

Treatment of Temporomandibular Joint (TMJ) Disorders

Policy Number: BIP183.M
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[Instructions for Use](#)

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Related Benefit Interpretation Policy
<ul style="list-style-type: none"> Dental Care and Oral Surgery
Related Medical Policy
<ul style="list-style-type: none"> Treatment of Temporomandibular Joint Disorders

Federal/State Mandated Regulations

Note: The most current federal/state mandated regulations for each state can be found in the links below.

California Health and Safety Code 1367.68

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=1367.68.

- (a) Any provision in a health care service plan contract entered into, amended, or renewed in this state on or after July 1, 1995, that excludes coverage for any surgical procedure for any condition directly affecting the upper or lower jawbone, or associated bone joints, shall have no force or effect as to any enrollee if that provision results in any failure to provide medically-necessary basic health care services to the enrollee pursuant to the plan's definition of medical necessity.
- (b) For purposes of this section, "plan contract" means every plan contract, except a specialized health care service plan contract, that covers hospital, medical, or surgical expenses.
- (c) Nothing in this section shall be construed to prohibit a plan from excluding coverage for dental services provided that any exclusion does not result in any failure to provide medically-necessary basic health care services.

State Market Plan Enhancements

None

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Note: For member specific coverage and limitations for the treatment of TMJ refer to the member's Evidence of Coverage (EOC)/Schedule of Benefit (SOB) or contact the Customer Service Department.

Medically necessary treatment for temporomandibular joint (TMJ) disorders that result in severe functional impairment and limited jaw movement caused by a medical condition.

Refer to the Medical Policy titled [Treatment of Temporomandibular Joint Disorders](#).

Not Covered

Refer to the Medical Policy titled [Treatment of Temporomandibular Joint Disorders](#).

Policy History/Revision Information

Date	Summary of Changes
01/01/2025	Template Update <ul style="list-style-type: none">Modified font style; no change to policy contentUpdated reference link to related Medical Policy (previously classified as Medical Management Guideline)
04/01/2024	<ul style="list-style-type: none">Routine review; no change to coverage guidelinesArchived previous policy version BIP183.L

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.