Temporomandibular joint surgery

Blue Care Network provides coverage for this procedure for pediatric and adult BCN members in an outpatient or clinic setting who meet medical necessity criteria. Submit authorization requests through e-referral.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and BCN cannot authorize it, BCN will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. Compliance with this prior authorization requirement will be monitored retrospectively.


*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2018 American Medical Association. All rights reserved.

See below for the questions you'll encounter in the e-referral system.

**Q** Were a history, physical examination and appropriate imaging performed which confirmed the diagnosis of temporomandibular joint dysfunction?

Possible answers: □ Yes □ No □ N/A

**Q** Were the following conservative treatments tried without relief of symptoms? A. Eating soft foods B. Rest C. Heat and ice D. Avoiding extreme jaw movements E. Anti-inflammatory or analgesic medications F. Muscle relaxers G. Intraoral appliances

Possible answers: □ Yes □ No □ N/A

**Q** Is arthroscopy of the TMJ being performed SOLELY for diagnostic purposes? NOTE: Must select “no” if an arthroscopic procedure is not being requested OR is not SOLELY for diagnostic purposes.

Possible answers: □ Yes □ No