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Temporomandibular Joint Dysfunction Corporate Medical Policy

File Name: Temporomandibular Joint Dysfunction

File Code: 2.01.VT21

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Next Review: 07/2026

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Description/Summary

Temporomandibular joint (TMJ) dysfunction refers to a group of disorders characterized by pain in the TMJ and surrounding tissues. Initial conservative therapy is generally recommended; there are also a variety of nonsurgical and surgical treatment possibilities for patients whose symptoms persist.

Policy

Coding Information

Click the links below for attachments, coding tables & instructions.

[Attachment I - CPT® Code Table & Instructions](#)

[Attachment II - ICD-10-CM](#)

Diagnostic Procedures

When a service may be considered medically necessary

- The following *diagnostic procedures* may be considered **medically necessary** in the diagnosis of temporomandibular joint (TMJ) dysfunction:
 - Diagnostic x-ray, tomograms, and arthrograms;
 - Computed tomography (CT) scan or magnetic resonance imaging (MRI) (in general, CT scans and MRIs are reserved for presurgical evaluations);
 - Cephalograms (x-rays of jaws and skull);
 - Pantograms (x-rays of maxilla and mandible).

When a service is considered investigational

- The following *diagnostic procedures* are considered **investigational** in the diagnosis of TMJ dysfunction:
 - Electromyography (EMG), including surface EMG;
 - Kinesiography;

- Thermography;
- Neuromuscular junction testing;
- Somatosensory testing;
- Transcranial or lateral skull x-rays; intraoral tracing or gnathic arch tracing (intended to demonstrate deviations in the positioning of the jaw that are associated with TMJD); Muscle testing;
- Standard dental radiographic procedures;
- Range-of-motion measurements;
- Computerized mandibular scan (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);
- Ultrasound imaging/sonogram;
- Arthroscopy of the TMJ for purely diagnostic purposes;
- Joint vibration analysis

Nonsurgical and Surgical Treatments

When a service may be considered medically necessary

- The following *nonsurgical treatments* may be considered **medically necessary** in the treatment of TMJ dysfunction:
 - Intraoral removable prosthetic devices/appliances (encompassing fabrication, insertion, adjustment);
 - Pharmacologic treatment (eg, anti-inflammatory, muscle relaxing, analgesic medications).
- The following *surgical treatments* may be considered **medically necessary** in the treatment of TMJ dysfunction:
 - Arthrocentesis;
 - Manipulation for reduction of fracture or dislocation of the TMJ;
 - Arthroscopic surgery in patients with objectively demonstrated (by physical examination or imaging) internal derangements (displaced discs) or degenerative joint disease who have failed conservative treatment;
 - Open surgical procedures (when TMJ dysfunction is the result of congenital anomalies, trauma, or disease in patients who have failed conservative treatment) including, but not limited to, arthroplasties; condylectomies; meniscus or disc plication and disc removal.

When a service is considered investigational

The following *nonsurgical treatments* are considered **investigational** in the treatment of TMJ dysfunction:

- Electrogalvanic stimulation;
- Iontophoresis;
- Ultrasound;
- Devices promoted to maintain joint range of motion and to develop muscles involved in jaw function;
- Orthodontic services;
- Dental restorations/prostheses;

- Transcutaneous electrical nerve stimulation (TENS);
- Percutaneous electrical nerve stimulation (PENS);
- Acupuncture;
- Hyaluronic acid;
- Low-level laser therapy;
- Platelet concentrates;
- Dextrose prolotherapy.

The following services are considered a benefit exclusion and therefore not covered:

- Biofeedback
- Dental prostheses (oral appliances), **unless** to treat an accidental injury (except injury as a result of chewing or biting), to correct gross deformity resulting from major disease, congenital anomalies that result in impaired physical function or surgery, or to treat obstructive sleep apnea, craniofacial disorders, or temporomandibular joint syndrome.

NOTE: See Dental Services regarding benefit for dental appliance/occlusal guards

We will replace one lost, stolen or destroyed Durable Medical Equipment, prosthetic or orthotic per Plan Year if not covered by an alternative entity (including but not limited to homeowners insurance and automobile insurance) if:

- the Durable Medical Equipment, prosthetic or orthotics absence would put the member at risk of death, disability or significant negative health consequences such as a hospital admission;
- the Durable Medical Equipment is still under warranty.

Note: In order to replace a stolen item we require you to submit documentation, such as a police report, with the request.

Exclusions:

We do not cover the replacement of a lost, stolen or destroyed Durable Medical Equipment, prosthetic or orthotic:

- if the criteria above have not been met; and
- for more than one lost, stolen or destroyed Durable Medical Equipment, prosthetic or orthotic per Plan Year.

Replacements:

Replacement may be provided for devices only after their normal life span (wear and tear) has made them ineffective, if the device malfunctions, and/or for size adjustments.
Policy Guidelines

Two different oral appliances may be needed, and each considered medically necessary for the treatment of co-occurring TMJ and OSA. Please refer to the separate Blue Cross VT medical policy, Oral Appliances for Obstructive Sleep Apnea.

Payment for a custom fabricated device includes all time, labor, materials, professional

services, and radiology and lab costs necessary to provide and fit the device. Oral appliance therapy is a process that involves gradual mandibular advancement typically over a number of months. All fitting, adjustments, modifications, professional services required during the first 90 days after provision of the oral appliance are also considered to be included in the payment for device.

After the initial 90-day period, adjustments, modifications and follow-up visits are not eligible for coverage under the DME benefit. Repairs are covered for items that meet the coverage criteria. To repair means to fix or mend and to put the item back in good condition after damage or wear. Repairs are covered when necessary to make the item serviceable. If the expense for repairs exceeds the estimated expense of purchasing another item, no payment can be made for the excess.

Reference Resources

1. Martinez-Gomis J, Willaert E, Nogues L, et al. Five years of sleep apnea with a mandibular advancement device. *Angle Orthodontist*. 2010; 80(1):30-36.
2. Napankangas R, Raunio A, Sipila K, Raustia A. Effect of mandibular advancement device therapy on the signs and symptoms of temporomandibular disorders. *J Oral Maxillofac Res*. 2012; Oct-Dec; 3(4): e5. doi: [10.5037/jomr.2012.3405](https://doi.org/10.5037/jomr.2012.3405)
3. Petit F-X, Pepin J-L, Bettega G, et al. Mandibular advancement devices: Rate of contraindications in 100 consecutive obstructive sleep apnea patients. *American Journal of Respiratory and Critical Care Medicine*. 2002; 166(3): 274-278.
4. Fleury B, Lowe AA. Current barriers and study needs for oral appliance therapy: The personal perspective of a physician and dentist. *Journal of Dental Sleep Medicine*. 2016; June; 3(3). <http://dx.doi.org/10.15331/jdsm.4138>.
5. Blue Cross Blue Shield Association Medical Policy Reference Manual Policy 2.01.21 - Temporomandibular Joint Disorder. Last Reviewed: 03/2025. Accessed 07/2025.
6. Blue Cross Blue Shield Association Medical Policy Reference Manual Policy 2.01.56 - Low Level Laser Therapy. Last Reviewed: 07/2025. Accessed 07/2025.
7. DFR Insurance Bulletin # 63 (Dec. 20, 1982).
8. Temporomandibular disorder in adults. Literature review current through 05/2024. Accessed 06/2024.

Related Policies

Blue Cross VT Dental Services Corporate Medical Policy

Document Precedence

Blue Cross and Blue Shield of Vermont (Blue Cross VT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, Blue Cross VT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

Audit Information

Blue Cross VT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, Blue Cross VT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

Prior approval may be required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered complete, see policy guidelines above.

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Policy Implementation/Update information

03/2005	Added new CPT and HCPCS codes.
07/2006	Additional benefits for TMJ in Chiropractic Services and PT, ST, OT Medical
02/2007	Updated HCPCS and CPT codes, minor wording changes. Reviewed by CAC 05/2007.
05/2008	Updated, new format. Reviewed by CAC 7/2008.
11/2009	Reviewed without changes.
11/2011	Updated and placed in new format. Minor wording changes to reflect current BCBSA policy language. Clarification of language regarding not medically necessary and experimental procedures. Coding table updated to reflect CPT and HCPCS code for non-covered services.

02/2014	ICD-10 remediation, standard language added (audit information section,
07/2018	External Review from outside provider. Aligned medical policy statements to certificate language and added policy guideline clarifications. Clarified benefit exceptions, added additional investigational per BCBSA policies. Added lost /stolen language, updated references. Added 70220, 72040 & 70140. Removed codes 20550 & 20551, removed ranges from coding tables, re-sequenced codes. Added ICD-10-CM table removed ICD- 9-CM table. Effective 01/01/2019 deleted D5281 replaced with D5282& D5283. Revised D5211 & D5212. Deleted D9940 -replace with D9945, & D9946.
07/2019	Updated ICD-10-CM and Procedure tables. No changes to policy statements. Code E0486 requires prior authorization, D7881 inclusive of E0486. D7880 requires prior approval.
11/2019	Added codes 70250 & 72040 codes were omitted form coding table and are medically necessary if criteria is met.
10/2020	Policy reviewed. References reviewed and simplified. Remove “Transcranial or lateral skull x-rays” as Investigational as a diagnostic procedure. Addition of occlusal guards (D9944, D9945 & D9946) at Benefit Exclusion language
10/2020	Adaptive Maintenance: Added codes in coding table: M26.641, M26.642, M26.643, M26.649, M26.651, M26.652, M26.653, M26.659
04/2021	Policy reviewed. Added Platelet Concentrates as Investigational. Codes E1700, E1701 & E1702 added as investigational.
07/2022	Policy reviewed; references updated. Investigational policy statement modified to include dextrose prolotherapy. Codes 21240, 21242, 21243 require prior approval. Coding table in policy updated. Procedure code descriptors updated.
06/2023	Policy reviewed; references updated no changes to policy statement.
07/2024	Policy reviewed. Minor formatting changes for clarity and consistency. Update to certificate exclusion language. Remove code D7880 as requiring prior approval from coding table.
01/2025	Coding table updated removed codes 21240, 21242, 21243 from requiring prior approval.
07/2025	Policy reviewed. No change to policy statement. References updated.

Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by Blue Cross VT Medical Directors

Tom Weigel, MD, MBA
Vice President & Chief Medical Officer

Tammaji P. Kulkarni, MD
Senior Medical Director

Attachment I
CPT® Code Table & Instructions

Code Type	Number	Brief Description	Policy Instructions
The following service codes will be considered as medically necessary or investigational or benefit exclusion when applicable criteria have been met.			
CPT®	20552	Injections; single or multiple trigger points, 1 or 2 muscle(s)	
CPT®	20553	Injections; single or multiple trigger points, 3 or more muscles	
CPT®	20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	
CPT®	20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting	
CPT®	21010	Arthrotomy, temporomandibular joint	
CPT®	21050	Condylectomy, temporomandibular joint (separate procedure)	
CPT®	21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	
CPT®	21070	Coronoidectomy (separate procedure)	
CPT®	21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (i.e., general or monitored anesthesia care)	
CPT®	21079	Impression and custom preparation; Interim obturator prosthesis	
CPT®	21080	Impression and custom preparation; Definitive obturator prosthesis	
CPT®	21081	Impression and custom preparation; Mandibular resection prosthesis	
CPT®	21085	Impression and custom preparation; Oral surgical splint	
CPT®	21116	Injection procedure for temporomandibular joint arthrography	

Code Type	Number	Brief Description	Policy Instructions
CPT®	21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy without bone graft	
CPT®	21198	Osteotomy, mandible, segmental	
CPT®	21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	No Prior Approval Required
CPT®	21242	Arthroplasty, temporomandibular joint, with allograft	No Prior Approval Required
CPT®	21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	No Prior Approval Required
CPT®	21255	Reconstruction of zygomatic arch & glenoid fossa with bone & cartilage (includes obtaining autografts)	
CPT®	21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	
CPT®	21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	
CPT®	21450	Closed treatment of mandibular fracture; without manipulation	
CPT®	21451	Closed treatment of mandibular fracture; with manipulation	
CPT®	21452	Percutaneous treatment of mandibular fracture; with external fixation	
CPT®	21453	Closed treatment of mandibular fracture with interdental fixation	
CPT®	21454	Open treatment of mandibular fracture with external fixation	
CPT®	21461	Open treatment of mandibular fracture; without interdental fixation	
CPT®	21462	Open treatment of mandibular fracture; with interdental fixation	
CPT®	21465	Open treatment of mandibular condylar fracture	
CPT®	21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, &/or wiring of dentures or splints	
CPT®	21480	Closed treatment of temporomandibular dislocation, initial or subsequent	

Code Type	Number	Brief Description	Policy Instructions
CPT®	21485	Closed treatment of temporomandibular dislocation, initial or subsequent; complicated (e.g. recurrent requiring intermaxillary fixation or splinting) initial or subsequent	
CPT®	21490	Open treatment of temporomandibular dislocation	
CPT®	21497	Interdental wiring for condition other than fracture	
CPT®	29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	
CPT®	29804	Arthroscopy, temporomandibular joint, surgical	
CPT®	70100	Radiologic examination, mandible; partial, less than 4 views	
CPT®	70110	Radiologic examination, mandible; complete, minimum of 4 views	
CPT®	70140	Radiologic examination, facial bones; less than 3 views	
CPT®	70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	
CPT®	70240	Radiologic examination, sella turica	
CPT®	70250	Radiologic examination, skull; less than 4 views	
CPT®	70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral	
CPT®	70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral	
CPT®	70332	Temporomandibular joint arthrography, radiological supervision and interpretation	
CPT®	70336	Magnetic resonance (e.g., proton) imaging, temporomandibular joint(s)	Requires prior authorization
CPT®	70350	Cephalogram, orthodontic	
CPT®	70355	Orthopantomogram (eg, panoramic x-ray)	
CPT®	70486	Computed tomography, maxillofacial area; without contrast material	Requires prior authorization
CPT®	72040	Radiologic examination, spine, cervical; 2 or 3 views	
CPT®	76100	Radiologic examination, single plane body section (e.g., tomography), other than with urography	

Code Type	Number	Brief Description	Policy Instructions
CPT®	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	
CPT®	97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	
HCPCS	A4649	Surgical supply; miscellaneous	
CDT	D0140	Limited oral evaluation - problem focused	
CDT	D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	
CDT	D0150	Comprehensive oral evaluation - new or established patient	
CDT	D0160	Detailed and extensive oral evaluation - problem focused, by report	
CDT	D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	
CDT	D0320	Temporomandibular joint arthrogram, including injection	
CDT	D0321	Other temporomandibular joint films, by report	
CDT	D0322	Tomographic survey	
CDT	D0330	Panoramic radiographic image	
CDT	D0340	2D Cephalometric radiographic image-acquisition, measurement and analysis; Image of the head made using a cephalostat to standardize anatomic positioning, and with reproducible x-ray beam geometry.	
CDT	D5931	Obturator prosthesis, surgical; Synonymous terminology: Obturator, surgical stayplate, immediate temporary obturator. A temporary prosthesis inserted during or immediately following surgical or traumatic loss of a portion or all of one or both maxillary bones and contiguous alveolar structures (e.g., gingival tissue, teeth). Frequent revisions of surgical obturators are necessary during the ensuing healing phase (approximately six months). Some dentists prefer to replace many or all teeth removed	

Code Type	Number	Brief Description	Policy Instructions
		by the surgical procedure in the surgical obturator, while others do not replace any teeth. Further surgical revisions may require fabrication of another surgical obturator (e.g., an initially planned small defect may be revised and greatly enlarged after the final pathology report indicates margins are not free of tumor).	
CDT	D5933	Obturator prosthesis, modification; Synonymous terminology: adjustment, denture adjustment, temporary or office reline. Revision or alteration of an existing obturator (surgical, interim, or definitive); possible modifications include relief of the denture base due to tissue compression, augmentation of the seal or peripheral areas to affect adequate sealing or separation between the nasal and oral cavities.	
CDT	D5934	Mandibular resection prosthesis with guide flange; Synonymous terminology: resection device, resection appliance. A prosthesis which guides the remaining portion of the mandible, left after a partial resection, into a more normal relationship with the maxilla. This allows for some tooth-to-tooth or an improved tooth contact. It may also artificially replace missing teeth and thereby increase masticatory efficiency.	
CDT	D5936	Obturator prosthesis, interim; Synonymous terminology: immediate postoperative obturator. A prosthesis which is made following completion of the initial healing after a surgical resection of a portion or all of one or both the maxillae; frequently many or all teeth in the defect area are replaced by this prosthesis. This prosthesis replaces the surgical obturator, which is usually inserted at, or immediately following the resection. Generally, an interim obturator is made to facilitate closure of the resultant defect after initial healing has been completed. Unlike the surgical obturator, which usually is made prior to surgery and frequently revised in the operating room during surgery, the	

Code Type	Number	Brief Description	Policy Instructions
		interim obturator is made when the defect margins are clearly defined and further surgical revisions are not planned. It is a provisional prosthesis, which may replace some or all lost teeth, and other lost bone and soft tissue structures. Also, it frequently must be revised (termed an obturator prosthesis modification) during subsequent dental procedures (e.g., restorations, gingival surgery) as well as to compensate for further tissue shrinkage before a definitive obturator prosthesis is made.	
CDT	D5982	Surgical stent; Synonymous terminology: periodontal stent, skin graft stent, columellar stent. Stents are utilized to apply pressure to soft tissues to facilitate healing and prevent cicatrization or collapse. A surgical stent may be required in surgical and post-surgical revisions to achieve close approximation of tissues. Usually such materials as temporary or interim soft denture liners, gutta percha, or dental modeling impression compound may be used.	
CDT	D5988	Surgical splint; Synonymous terminology: Gunning splint, modified Gunning splint, labiolingual splint, fenestrated splint, Kingsley splint, cast metal splint. Splints are designed to utilize existing teeth and/or alveolar processes as points of anchorage to assist in stabilization and immobilization of broken bones during healing. They are used to re-establish, as much as possible, normal occlusal relationships during the process of immobilization. Frequently, existing prostheses (e.g., a patient's complete dentures) can be modified to serve as surgical splints. Frequently, surgical splints have arch bars added to facilitate intermaxillary fixation. Rubber elastics may be used to assist in this process. Circummandibular eyelet hooks can be utilized for enhanced stabilization with wiring to adjacent bone	

Code Type	Number	Brief Description	Policy Instructions
CDT	D7640	Mandible, closed reduction (teeth immobilized, if present)	
CDT	D7810	Open reduction of dislocation; Access to TMJ via surgical opening.	
CDT	D7820	Closed reduction of dislocation; Joint manipulated into place; no surgical exposure.	
CDT	D7830	Manipulation under anesthesia; Usually done under general anesthesia or intravenous sedation.	
CDT	D7840	Condylectomy; Removal of all or portion of the mandibular condyle (separate procedure).	
CDT	D7850	Surgical discectomy, with/without implant; Excision of the intra-articular disc of a joint.	
CDT	D7852	Disc repair; Repositioning and/or sculpting of disc; repair of perforated posterior attachment.	
CDT	D7854	Synovectomy; Excision of a portion or all of the synovial membrane of a joint.	
CDT	D7856	Myotomy; Cutting of muscle for therapeutic purposes (separate procedure).	
CDT	D7858	Joint reconstruction; Reconstruction of osseous components including or excluding soft tissues of the joint with autogenous, homologous, or alloplastic materials.	
CDT	D7860	Arthrotomy; Cutting into joint (separate procedure).	
CDT	D7865	Arthroplasty; Reduction of osseous components of the joint to create a pseudoarthrosis or eliminate an irregular remodeling pattern (osteophytes).	
CDT	D7870	Arthrocentesis; Withdrawal of fluid from a joint space by aspiration	
CDT	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.	

Code Type	Number	Brief Description	Policy Instructions
CDT	D7872	Arthroscopy - diagnosis, with or without biopsy	
CDT	D7873	Arthroscopy: lavage and lysis of adhesions; Removal of adhesions using the arthroscope and lavage of the joint cavities	
CDT	D7874	Arthroscopy: disc repositioning and stabilization; Repositioning and stabilization of disc using arthroscopic techniques.	
CDT	D7875	Arthroscopy: synovectomy; Removal of inflamed and hyperplastic synovium (partial/complete) via an arthroscopic technique	
CDT	D7876	Arthroscopy: discectomy; Removal of disc and remodeled posterior attachment via the arthroscope.	
CDT	D7877	Arthroscopy: debridement; Removal of pathologic hard and/or soft tissue using the arthroscope.	
CDT	D7880	Occlusal orthotic device, by report; Presently includes splints provided for treatment of temporomandibular joint dysfunction.	
CDT	D7881	Occlusal orthotic device adjustment	Included in D7880-Refer to policy for policy on device adjustments
CDT	D9944	occlusal guard - hard appliance, full arch; Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Not to be reported for any type of sleep apnea, snoring or TMD appliances.	Non-Covered Benefit Exclusion
CDT	D9945	occlusal guard - soft appliance, full arch; Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Not to be reported for any type of sleep apnea, snoring or TMD appliances.	Non-Covered Benefit Exclusion

Code Type	Number	Brief Description	Policy Instructions
CDT	D9946	occlusal guard - hard appliance, partial arch; Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Provides only partial occlusal coverage such as anterior deprogrammer. Not to be reported for any type of sleep apnea, snoring or TMD appliances.	Non-Covered Benefit Exclusion
CPT®	E1700	Jaw motion rehabilitation system	Investigational
CPT®	E1701	Replacement cushions for jaw motion rehabilitation system, package of 6	Investigational
CPT®	E1702	Replacement measuring scales for jaw motion rehabilitation system, package of 200	Investigational
REV	0490	General classification ambulatory surgical care	Only eligible for payment if submitted with covered CPT® code

Attachment II
ICD-10-CM

ICD-10-CM	Brief Description
M26.00	Unspecified anomaly of jaw size
M26.01	Maxillary hyperplasia
M26.02	Maxillary hypoplasia
M26.03	Mandibular hyperplasia
M26.04	Mandibular hypoplasia
M26.05	Macrogenia
M26.06	Microgenia
M26.07	Excessive tuberosity of jaw
M26.09	Other specified anomalies of jaw size
M26.10	Unspecified anomaly of jaw-cranial base relationship
M26.11	Maxillary asymmetry
M26.12	Other jaw asymmetry
M26.19	Other specified anomalies of jaw-cranial base relationship
M26.50	Dentofacial functional abnormalities, unspecified
M26.51	Abnormal jaw closure

ICD-10-CM	Brief Description
M26.52	Limited mandibular range of motion
M26.53	Deviation in opening and closing of the mandible
M26.54	Insufficient anterior guidance
M26.55	Centric occlusion maximum intercuspation discrepancy
M26.56	Non-working side interference
M26.57	Lack of posterior occlusal support
M26.59	Other dentofacial functional abnormalities
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
S03.00XA	Dislocation of jaw, unspecified side, initial encounter
S03.00XD	Dislocation of jaw, unspecified side, subsequent encounter
S03.00XS	Dislocation of jaw, unspecified side, sequela
S03.01XA	Dislocation of jaw, right side, initial encounter
S03.01XD	Dislocation of jaw, right side, subsequent encounter
S03.01XS	Dislocation of jaw, right side, sequela
S03.02XA	Dislocation of jaw, left side, initial encounter

ICD-10-CM	Brief Description
S03.02XD	Dislocation of jaw, left side, subsequent encounter
S03.02XS	Dislocation of jaw, left side, sequela
S03.03XA	Dislocation of jaw, bilateral, initial encounter
S03.03XD	Dislocation of jaw, bilateral, subsequent encounter
S03.03XS	Dislocation of jaw, bilateral, sequela
S03.40XA	Sprain of jaw, unspecified side, initial encounter
S03.40XD	Sprain of jaw, unspecified side, subsequent encounter
S03.40XS	Sprain of jaw, unspecified side, sequela
S03.41XA	Sprain of jaw, right side, initial encounter
S03.41XD	Sprain of jaw, right side, subsequent encounter
S03.41XS	Sprain of jaw, right side, sequela
S03.42XA	Sprain of jaw, left side, initial encounter
S03.42XD	Sprain of jaw, left side, subsequent encounter
S03.42XS	Sprain of jaw, left side, sequela
S03.43XA	Sprain of jaw, bilateral, initial encounter
S03.43XD	Sprain of jaw, bilateral, subsequent encounter
S03.43XS	Sprain of jaw, bilateral, sequela