

Temporomandibular Joint Dysfunction Treatment

Applies to:

Medicare Plus BlueSM PPO Medicare Plus BlueSM Group PPO Both



**Blue Cross
Blue Shield**
of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Temporomandibular joint dysfunction treatment

Temporomandibular joint dysfunction, also called TMJ disorder, is a condition of the jaw joint and related structures in which the ball (condyle), socket (fossa) or the cushioning disk (meniscus) of the joint are damaged or misaligned. Over time, the meniscus becomes increasingly compressed and torn, allowing the bony structures of the ball and socket to deteriorate at an accelerated rate due to the grinding wear on the joint and the loss of cushioning effect of the meniscus. This grinding (crepitus) and concurrent pressure on the capsular ligament surrounding the joint may cause head pain and may create difficulty in opening or closing of the mouth. The body attempts to realign the joint using the musculature in the face, jaw and neck. As these muscles become fatigued, additional muscles in the shoulders and back may also be used to alleviate the condition and become fatigued.

TMJ dysfunction may be the result of congenital or developmental anomalies; fractures or dislocations resulting from trauma, internal derangement or ankylosis (stiffening or fixation of a joint); arthritic diseases or neoplastic diseases.

Symptoms attributed to TMJ dysfunction are variable and include, but are not limited to:

- Clicking sounds in the jaw.
- Headaches.
- Closing or locking of the jaw due to muscle spasms (trismus).
- Displaced disc; pain in the ears, neck, arms and spine; tinnitus and bruxism (clenching or grinding of the teeth).

Original Medicare

Original Medicare doesn't cover TMJ dysfunction treatment.

Medicare Plus BlueSM PPO enhanced benefit

Medicare Plus BlueSM PPO is a Medicare Advantage plan which provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for TMJ dysfunction treatment is provided to members under select Medicare Plus Blue Group PPO plans. Because Original Medicare doesn't cover this service, the groups that select this benefit determine the scope of benefit, reimbursement methodology, maximum payment amounts and the member's cost sharing.

The following services are covered to treat TMJ dysfunction:

- Surgery directly related to the temporomandibular joint (jaw joint) and related anesthesia services
- Arthrocentesis performed for the treatment of temporomandibular joint (jaw joint) dysfunction
- Diagnostic X-rays (including MRIs)
- Trigger point injections

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- Physical therapy (See physical therapy services.)
- Reversible appliance therapy (mandibular orthotic repositioning device, such as a bite splint)

Policy guidelines and medical conditions

- Temporomandibular joint disorders, unspecified
- Arthralgia
- Other specified temporomandibular joint disorders
- Other dentofacial anomalies
- Congenital anomaly (includes condylar hypoplasia or hyperplasia)
- Jaw disease
- Displacement, intervertebral disc code range
- Injury, jaw

Benefit exclusions

The following diagnostic procedures are not covered in the diagnosis of TMJ dysfunction:

- Electromyography, including surface EMG
- Kinesiography
- Thermography
- Neuromuscular junction testing
- Somatosensory testing
- Transcranial or lateral skull X-rays
- Sonogram (ultrasonic Doppler auscultation)
- Intra-oral tracing or gothic arch tracing (intended to demonstrate deviations in the positioning of the jaws that are associated with TMJ dysfunction)
- Muscle testing
- Standard dental radiographic procedures
- Range of motion measurements
- Computerized mandibular scan (this measures and records muscle activity related to movement and positioning of the mandible and is intended to detect deviations in occlusion and muscle spasms related to TMJ dysfunction)

The following nonsurgical treatments are not covered in the treatment of TMJ dysfunction:

- Electrogalvanic stimulation
- Iontophoresis
- Biofeedback

Conditions for payment

The table below specifies payment conditions for temporomandibular joint dysfunction treatment.

Conditions for payment	
Eligible provider	Licensed physician (M.D. or D.O.) or supervised by a licensed physician (M.D. or D.O.)
Payable location	Office
Frequency	None
CPT/HCPCS codes	*20605, *21010, *21050, *21060, *21070, *21116, *21240, *21242, *21243, *21480, *21490, *29800, *29804, *70328, *70330, *70332, *70336, *70350, *70355
Diagnosis restrictions	<p>Temporomandibular joint disorders, unspecified</p> <p>M2660</p> <p>Arthralgia</p> <p>M2662 - Arthralgia of temporomandibular joint</p> <p>M26621 - Arthralgia of right temporomandibular joint</p> <p>M26622 - Arthralgia of left temporomandibular joint</p> <p>M26623 - Arthralgia of bilateral temporomandibular joint</p> <p>M26629 - Arthralgia of temporomandibular joint, unspecified side</p> <p>Other specified temporomandibular joint disorders</p> <p>M2669</p> <p>Other dentofacial anomalies</p> <p>M2689</p> <p>M269</p> <p>Congenital anomaly (includes condylar hypoplasia/hyperplasia)</p> <p>Q899</p> <p>Jaw disease</p> <p>M278</p> <p>M279</p> <p>Displacement, intervertebral disc code range</p> <p>M519</p> <p>Injury, jaw</p> <p>S0993XA</p> <p>T148</p> <p>T1490</p>
Age restrictions	None

Reimbursement

Medicare Plus Blue plans' maximum payment amount to providers for TMJ dysfunction treatment is available on our provider website on the Medicare Plus Blue enhanced benefits [fee schedule](#). The provider will be paid the lesser of the allowed amount or the provider's charge, minus the member's cost share. This represents payment in full and providers aren't allowed to balance bill the member for the difference between the allowed amount and the charge.

Member cost share

State Health Plan Medicare Advantage PPO: The member is responsible for 10% coinsurance after deductible.

- Medicare Plus Blue providers should collect the applicable cost sharing from the member at the time of the service when possible. Cost sharing refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate Medicare Plus Blue cost-sharing amounts from the member.

- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with that service.
- Providers may not have members sign an ABN to accept financial responsibility for noncovered items or services. If there is any question about whether an item or service is covered, seek a coverage determination from Blue Cross before providing the item or service to the member. If a provider provides a noncovered item/service to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost share.

To verify benefits and cost sharing, providers may utilize our provider portal or call 1-866-309-1719.

Billing instructions

1. Bill services on the CMS 1500 (02/12) claim form or the 837 equivalent claim form.
2. Use the Medicare Advantage PPO unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Submit claims to your local Blue Cross plan.
6. Use electronic billing:
 - a. Michigan providers:

Copies of the ANSI ASC X12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835 Companion Documents) are available on the Blue Cross website under the reference library section at bcbsm.com/providers/help/edi/.
 - b. Providers outside of Michigan should contact their local Blue Cross plan.

Revision history

Policy number: MAPPO 1034

Effective: 01/01/2020 (for State Health Plan Medicare Advantage PPO); 01/01/2024 (all National Michigan Groups)

Reviewed: 08/30/2023, 08/31/2022, 08/25/2021, 11/20/2020

Revised: 08/30/2023

08/30/2023: Updated policy to remove State Health Plan Medicare Advantage PPO as exclusive for this benefit. This policy now applies to other Medicare Plus Plue PPO Group plans that include this benefit.