



PROVIDER POLICIES & PROCEDURES

TEMPOROMANDIBULAR JOINT (TMJ) DISORDER SURGERY AND ASSOCIATED PROCEDURES

The purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the information needed to support a medical necessity determination for surgery and associated procedures for temporomandibular joint (TMJ) disorder. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

The TMJ is a fibrocartilaginous joint with a capsule, an articular disc (meniscus), and synovial membranes located on both sides of the jaw. The TMJ connects the jawbone to the skull and acts like a sliding hinge to assist with movements such as speaking and chewing. A TMJ disorder represents and describes clinical symptoms that involve the function of the masticatory muscles and the jaw joint, and may include but are not limited to, restricted jaw mobility, numbness or tingling of face or jaw, and pain of the head, neck, and jaw.

In individuals where their clinical symptoms persist and are refractory to non-surgical therapies, surgery and associated procedures for TMJ disorder may be an option to treat the symptoms by restoring the joint's function and alignment.

HUSKY Health primarily uses InterQual® criteria when reviewing prior authorization requests for coverage of surgery and most associated procedures for TMJ disorder. HUSKY Health will use this policy to review requests for associated procedures for TMJ disorder for which InterQual® criteria are not available.

CLINICAL GUIDELINE

Coverage guidelines for surgery and associated procedures for TMJ disorder are made in accordance with the Department of Social Services (DSS) definition of Medical Necessity. The following criteria are guidelines only. Coverage determinations are based on an assessment of the individual and their clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

Arthrotomy (CPT code 21010)

An arthrotomy for the treatment of TMJ disorder may be considered medically necessary when:

- A. The individual is 18 years of age or older; and
- B. There is documentation of a TMJ internal derangement or other structural joint disorder with the presence of any of the following conditions:
 - 1. Osteoarthritis/osteoarthrosis;
 - 2. Severe disc displacement;
 - 3. Meniscal abnormality;
 - 4. Bone cyst or tumor; or

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5. Severe scarring from a prior surgery or an old jaw injury;
- and
- C. Either of the following:
1. Temporomandibular joint pain is due to a maxillary or mandibular skeletal deformity; or
 2. The individual has a clinically significant functional impairment refractory to at least six (6) months of non-surgical treatment, including all the following interventions:
 - a. Pharmacologic pain control;
 - b. Physical therapy; and
 - c. Intra-oral appliances;
- and
- D. Minimally invasive surgery (e.g., arthrocentesis or arthroscopy) is not technically feasible, appropriate, or has previously failed to resolve the TMJ disorder.

Interdental Wiring (CPT code 21497)

Interdental wiring may be medically necessary for individuals 18 years of age or older for the treatment of TMJ disorders that require post-operative immobilization and stabilization in order to facilitate proper healing and to prevent movement that can disrupt healing.

Not Medically Necessary

The performance of invasive surgery and associated procedures for TMJ disorder in individuals under the age of 18 years is considered **investigational and therefore not medically necessary** as there is insufficient evidence in peer-reviewed, published medical literature supporting safety and clinical efficacy.

NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

PROCEDURE

Prior authorization for surgery and associated procedures for TMJ disorder is required. Requests for coverage of surgery and associated procedures for TMJ disorder will be reviewed in accordance with procedures in place for reviewing requests for surgical procedures. Coverage determinations will be based upon a review of requested and/or submitted case-specific information.

The following information is needed to review requests for surgery and associated procedures for TMJ disorder:

1. Fully completed authorization request via on-line web portal;
2. Clinical documentation as outlined in the *Clinical Guideline* section from the requesting physician, APRN, or PA supporting the medical necessity of the requested procedure; and
3. Other information as requested.

EFFECTIVE DATE

This Policy is effective for prior authorization requests of surgery and associated procedures for TMJ

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disorder for individuals covered under the HUSKY Health Program beginning August 1, 2025.

LIMITATIONS

N/A

CODES

Reviewed Using Policy:

Code	Description
21010	Arthrotomy, temporomandibular joint
21497	Interdental wiring, for condition other than fracture

Reviewed Using InterQual® Criteria:

Code	Description
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
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 graft (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
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
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)
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
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)

DEFINITIONS

1. **HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for

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HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.

3. **HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
7. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
8. **Prior Authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

RESOURCES AND REFERENCES:

- American Academy of Pediatric Dentistry. Acquired temporomandibular disorders in infants, children, and adolescents. *The Reference Manual of Pediatric Dentistry*. Revised 2019. Accessed on May 21, 2025. Available at: https://staging.aapd.org/globalassets/media/policies_guidelines/bp_tempdisorders.pdf?v=new
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- American Society of TMJ Surgeons. Surgical Management of TMJ Disorders. Accessed on February 13, 2025. Available at: <https://astmjs.org/surgical-management-of-tmj-disorders-2/>
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- Thor, A, Andersson, L. Interdental wiring in jaw fractures: Effects on teeth and surrounding tissues after a one-year follow-up. *The British journal of oral & maxillofacial surgery*. 2001; 39(5):398-401. doi:10.1054/bjom.2001.0670
- UptoDate. Temporomandibular disorders in adults. Noshir R. Mehta, DMD, MS, David Keith, BDS, FDSRCS, DMD. Literature current through April 2025. Topic last updated January 09. 2025.
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PUBLICATION HISTORY

Status	Date	Action Taken
Original Publication	June 2025	Approved at the June 11, 2025 CHNCT Medical Reviewer meeting. Approved by the CHNCT Clinical Quality Subcommittee on June 16, 2025. Approved by DSS on July 9, 2025.

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