

NO. 91353

TEMPOROMANDIBULAR JOINT (TMJ) DISORDERS

Effective: 06/01/2026**Committee Review:** 05/13/2026**Last Updated:** 05/13/2026

Instructions for use: This document is for informational purposes only. Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion. Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

Policy scope: This policy address treatments for temporomandibular joint disorders, differentiating between medical vs. dental services.

Related policies: Not applicable

SUMMARY OF CHANGES

Deletions:

- Deleted copay specifications.

I. MEDICAL NECESSITY CRITERIA

- A. Medical care or services provided to evaluate or treat temporomandibular joint dysfunction or syndrome are a covered medical benefit.
- B. Dental care or dental services for TMD are not a covered medical benefit.
- C. Limits/Indications
 1. Some examples of medical services that are covered are:
 - a. Medical evaluation.
 - b. Diagnostic work-up, including arthrograms.
 - c. Physical therapy for myofascial pain (myofunctional therapy).
Coverage is provided under the limitations of the physical therapy

benefit. Coverage for short-term physical therapy is provided when conservative treatment has failed (e.g., change in parafunctional habits, trial of NSAIDs and/or acetaminophen, etc.) and the member has at least two of the following:

- i. Symptoms of extra-articular pain related to the muscles of the head and neck region, earaches, headaches, masticatory or cervical myalgia
- ii. Pain with chewing
- iii. Restricted range of motion
- d. Surgery to the TMJ such as
 - i. Arthrocentesis
 - ii. Arthroscopy
 - iii. Condylectomy
 - iv. Arthrotomy
 - v. Coronoidectomy
 - vi. Procedures for recurrent dislocation or fracture

The management and treatment of displaced disks or joint sounds in the absence of pain or loss of function is not covered.

2. Some examples of dental services that are not covered are:
- a. Dental evaluation or work-up.
 - b. Occlusal adjustments and occlusal therapy.
 - c. Oral appliance therapy (bite block or splint).
 - d. Banding for vertical dimension or malocclusion (orthodontia).
 - e. Surgical correction of malocclusion (orthognathic surgery).
Orthognathic surgery may be covered if medically necessary (See Orthognathic Surgery Policy and plan documents).
 - f. Dental x-rays.

II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

See [Medicare Benefit Policy Manual, Chapter 15, Section 150.1 Treatment of Temporomandibular Joint \(TMJ\) Syndrome](#)

Medicare: Refer to the [CMS Online Manual System \(IOMs\)](#) and Transmittals. For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to [CMS Medicare Coverage Database](#).

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare [Coverage Database website](#) for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)

None identified

Local Coverage Determinations (LCDs)	
CGS Administrators, LLC	None identified
First Coast Service Options, Inc.	None identified
National Government Services, Inc.	None identified
Noridian Healthcare Solutions	None identified
Novitas Solutions, Inc.	None identified
Palmetto GBA	None identified
WPS Insurance Corporation	None identified

III. BACKGROUND

Temporomandibular Disease (TMD) is a collective term that describes clinical problems involving the function of the masticatory muscles and the jaw joint.

TMD has been used to refer to a group of conditions that often are called “TMJ syndrome” by physicians and dentists to describe the pain associated with the head, neck and jaw. This has resulted in confusion regarding diagnostic and treatment options.

There are two distinct categories: masticatory muscle disorders and temporomandibular joint disorders.

Masticatory muscle problems may result from abnormal parafunctional habits such as bruxism and clenching of teeth in response to stress, referred pain patterns of the cervical spine and systemic muscle disorders (e.g., dyskinesia, fibromyalgia, myositis). If the abnormal habits exceed the functional capacity of the jaw joint, temporomandibular joint pathology may occur.

Temporomandibular joint disorders (e.g., internal derangement, degenerative joint disease, rheumatoid arthritis, mandibular dislocation, ankyloses, hyperor hypoplasia, condylar osteolysis, fractures) may also occur from varied etiologies.

Typically, the initial presentation can be confusing as both a masticatory element and a joint disorder can coexist.

IV. GUIDELINES / POSITION STATEMENTS

Medical/Professional Society	Guideline
American Association of Oral and Maxillofacial Surgeons (AAOMS)	Statement by the American Association of Oral and Maxillofacial Surgeons Concerning the Management of Selected Clinical Conditions and Associated Clinical Procedures: Temporomandibular Joint Disorders (AAOMS, 2024)
	The Contemporary Management of Temporomandibular Joint Intra-Articular Pain and Dysfunction (Bouloux GF et al., 2024)

V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)

See [U.S. Food & Drug Administration \(FDA\) Medical Device Databases](#) for the most current information.

The following Product Codes represent FDA-cleared medical devices used in the treatment of temporomandibular joint disorders:

- [LZD](#) (Class III): joint, temporomandibular, implant
- [KZM](#) (Class II): device, muscle monitoring
- [LNH](#) (Class II): system, nuclear magnetic resonance imaging
- [NFR](#) (Class II): device, jaw tracking, for diagnosis of tmj / mpd disorders
- [NXC](#) (Class II): aligner, sequential
- [KMY](#) (Class I): positioner, tooth, preformed
- [NFRQ](#) (Class I): device, dental sonography, for monitoring jaw sounds
- [NFS](#) (Class I): device, jaw tracking, for monitoring jaw positions

Device	Premarket Approval, 513(f)(2)(De Novo), or 510(k) Number	Notice date
LZD (Class III): joint, temporomandibular, implant		
TMJ Concepts Patient-Fitted TMJ Reconstruction Prosthesis (TMJ Concepts)	P980052	07/02/1999
Total Temporomandibular Joint Replacement System (Biomet Microfixation, Inc.)	P020016	09/21/2005
TMJ FOSSA-EMINENCE AND CONDYLAR PROSTHESIS SYSTEM (Nexus CMF, LLC)	P000023	01/05/2001

Note: These medical devices may have supplements. The device descriptions/functions or indications may have changed.

VI. CODING

See also *Priority Health Medical Policy No. 91636 - Category III Current Procedural Terminology (CPT®) Codes (“T” codes)*

ICD-10 Codes that apply to this policy

- M26.601 - M26.609 Temporomandibular joint disorder, unspecified
- M26.611 - M26.619 Adhesions and ankylosis of temporomandibular joint
- M26.621 - M26.629 Arthralgia of temporomandibular joint
- M26.631 - M26.639 Articular disc disorder of temporomandibular joint
- M26.69 Other specified disorders of temporomandibular joint

Services that are subject to TMJ benefit:

- Anesthesia
- Medication
- Imaging
- Lab/Path

Physician Services
Therapy
Surgery – including but not limited to:

CPT/HCPCS Codes

- 21010 Arthrotomy, temporomandibular joint
- 21050 Condylectomy, temporomandibular joint (separate procedure)
- 21060 Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
- 21070 Coronoidectomy (separate procedure)
- 21073 Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)
- 21085 Impression and custom preparation; oral surgical splint
- 21110 Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
- 21116 Injection procedure for temporomandibular joint arthrography
- 21240 Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
- 21242 Arthroplasty, temporomandibular joint, with allograft
- 21243 Arthroplasty, temporomandibular joint, with prosthetic joint replacement
- 21247 Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia)
- 21248 Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial
- 21249 Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete
- 21480 Closed treatment of temporomandibular dislocation; initial or subsequent
- 21485 Closed treatment of temporomandibular dislocation; complicated (e.g., recurrent requiring intermaxillary fixation or splinting), initial or subsequent
- 21490 Open treatment of temporomandibular dislocation
- 29800 Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
- 29804 Arthroscopy, temporomandibular joint, surgical

VII. MEDICAL NECESSITY REVIEW

Prior authorization for certain drugs, devices, services and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service or procedure is medically necessary. For more information, refer to the [Priority Health Provider Manual](#).

Individual case review may allow coverage for care or treatment that is investigational yet promising for the conditions described. Requests for individual consideration require prior plan approval. All determinations of coverage for experimental, investigational, or unproven treatment will be made by a Priority Health medical director or clinical pharmacist. The exclusion of coverage for experimental, investigational, or unproven treatment may be reviewed for exception if the condition is either a terminal illness, or a chronic, life threatening, severely disabling disease that is causing serious clinical deterioration.

VIII. APPLICATION TO PRODUCTS

Coverage is subject to the member's specific benefits. Group-specific policy will supersede this policy when applicable.

- **HMO/EPO:** This policy applies to insured HMO/EPO plans.
- **POS:** This policy applies to insured POS plans.
- **PPO:** This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **ASO:** For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
- **INDIVIDUAL:** For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
- **MEDICARE:** Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN:** For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the [Michigan Medicaid Fee Schedule](#). If there is a discrepancy between this policy and the [Michigan Medicaid Provider Manual](#), the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IX. REFERENCES

Guidelines and position statements

1. American Association of Oral and Maxillofacial Surgeons. Statement by the American Association of Oral and Maxillofacial Surgeons Concerning the Management of Selected Clinical Conditions and Associated Clinical Procedures: Temporomandibular Joint Disorders. 2024
2. Bouloux GF, Chou J, DiFabio V, Ness G, Perez D, Mercuri L, Chung W, Crago CA. The Contemporary Management of Temporomandibular Joint Intra-Articular Pain and Dysfunction. *J Oral Maxillofac Surg*. 2024 Jun;82(6):623-631. doi: 10.1016/j.joms.2024.01.003. Epub 2024 Jan 6. PMID: 38280727.

SUMMARY OF CHANGES

Deletions:

- Deleted copay specifications.

Past committee review dates: 01/1993, 10/1997, 04/1999, 02/2001, 12/2001, 06/2002, 06/2003, 05/2004, 05/2005, 04/2006, 04/2007, 07/2007, 04/2008, 04/2009, 04/2010, 04/2011, 04/2012, 04/2013, 05/2014, 05/2015, 05/2016, 05/2017, 05/2018, 05, 2019, 05/2020, 05/2021, 05/2023, 05/2024, 05/2025

AMA CPT Copyright Statement: All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

The name "Priority Health" and the term "plan" mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.