

# Temporomandibular joint dysfunction treatment

Applies to:

BCN Advantage Individual  BCN Advantage Group  Both

BCN Advantage HMO<sup>SM</sup>  
BCN Advantage HMO-POS<sup>SM</sup>



Medicare and more

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## 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.

## BCN Advantage Group enhanced benefit

BCN Advantage 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 BCN Advantage Group 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 treatment:

- 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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[bcbsm.com/providers](https://bcbsm.com/providers)

- 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	<b>Temporomandibular joint disorders, unspecified</b> M2660 <b>Arthralgia</b> M2662 - Arthralgia of temporomandibular joint M26621 - Arthralgia of right temporomandibular joint M26622 - Arthralgia of left temporomandibular joint M26623 - Arthralgia of bilateral temporomandibular joint M26629 - Arthralgia of temporomandibular joint, unspecified side <b>Other specified temporomandibular joint disorders</b> M2669 <b>Other dentofacial anomalies</b> M2689 M269 <b>Congenital anomaly (includes condylar hypoplasia/hyperplasia)</b> Q899 <b>Jaw disease</b> M278 M279 <b>Displacement, intervertebral disc code range</b> M519 <b>Injury, jaw</b> S0993XA T148 T1490
Age restrictions	None

## Reimbursement

To find BCN Advantage plan's maximum payment amount for TMJ dysfunction treatment, visit our provider portal, [Availity Essentials](#). Within Secure Provider Resources, click on BCN Fee Schedules under the *Fee Schedules* tab and follow the instructions. The provider will be paid the lesser of this allowed amount or the provider's charge, minus the member's cost share. This represents payment in full and providers aren't allowed to bill the member for the difference between the allowed amount and the charge.

## Member cost share

- BCN Advantage providers should collect the applicable cost share from the member at the time of the service, when possible. Cost share refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate BCN Advantage cost share 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 Advance Beneficiary Notice of Noncoverage to accept financial responsibility for noncovered items. If there is any question about whether an item is covered, seek a coverage determination from Blue Care Network before providing the item to the member. If a provider issues a noncovered item 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 share, providers may use our provider portal or call 1-800-344-8525.

## Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form.
2. Use the BCN Advantage 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. Use electronic billing:
  - a. **Michigan Providers:** Copies of the ANSI ASC X 12N 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/](https://bcbsm.com/providers/help/edi/).
  - b. **Providers outside Michigan:** Members of BCN Advantage HMO-POS plans have a point-of-service benefit offered through the nationwide network of Blue Plan Providers via the Blue Cross and Blue Shield Association. Providers outside Michigan who participate with Blue plans can provide preauthorized routine and follow-up care as necessary. Contact your local Blue plan for billing instructions.

Coverage outside Michigan for members of BCN Advantage HMO plans is limited to medical emergencies, urgently needed services and renal dialysis unless BCN Advantage has approved the out-of-network services, which members must request in advance.

6. Send paper claims to:
  - BCN Advantage Claims
  - Blue Care Network
  - P.O. Box 68753
  - Grand Rapids, MI 49516-8753

## Revision history

Policy number: BCNA

Effective: 01/01/2020 (for State of Michigan group); 01/01/2024 (all National Michigan Groups)

Reviewed: 08/30/2023

Revised: