Treatment of Temporomandibular Joint (TMJ)

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➲ Instructions for Use

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Coverage Rationale

Overview

There are a wide variety of conditions that can be characterized as TMJ, and an equally wide variety of methods for treating these conditions. Many of the procedures fall within the Medicare program's statutory exclusion that prohibits payment for items and services that have not been demonstrated to be reasonable and necessary for the diagnosis and treatment of illness or injury (§1862(a)(1) of the Act). Other services and appliances used to treat TMJ fall within the Medicare program's statutory exclusion at 1862(a)(12), which prohibits payment "for services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting teeth..." For these reasons, a diagnosis of TMJ on a claim is insufficient. The actual condition or symptom must be determined. Refer to the Medicare Benefit Policy Manual, Chapter 15, § 150.1, Treatment of Temporomandibular Joint Syndrome.

Examples of TMJ Treatment

Oral Medications

May be available for coverage under the member's Part D plan benefit; contact the Prescription Solutions customer service department to determine coverage eligibility for UnitedHealthcare Part D prescription drug plan benefit.

Botulinum Toxins A and B

Medicare does not have a National Coverage Determination (NCD) for botulinum toxins A and B used for the treatment of TMJ. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Botulinum Toxin Types A and B for the Treatment of TMJ.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy titled Botulinum Toxins A and B.

TMJ Devices and Supplies

For jaw motion rehabilitation system (HCPCS codes E1700-E1702) or traction equipment (HCPCS code E0849 or E0855) for the treatment of TMJ, refer to the Medicare Advantage Medical Policy titled Durable Medical Equipment (DME), Prosthetics, Orthotics (Non-Foot Orthotics), Nutritional Therapy, and Medical Supplies Grid.

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Treatments Such as the Injection of Corticosteroid and Physical Therapy

Medicare does not have an NCD for corticosteroid injections and physical therapy used for the treatment of TMJ. LCDs/LCAs do not exist at this time.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Treatment of Temporomandibular Joint Disorders.

Arthroplasty, TMJ

Medicare does not have an NCD for Arthroplasty, TMJ. LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Arthroplasty, TMJ.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Treatment of Temporomandibular Joint Disorders.

Sodium Hyaluronate Injections

Medicare does not have an NCD for sodium hyaluronate injections used for the treatment of TMJ. LCDs/LCAs do not exist at this time.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy titled Sodium Hyaluronate.

Orthognathic Surgery

Medicare does not have an NCD for orthognathic surgery. LCDs/LCAs do not exist at this time.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Orthognathic (Jaw) Surgery.

Examples of Services That are Not Covered

Items and services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting the teeth are not covered. Refer to the Medicare Benefit Policy Manual, Chapter 15, § 150, Dental Services.

Application of dental/orthodontic devices/appliances whether or not it accompanies oral and/or orthognathic surgery, except for the treatment of Temporomandibular Joint (TMJ) Disorders. Refer to the Medicare Benefit Policy Manual, Chapter 15, § 150.1, Treatment of Temporomandibular Joint (TMJ) Syndrome.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service; however, language may be included in the listing below to indicate if a code is non-covered. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other policies and guidelines may apply.

CPT Code	Description
Treatments Such as the Injection of Corticosteroid and Physical Therapy	
97039	Unlisted modality (specify type and time if constant attendance)
97139	Unlisted therapeutic procedure (specify)
Arthroplasty, TMJ	
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	Arthroplasty, temporomandibular joint, with allograft
Orthognathic Surgery	
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction, (e.g., for Long Face Syndrome), without bone graft
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft

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CPT Code	Description
Orthognathic Surgery	
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)
21150	Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome)
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194	Reconstruction of mandibular rami, horizontal, vertical, C or L osteotomy; with bone grafts (includes obtaining graft)
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21198	Osteotomy, mandible, segmental
21199	Osteotomy, mandible, segmental; with genioglossus advancement
21206	Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard)
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	Graft, bone; mandible (includes obtaining graft)
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia)

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HCPCS Code	Description
Botulinum Toxins A and B	
J0585	Injection, onabotulinumtoxinA, 1 unit
J0586	Injection, abobotulinumtoxinA, 5 units
J0587	Injection, rimabotulinumtoxinB, 100 units
J0588	Injection, incobotulinumtoxinA, 1 unit
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit

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HCPCS Code	Description
Sodium Hyaluronate Injections	
J7320	Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg
J7321	Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose
J7322	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose
J7329	Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg
J7331	Hyaluronan or derivative, Synojoynt, for intra-articular injection, 1 mg
J7332	Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg

Centers for Medicare and Medicaid Services (CMS) Related Documents

After checking the table below and searching the Medicare Coverage Database, if no NCD, LCD, or LCA is found, refer to the criteria as noted in the Coverage Rationale section above.

NCD	LCD	LCA	Contractor Type	Contractor Name
Arthroplasty, TMJ				
N/A	L33428 Cosmetic and Reconstructive Surgery	A56658 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	Palmetto**
Botulinum Toxin Types A and B for the Treatment of TMJ				
N/A	L39857 Botulinum Toxin Injections	A59726 Billing and Coding: Botulinum Toxins Injections	Part A and B MAC	CGS
	L35170 Botulinum Toxin Types A and B Policy	A57185 Billing and Coding: Botulinum Toxin Types A and B Policy	Part A and B MAC	Noridian
	L35172 Botulinum Toxin Types A and B	A57186 Billing and Coding: Botulinum Toxin Types A and B	Part A and B MAC	Noridian
	L39836 Botulinum Toxin Injections	A59714 Billing and Coding: Botulinum Toxin Injections	Part A and B MAC	Palmetto**
	L39832 Botulinum Toxin Injections	A59707 Billing and Coding: Botulinum Toxin Injections	Part A and B MAC	NGS
	L39909 Botulinum Toxin Injections	A59809 Billing and Coding: Botulinum Toxin Injections	Part A and B MAC	WPS*

Medicare Administrative Contractor (MAC) With Corresponding States/Territories	
MAC Name (Abbreviation)	**States/Territories**
CGS Administrators, LLC (CGS)	KY, OH
First Coast Service Options, Inc. (First Coast)	FL, PR, VI
Noridian Healthcare Solutions, LLC (Noridian)	AS, AK, AZ, CA, GU, HI, ID, MT, NV, ND, Northern Mariana Islands, OR, SD, UT, WA, WY
Novitas Solutions, Inc. (Novitas)	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX, VA**

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Medicare Administrative Contractor (MAC) With Corresponding States/Territories	
MAC Name (Abbreviation)	**States/Territories**
Palmetto GBA (Palmetto)	AL, GA, NC, SC, TN, VA**, WV
Wellpoint Federal (Wellpoint)	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
Wisconsin Physicians Service Insurance Corporation (WPS)*	IA, IN, KS, MI, MO, NE
Notes	
*Wisconsin Physicians Service Insurance Corporation: Contract Number 05901 applies only to WPS Legacy Mutual of Omaha MAC A Providers. **For the state of Virginia: Part B services for the city of Alexandria and the counties of Arlington and Fairfax are excluded for the Palmetto GBA jurisdiction and included within the Novitas Solutions, Inc. jurisdiction.	

CMS Benefit Policy Manual

Medicare Benefit Policy Manual, Chapter 15, § 150, Dental Services
Medicare Benefit Policy Manual, Chapter 15, § 150.1, Treatment of Temporomandibular Joint Syndrome

Policy History/Revision Information

Date	Summary of Changes
08/01/2026	**Coverage Rationale** ***Treatments Such as the Injection of Corticosteroid and Physical Therapy*** • Modified content heading; previously named *Treatments Such as the Injection of Corticosteroid, Physical Therapy, or Arthroplasty* • Replaced language indicating "Medicare does not have a National Coverage Determination (NCD) for corticosteroid injections, physical therapy, *or arthroscopy* used for the treatment of Treatment of Temporomandibular Joint Syndrome (TMJ)" with "Medicare does not have an NCD for corticosteroid injections *and* physical therapy used for the treatment of TMJ" **Applicable Codes** • Removed CPT code 21247 **Supporting Information** • Archived previous policy version MMP025.13

Instructions for Use

The Medicare Advantage Medical Policy documents are generally used to support UnitedHealthcare coverage decisions. It is expected providers retain or have access to appropriate documentation when requested to support coverage. This document may be used as a guide to help determine applicable:

- Medical necessity coverage guidelines; including documentation requirements, and/or
- Medicare coding or billing requirements.

Medicare Advantage Medical Policies are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates. This Medical Policy is provided for informational purposes and does not constitute medical advice. It is intended to serve only as a general reference and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes this policy. For more information on a specific member's benefit coverage, call the customer service number on the back of the member ID card or refer to the Administrative Guide.

Medicare Advantage Medical Policies are developed as needed, are regularly reviewed, and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making.

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UnitedHealthcare may modify these Medical Policies at any time by publishing a new version on this website. Medicare source materials used to develop these policies may include, but are not limited to, CMS statutes, regulations, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and manuals. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. The information presented in this Medical Policy is believed to be accurate and current as of the date of publication. Where there is a conflict between this document and Medicare source materials, the Medicare source materials apply. Medicare Advantage Medical Policies are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing certain items or services referenced in this Medical Policy have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, in these circumstances, UnitedHealthcare applies internal coverage criteria as referenced in this Medical Policy. The internal coverage criteria in this Medical Policy was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Providers are responsible for submission of accurate claims. Medicare Advantage Medical Policies are intended to ensure that coverage decisions are made accurately. UnitedHealthcare Medicare Advantage Medical Policies use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

For members in UnitedHealthcare Medicare Advantage plans where a delegate manages utilization management and prior authorization requirements, the delegate’s requirements need to be followed.

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