

TEMPOROMANDIBULAR JOINT (TMJ) DISORDERS (TMD)

Policy # 43

Implementation Date: 1/1/08

Review Date:

Revision Date: 5/14/12, 9/24/14, 6/13/17, 5/7/21, 1/3/25

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

Description

Temporomandibular joint (TMJ) syndrome, or TMJ disorders (TMD), are problems related to the jaw joint. The TMJ connects the lower jaw (mandible) to the skull (temporal bone) under the ear. Problems in this area can cause head and neck pain, headaches, ear pain, facial swelling, jaw locking in position (or difficult to open), problems biting, and popping sounds when biting. Symptoms associated with TMJ problems are heterogeneous and diverse. Additionally, chronic degeneration in the jaw joint can result in dislocation of the meniscus and degenerative arthritis in the jaw joint.

A broad range of therapies are used to treat the various manifestations of TMJ disorders. These include the following: heat/cold therapy, anti-inflammatories, physical therapy, dental appliances, muscle relaxation exercises, orthodontia to re-align the teeth, arthroscopic procedures such as joint lavage, debridement or meniscectomy, orthognathic surgery, and artificial joint implantation.

COMMERCIAL PLAN POLICY AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

Services received for the evaluation, diagnosis, and/or treatment of the temporomandibular joint apply to the 'TMJ (Temporomandibular Joint) Services' benefit, as indicated on the member payment summary.

Select Health considers TMJ covered when the following criteria are met:

Coverage criteria include: (ALL must be present)

1. The procedure must be of proven benefit according to medical literature, and not be experimental/investigational, as defined in the plan member contract.
2. The procedure must be medically necessary to treat the condition.
3. The procedure must be performed by a Select Health participating provider (exceptions exist for dental appliances or on plans that allow out-of-network providers to perform this procedure).
4. Any surgical procedures must be performed in a participating Select Health facility (exceptions exist on plans that allow out-of-network providers to perform this procedure).

SELECT HEALTH MEDICARE (CMS)

Select Health Advantage considers TMJ covered, only if medically necessary, according to patient summary of benefits.

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Select Health Community Care covers the evaluation and treatment of TMJ under the medical benefit consistent with Utah Medicaid requirements for coverage of medical services. If there are no specific Utah Medicaid guidelines or InterQual guidelines for a specific service requested, then commercial plan policy applies. Services that are determined to be dental in nature (done by a dentist or done using dental codes) are not covered by Select Health since dental benefits are carved out to the State of Utah.

Applicable Codes (This list may not be all-inclusive)

Procedure Codes	Descriptions
21010	Arthrotomy, temporomandibular joint
21050	Condylectomy, temporomandibular joint (separate procedure)
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21070	Coronoidectomy (separate procedure)
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)
21085	Impression and custom preparation; oral surgical splint
21116	Injection procedure for temporomandibular joint arthrography
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	Arthroplasty, temporomandibular joint, with allograft
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
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
21480	Closed treatment of temporomandibular dislocation; initial or subsequent
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21490	Open treatment of temporomandibular dislocation
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	Arthroscopy, temporomandibular joint, surgical
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral
70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral
70332	Temporomandibular joint arthrography, radiological supervision and interpretation
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
D0320	Temporomandibular joint arthrogram, including injection
D0321	Other temporomandibular joint radiographic images, by report
D7730	Mandible – Open reduction; Incision required to reduce fracture.
D7740	Mandible – Closed reduction
D7820	Closed reduction of dislocation; Joint manipulated into place; no surgical exposure.
D7830	Manipulation under anesthesia; Usually done under general anesthesia or intravenous sedation.
D7840	Condylectomy; Removal of all or portion of the mandibular condyle (separate procedure).
D7850	Surgical discectomy; with/without implant; Excision of the intra-articular disc of a joint.
D7852	Disc repair; Repositioning and/or sculpting of disc; repair of perforated posterior attachment.
D7854	Synovectomy; Excision of a portion or all of the synovial membrane of a joint.
D7856	Myotomy; Cutting of muscle for therapeutic purposes (separate procedure).

D7858	Joint reconstruction; Reconstruction of osseous components including or excluding soft tissues of the joint with autogenous, homologous, or alloplastic materials.
D7860	Arthrotomy; Cutting into joint (separate procedure).
D7865	Arthroplasty; Reduction of osseous components of the joint to create a pseudoarthrosis or eliminate an irregular remodeling pattern (osteophytes).
D7870	Arthrocentesis; Withdrawal of fluid from a joint space by aspiration.
D7871	Non-arthroscopic lysis and lavage; Inflow and outflow catheters are placed into the joint space. The joint is lavaged and manipulated as indicated in an effort to release minor adhesions and synovial vacuum phenomenon as well as to remove inflammation products from the joint space.
D7872	Arthroscopy — diagnosis, with or without biopsy
D7873	Arthroscopy: lavage and lysis of adhesions; Removal of adhesions using the arthroscope and lavage of the joint cavities.
D7874	Arthroscopy: disc repositioning and stabilization; Repositioning and stabilization of disc using arthroscopic techniques.
D7875	Arthroscopy: synovectomy; Removal of inflamed and hyperplastic synovium (partial/complete) via an arthroscopic technique.
D7876	Arthroscopy: discectomy; Removal of disc and remodeled posterior attachment via the arthroscope.
D7877	Arthroscopy: debridement; Removal of pathologic hard and/or soft tissue using the arthroscope.
D7880	Occlusal orthotic device, by report; Presently includes splints provided for treatment of temporomandibular joint dysfunction.
D7899	Unspecified TMD therapy, by report; Used for procedure that is not adequately described by a code. Describe procedure.
D7941	Osteotomy - mandibular rami
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft
D7944	Osteotomy – segmented or subapical; Report by range of tooth numbers within segment.
D7945	Osteotomy – body of mandible; Sectioning of lower jaw. This includes exposure, bone cut, fixation, routine wound closure and normal post-operative follow-up care.
D9950	Occlusion analysis- mounted case- Includes, but is not limited to, facebow, interocclusal records tracings, and diagnostic wax-up; for diagnostic casts, see D0470.
D9951	Occlusal adjustment - limited; May also be known as equilibration; reshaping the occlusal surfaces of teeth to create harmonious contact relationships between the maxillary and mandibular teeth. Presently includes discing/odontoplasty/enamoplasty. Typically reported on a "per visit" basis. This should not be reported when the procedure only involves bite adjustment in the routine post-delivery care for a direct/indirect restoration or fixed/removable prosthodontics.
D9952	Occlusal adjustment complete; Occlusal adjustment may require several appointments of varying length, and sedation may be necessary to attain adequate relaxation of the musculature. Study casts mounted on an articulating instrument may be utilized for analysis of occlusal disharmony. It is designed to achieve functional relationships and masticatory efficiency in conjunction with restorative treatment, orthodontics, orthognathic surgery, or jaw trauma when indicated. Occlusal adjustment enhances the healing potential of tissues affected by the lesions of occlusal trauma.
ICD- 10 Diagnosis Codes	Descriptions
M26.601	Right temporomandibular joint disorder, unspecified

M26.602	Left temporomandibular joint disorder, unspecified
M26.603	Bilateral temporomandibular joint disorder, unspecified
M26.609	Unspecified temporomandibular joint disorder, unspecified side
M26.611	Adhesions and ankylosis of right temporomandibular joint
M26.612	Adhesions and ankylosis of left temporomandibular joint
M26.613	Adhesions and ankylosis of bilateral temporomandibular joint)
M26.619	Adhesions and ankylosis of temporomandibular joint, unspecified side
M26.621	Arthralgia of right temporomandibular joint
M26.622	Arthralgia of left temporomandibular joint
M26.623	Arthralgia of bilateral temporomandibular joint
M26.629	Arthralgia of temporomandibular joint, unspecified side
M26.631	Articular disc disorder of right temporomandibular joint
M26.632	Articular disc disorder of left temporomandibular joint
M26.633	Articular disc disorder of bilateral temporomandibular joint
M26.639	Articular disc disorder of temporomandibular joint, unspecified side
M26.641	Arthritis of right temporomandibular joint
M26.642	Arthritis of left temporomandibular joint
M26.643	Arthritis of bilateral temporomandibular joint
M26.649	Arthritis of unspecified temporomandibular joint
M26.651	Arthropathy of right temporomandibular joint
M26.652	Arthropathy of left temporomandibular joint
M26.653	Arthropathy of bilateral temporomandibular joint
M26.659	Arthropathy of unspecified temporomandibular joint
M26.69	Other specified disorders of temporomandibular joint

Sources

1. CPT® Assistant February 2008, pp. 8-9, *Coding Consultation: Questions and Answers*
2. CPT® Assistant December 2007, pp. 1-2, *Orthopedic Surgery Changes in 2008: Part 1 of 2*
3. CPT® Assistant Winter 1990, pp. 4, *CPT 1991 Code Update*
4. Current Dental Terminology (CDT), 2024 American Dental Association (ADA)
5. *Current Procedural Terminology (CPT®)*, (2024) – American Medical Association
6. Temporomandibular Joint (TMJ) Syndrome (Temporomandibular Joint Disorder) EmedicineHealth May 5, 2014. Retrieved September 17, 2014. From http://www.emedicinehealth.com/temporomandibular_joint_tmj_syndrome/article_em.htm
7. *TMJ pain: Facial pain: Symptoms & treatment: AAOMS*. AAOMS Oral and Maxillofacial Surgeons. (2019, November 13). https://myoms.org/what-we-do/tmj-and-facial-pain/tmj_and_face_pain/

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. 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.

Select Health® makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. Select Health updates its Coverage Policies regularly and reserves the right to amend these policies without notice to healthcare providers or Select Health members.

Members may contact Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Select Health Provider Relations at (801)442-3692.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Select Health.

"Intermountain Healthcare" and its accompanying logo, the marks of "Select Health" and its accompanying marks are protected and registered trademarks of the provider of this Service and or Intermountain Health Care, Inc., IHC Health Services, Inc., and Select Health, Inc. Also, the content of this Service is proprietary and is protected by copyright. You may access the copyrighted content of this Service only for purposes set forth in these Conditions of Use.

© CPT Only – American Medical Association