

Blue Cross Blue Shield of Michigan
Medicare Advantage Private Fee-for-Service

Temporomandibular Joint Appliance

January 1, 2008
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TEMPOROMANDIBULAR JOINT APPLIANCE

Temporomandibular joint disorders affect the temporomandibular joint and associated structures. The TMJ is located in front of the ear where the skull and mandible (lower jaw) articulate. The temporomandibular joint allows the mandible to move and function.

Symptoms and problems attributed to temporomandibular joint dysfunction are varied and may include pain and/or dysfunction associated with the temporomandibular joint apparatus and the adjacent anatomical structures and may be of low to moderate severity.

ORIGINAL MEDICARE

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 Social Security 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.¹

As a result, there is no provision for payment under Original Medicare for a TMJ appliance for treatment of temporomandibular joint disorders.

MEDICARE ADVANTAGE

Coverage for a temporomandibular joint appliance is provided to members under select Medicare Advantage private fee-for-service plans. Since Original Medicare does not cover TMJ appliance, the scope of the benefit, reimbursement methodology, maximum allowable payment amounts, and member cost-sharing amounts are determined by the group.

¹ <http://www.ssa.gov/OP Home/ssact/title18/1862.htm>

Conditions for Payment

BCBSM Medicare Advantage private fee-for-service plans use the Centers for Medicare & Medicaid Services deemed provider² concept for group specific benefits. The table below specifies payment conditions for a temporomandibular joint appliance:

Conditions For Payment ³	
Eligible providers	Dentist
Deemed provider	See terms and conditions on bcbsm.com/ma
Payable locations	No restrictions
Frequency	
CPT/HCPCS code	D9940
Diagnosis restrictions	No restrictions
Age restrictions	

Reimbursement

The maximum payment amount for the temporomandibular joint appliance benefit is available in a separate document, [BCBSM Medicare Advantage - Additional Benefits Fee Schedule](#).

The provider will be paid the lesser of this allowable amount or the provider's charge, minus the member's cost-share. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed amount and the charge.

Member Cost-Sharing

- Deemed providers must agree to collect from the member only the cost-sharing amounts described in the table below. They may not otherwise charge or bill the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the noncovered service.

The cost-sharing chart below identifies members with TMJ appliance coverage:

² 2008 Terms and conditions

³ State of Michigan Retirees Benefit grid

Member Cost-Sharing Responsibilities				
Group Name and Number	Annual Deductible	Coinsurance		Out-of-Pocket Maximum
		Professional Claim	Institutional Claim	
	2008	2008	2008	2008
State of MI Retirees ⁴ 81820, 81821, 81828	\$200	None	SOB ⁵	Does not apply

Billing Instructions

1. Bill services on the CMS 1500 (8/05) claim form or the 837 equivalent claim consistent with the local Blue Cross Blue Shield plan direction.
2. Use the Medicare Advantage private fee-for-service unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Submit claims to your local BCBS plan.
6. Use electronic billing:
 - a. Michigan providers:
 - A copy of the BCBSM EDI Professional 837/835 Companion Document is available at:
http://www.bcbsm.com/pdf/systems_resources_prof_837_835.pdf
 - b. Providers outside of Michigan should contact their local BCBS plan.

⁴ State of Michigan Retirees Benefit grid

⁵ 2008 Summary of benefits