

Clinical Policy: TMJ Coverage



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CPT Codes: 21125, 21127, 21137-21139, 21141-21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21172, 21175, 21179-21184, 21188, 21193, 21194-21196, 21198, 21199, 21206, 21208-21210, 21215, 21230, 21235, 21240, 21242-21249, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21270, 21275, 21280, 21282, 21295, 21296, 70300, 70310, 70320, 70328, 70330, 70332, 70336, 70355

Document: BI231:00

Public Statement

Effective Date:

- a) This policy will apply to all services performed on or after the above revision date which will become the new effective date.
 - b) For all services referred to in this policy that were performed before the revision date, contact customer service for the rules that would apply.
- 1) As a member, you may or may not have a benefit for coverage of Temporomandibular Joint (TMJ) problems. Please consult your coverage documents for clarification.
 - 2) When diagnosis and treatment of TMJ problems are covered services, these services require preauthorization.
 - 3) Some plans cover only surgical treatments for TMJ, such as joint replacement or reconstruction. Such plans would not cover non-surgical treatments such as therapy or mouth guards. Non-surgical treatments (self-help techniques and medical treatments) need to have been tried and failed before surgical treatments can be authorized. If your physician or dentist is recommending treatment for TMJ problems, please make sure that you understand what kind of treatment is being recommended.
 - 4) Dental work such as orthodontics, crowns, implants, inlays, on-lays, or bridgework or dentures, is not covered under the medical benefit even if done primarily for treatment of TMJ conditions.

Medical Statement

TMJ problems may or may not be covered under plans administered by QualChoice. This includes both treatment and diagnostic studies. When services for diagnosis and treatment of TMJ problems are covered, all such services require preauthorization. Please consult your patient's coverage documents or call customer service for further clarification.

The diagnosis and assessment of TMJ may include such tests as x-rays, MRI studies, arthrograms and the creation of models of the jaws so that the treating physician (or dentist) can determine the dynamics of chewing.

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The treatment of TMJ may range from simple splints and bite blocks to significant surgical rearrangements of the jaws. Some plans provide payment for splints but not for surgery. Some plans provide coverage only for surgical treatment of TMJ.

Coverage for TMJ surgery may be more restricted than coverage for other dental-related problems, such as:

Coverage for care of traumatic injuries to sound natural teeth. Some services are covered during such treatment that would not be covered under any other circumstance (such as in the case of TMJ problems).

Coverage for surgery to produce normal anatomic alignment in cases of cleft palate. Here again, some services are covered that would not be covered under any other circumstance (such as in the case of TMJ problems).

Codes Used In This BI:

70300	X-ray exam of teeth
70310	X-ray exam of teeth
70320	Full mouth x-ray of teeth
70328	X-ray exam of jaw joint
70330	X-ray exam of jaw joints
70332	X-ray exam of jaw joint
70336	Magnetic image jaw joint
70355	Panoramic X-ray of jaw
21125	Augmentation lower jaw bone
21127	Augmentation lower jaw bone
21137	Reduction of forehead
21138	Reduction of forehead
21139	Reduction of forehead
21141	Reconstruct midface lefort
21142	Reconstruct midface lefort
21143	Reconstruct midface lefort
21145	Reconstruct midface lefort
21146	Reconstruct midface lefort
21147	Reconstruct midface lefort
21150	Reconstruct midface lefort
21151	Reconstruct midface lefort

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21154	Reconstruct midface lefort
21155	Reconstruct midface lefort
21159	Reconstruct midface lefort
21160	Reconstruct midface lefort
21172	Reconstruct orbit/forehead
21175	Reconstruct orbit/forehead
21179	Reconstruct entire forehead
21180	Reconstruct entire forehead
21181	Contour cranial bone lesion
21182	Reconstruct cranial bone
21183	Reconstruct cranial bone
21184	Reconstruct cranial bone
21188	Reconstruction of midface
21193	Reconstr lwr jaw w/o graft
21194	Reconstr lwr jaw w/graft
21195	Reconstr lwr jaw w/o fixation
21196	Reconstr lwr jaw w/fixation
21198	Reconstr lwr jaw segment
21199	Reconstr lwr jaw w/advance
21206	Reconstruct upper jaw bone
21208	Augmentation of facial bones
21209	Reduction of facial bones
21210	Face bone graft
21215	Lower jaw bone graft
21230	Rib cartilage graft
21235	Ear cartilage graft
21240	Reconstruction of jaw joint
21242	Reconstruction of jaw joint
21243	Reconstruction of jaw joint
21244	Reconstruction of lower jaw
21245	Reconstruction of jaw
21246	Reconstruction of jaw
21247	Reconstruct lower jaw bone
21248	Reconstruction of jaw
21249	Reconstruction of jaw

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21255	Reconstruct lower jaw bone
21256	Reconstruction of orbit
21260	Revise eye sockets
21261	Revise eye sockets
21263	Revise eye sockets
21267	Revise eye sockets
21268	Revise eye sockets
21270	Augmentation cheek bone
21275	Revision orbit facial bones
21280	Revision of eyelid
21282	Revision of eyelid
21295	Revision of jaw muscle/bone
21296	Revision of jaw muscle/bone

Reference

Addendum:

1. Effective 01/01/17: Added x-ray code and description.
2. Effective 12/01/2017: Added step care requirements to try/fail self-help measures before medical treatments and medical treatments before surgical treatments.

Application to Products

This policy applies to all health plans and products administered by QualChoice, both those insured by QualChoice and those that are self-funded by the sponsoring employer, unless there is indication in this policy otherwise or a stated exclusion in your medical plan booklet. Consult the individual plan sponsor Summary Plan Description (SPD) for self-insured plans or the specific Evidence of Coverage (EOC) or Certificate of Coverage (COC) for those plans or products insured by QualChoice. In the event of a discrepancy between this policy and a self-insured customer's SPD or the specific QualChoice EOC or COC, the SPD, EOC, or COC, as applicable, will prevail. State and federal mandates will be followed as they apply.

Changes: QualChoice reserves the right to alter, amend, change or supplement benefit interpretations as needed.