

Temporomandibular joint surgery

We provide coverage for this procedure for adult or pediatric members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

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 we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.

Applicable codes: *20605, *20606, *21010, *21050, *21060, *21070, *21240, *21242, *21243, *21490, *29804

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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?

A 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

A 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.

A Possible answers: Yes No