICARE Manuals - Display Chap 4 Sect 7.1 \(Change 42, Sep 12, 2025\)](#)

Review history

September 2024: No change in policy

November 2025: Updated references

Approved by:



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Chief Medical Officer

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