



# Medical Policies



Policy Number:	V-23		
Policy Name:	Temporomandibular Joint (TMJ) Dysfunction		
Policy Type:	Medical	Policy Subtype:	Visits
Effective Date:	09-15-2025	End Date:	11-02-2025

## Description

Dysfunction of the temporomandibular joint (TMJ) can involve hard or soft tissues and may be caused by either organic disease or functional joint abnormalities. Symptoms are varied and include, but not limited to, clicking sounds in the jaw, headaches, trismus, and pain in the ears, neck, arms, and spine. TMJ dysfunction may include psychological components such as fear of pain, and depression which may contribute to an exacerbation of symptoms.

## Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; *or*

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

\*See below to determine whether the policy rules apply to initial and adjustment claims based on date of processing (DOP) or Date of Service (DOS).

## Criteria

Coverage is subject to the specific terms of the member's benefit plan.

There are three (3) basic approaches to the treatment of TMJ syndrome.

## Medical-Surgical:

### Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; **or**

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

When an individual has a diagnosis of TMJ dysfunction, **ANY** of the following may be considered medically necessary:

- Arthrocentesis; **or**
- Injections of the joint; **or**
- Physical medicine (should not exceed four (4) weeks in duration); **or**
- Transcutaneous electrical nerve stimulation (TENS); **or**
- Arthroscopic procedures; **or**
- Diagnostic X-rays taken in conjunction with the treatment of TMJ; **or**
- Injection of an anesthetic agent into the trigeminal nerve - allow only once per course of treatment; **or**
- Manipulation for the reduction of a fracture or dislocation of the TMJ, or manipulation of the joint under anesthesia.

Cephalograms and pantograms will be reviewed for medical necessity on an individual consideration basis.

Services that do not meet the criteria of this policy will be considered not medically necessary.

### Procedure Codes

20606	21010	21089	21073	21480	21485	21490
29800	29804	64400	70350	70355	70488	97024
97110	97112	97124	97140	97530	97799	E0720
E0730						

**The following services are considered not medically necessary in the diagnosis of TMJ:**

### Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

- Electromyography (EMG); **and**
- Iontophoresis; **and**
- Lateral skull x-rays; **and**
- Neuromuscular junction testing; **and**
- Somatosensory testing; **and**
- Nuclear medicine studies; **and**

- Transcranial x-rays; **and**
- Ultrasound.

## Procedure Codes

70250	70260	76536	78300	78305	95867	95868
95925	95937	97033				

**Occlusal Guards:** Treatment with occlusal guards is considered not medically necessary.

## Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

## Procedure Codes

D9944	D9945	D9946
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## Psychiatric/Psychological:

### Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; **or**

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Psychiatric/Psychological visits may be considered medically necessary when reported with a diagnosis of TMJ.

The following treatments of TMJ may be considered medically necessary as part of a comprehensive pain management plan:

- Relaxation therapy; **or**
- Electromyographic biofeedback; **or**
- Cognitive behavioral therapy.

Services not meeting the criteria indicated in this policy will be considered not medically necessary.

## Procedure Codes

90875	90876	90901	97124	97129	97130
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## Mechanical:

## Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; **or**

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Any method to alter occlusion of the teeth is considered a mechanical approach. Frequently, an intraoral appliance will be prescribed.

The jaw motion rehabilitation system, a manual, hand-held, single use device; that is U.S. Federal and Drug Administration approved, may be considered medically necessary.

## Procedure Codes

21085	21110	D7880	E1700	E1701	E1702
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**The following may be considered medically necessary for the assessment or of TMJ dysfunction:**

## Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

- Arthrogram indicated for pre-surgical evaluation. Arthrogram should not be performed in addition to an MRI scan; **or**
- CT scan indicated for hard tissue pre-surgical evaluation; **or**
- Muscle testing; **or**
- MRI scan indicated for soft tissue pre-surgical evaluation; **or**
- Range of motion measurements.

## Procedure Codes

70332	70336	70486	70487	70488
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**The following services are considered not medically necessary:**

## Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; **or**

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

- Kinesiology; and
- Ultrasonic doppler auscultation; and
- Vapo-coolant spray (ethyl chloride).

Procedure Codes

97112	97799
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Professional Statements and Societal Positions Guidelines

Not Applicable

Rationale

Not Applicable

Diagnosis Codes

Covered Diagnosis Codes for 29800; 29804; 21010; 21073; 21089; 21480; 21485; 21490 and 70488

M26.601	M26.602	M26.603	M26.611	M26.612	M26.613	M26.621
M26.622	M26.623	M26.631	M26.632	M26.633	M26.641	M26.642
M26.643	M26.651	M26.652	M26.653	M26.69		

CURRENT CODING

CPT:

20605	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	Medicaid Expansion
20606	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	Medicaid Expansion
21010	ARTHROTOMY TEMPOROMANDIBULAR JOINT	Medicaid Expansion
21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	Medicaid Expansion

21085	IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	Medicaid Expansion
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Medicaid Expansion
21110	APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	Medicaid Expansion
21480	CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	Medicaid Expansion
21485	CLOSED TX TEMPOROMANDIBULAR DISLC COMP 1ST/SBSQ	Medicaid Expansion
21490	OPEN TREATMENT TEMPOROMANDIBULAR DISLOCATION	Medicaid Expansion
29800	ARTHRS TEMPOROMANDIBULR JT DX W/WO SYNVAL BX SPX	Medicaid Expansion
29804	ARTHROSCOPY TEMPOROMANDIBULAR JOINT SURGICAL	Medicaid Expansion
64400	INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	Medicaid Expansion
70250	RADIOLOGIC EXAMINATION SKULL 4< VIEWS	Medicaid Expansion
70260	RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	Medicaid Expansion
70332	TEMPOROMANDBLE JT ARTHROGRAPHY RS&I	Medicaid Expansion
70336	MRI TEMPOROMANDIBULAR JOINT	Medicaid Expansion
70350	CEPHALOGRAM ORTHODONTIC	Medicaid Expansion
70355	ORTHOPANTOGRAM	Medicaid Expansion
70486	CT MAXILLOFACIAL W/O CONTRAST MATERIAL	Medicaid Expansion
70487	CT MAXILLOFACIAL W/CONTRAST MATERIAL	Medicaid Expansion
70488	CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	Medicaid Expansion
76536	US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	Medicaid Expansion
78300	BONE &/JOINT IMAGING LIMITED AREA	Medicaid Expansion
78305	BONE &/JOINT IMAGING MULTIPLE AREAS	Medicaid Expansion

90875	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 30 MIN	Medicaid Expansion
90876	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 45 MIN	Medicaid Expansion
90901	BIOFEEDBACK TRAINING ANY MODALITY	Medicaid Expansion
95851	ROM MEAS&REPT EA XTR EX HAND/EA TRNK SCTJ SPI	Medicaid Expansion
95867	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	Medicaid Expansion
95868	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	Medicaid Expansion
95925	SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	Medicaid Expansion
95937	NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	Medicaid Expansion
97024	APPLICATION MODALITY 1/> AREAS DIATHERMY	Medicaid Expansion
97033	APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	Medicaid Expansion
97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Medicaid Expansion
97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Medicaid Expansion
97124	THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	Medicaid Expansion
97127	Ther Ivntj W/Focus Cog Funcj	Medicaid Expansion
97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Medicaid Expansion
97130	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	Medicaid Expansion
97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Medicaid Expansion
97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Medicaid Expansion
97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PX	Medicaid Expansion

20605	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	Commercial
20606	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	Commercial
21010	ARTHROTOMY TEMPOROMANDIBULAR JOINT	Commercial
21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	Commercial
21085	IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	Commercial
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Commercial
21110	APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	Commercial
21480	CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	Commercial
21485	CLOSED TX TEMPOROMANDIBULAR DISLC COMP 1ST/SBSQ	Commercial
21490	OPEN TREATMENT TEMPOROMANDIBULAR DISLOCATION	Commercial
29800	ARTHRS TEMPOROMANDIBULR JT DX W/WO SYNVAL BX SPX	Commercial
29804	ARTHROSCOPY TEMPOROMANDIBULAR JOINT SURGICAL	Commercial
64400	INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	Commercial
70250	RADIOLOGIC EXAMINATION SKULL 4< VIEWS	Commercial
70260	RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	Commercial
70332	TEMPOROMANDBLE JT ARTHROGRAPHY RS&I	Commercial
70336	MRI TEMPOROMANDIBULAR JOINT	Commercial
70350	CEPHALOGRAM ORTHODONTIC	Commercial
70355	ORTHOPANTOGRAM	Commercial
70486	CT MAXILLOFACIAL W/O CONTRAST MATERIAL	Commercial



70487	CT MAXILLOFACIAL W/CONTRAST MATERIAL	Commercial
70488	CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	Commercial
76536	US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	Commercial
78300	BONE &/JOINT IMAGING LIMITED AREA	Commercial
78305	BONE &/JOINT IMAGING MULTIPLE AREAS	Commercial
90875	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 30 MIN	Commercial
90876	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 45 MIN	Commercial
90901	BIOFEEDBACK TRAINING ANY MODALITY	Commercial
95851	ROM MEAS&REPT EA XTR EX HAND/EA TRNK SCTJ SPI	Commercial
95867	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	Commercial
95868	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	Commercial
95925	SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	Commercial
95937	NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	Commercial
97024	APPLICATION MODALITY 1/> AREAS DIATHERMY	Commercial
97033	APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	Commercial
97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Commercial
97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Commercial
97124	THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	Commercial
97127	Ther Ivntj W/Focus Cog Funcj	Commercial
97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Commercial

97130	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	Commercial
97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Commercial
97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Commercial
97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PX	Commercial

**CDT:**

D7880	Occlusal orthotic device, by report	Medicaid Expansion
D9944	Onlay - resin-based composite	Medicaid Expansion
D9945	Occlusal guard soft appliance, full arch	Medicaid Expansion
D9946	Occlusal guard hard appliance, partial arch. Removable dental appliance	Medicaid Expansion
D7880	Occlusal orthotic device, by report	Commercial
D9944	Onlay - resin-based composite	Commercial
D9945	Occlusal guard soft appliance, full arch	Commercial
D9946	Occlusal guard hard appliance, partial arch. Removable dental appliance	Commercial

**HCPCS:**

E0720	Tens two lead	Medicaid Expansion
E0730	Tens four lead	Medicaid Expansion
E1700	Jaw motion rehab system	Medicaid Expansion
E1701	Repl cushions for jaw motion	Medicaid Expansion
E1702	Repl measr scales jaw motion	Medicaid Expansion
E0720	Tens two lead	Commercial
E0730	Tens four lead	Commercial
E1700	Jaw motion rehab system	Commercial
E1701	Repl cushions for jaw motion	Commercial
E1702	Repl measr scales jaw motion	Commercial

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## ND Committee Review

Internal Medical Policy Committee 11-14-2019 Annual Review *Effective January 6, 2020*

Internal Medical Policy Committee 1-22-2020 Coding update *Effective March 2, 2020*

Internal Medical Policy Committee 1-19-2021 Annual Review *Effective March 1, 2021*

Internal Medical Policy Committee 1-20-2022 Annual Review-no changes in criteria *Effective March 2, 2022*

Internal Medical Policy Committee 1-26-2023 Annual Review-no changes in criteria *Effective March 6, 2023*

Internal Medical Policy Committee 3-19-2024 Revision - *Effective May 6, 2024*

- **Changed** criteria verbiage; and
- **Removed** Diagnosis Codes M26.609; M26.619; M26.629; M26.639; and
- **Removed** Procedure Codes 95127 and 95851; and
- **Added** Diagnosis Codes M26.641; M26.642; M26.643; M26.651; M26.652; M26.653; and
- **Added** Procedure Codes 20605; 20606; 21010; 21085; 21089; 21110; 97027; 97110; 97112; 97129; 97130; 97530; D9944; D9945; and D9946; and
- **Added** Policy Application

Internal Medical Policy Committee 5-14-2024 Revision - *Effective April 18, 2024*

- **Removed** Procedure Codes 97024, 97110, 97112, 97124, 97140, 97530, 97799, E0720 & E0730 from Covered Diagnosis Codes section.
- **Updated** Policy Application

Internal Medical Policy Committee 5-14-2024 Revision - *Effective July 1, 2024*

- **Removed** Procedure Codes 20605, 50606, and 64400 from Covered Diagnosis Codes section.

## Disclaimer

*Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.*