

Temporomandibular joint appliance

Applies to:



**Blue Cross
Blue Shield**
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Medicare Plus Blue PPOSM Medicare Plus Blue Group PPOSM Both

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.

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

Medicare Plus Blue Group PPO – Michigan Public School Employee Retirement System (MPSERS)

Medicare Plus Blue Group PPO plans provide at least the same level of benefit coverage as Original Medicare (Part A and Part B) and provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows BCBSM to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for a temporomandibular joint appliance is provided to members under select Medicare Plus Blue Group PPO plans. This enhanced benefit paper applies to the MPSERS custom group that selected this benefit.

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.

Note: Effective January 1, 2014, BCBSM will no longer offer temporomandibular joint appliance as an enhanced benefit.

Blue Cross Blue Shield of Michigan

bcbsm.com/provider/ma

The table below specifies payment conditions for a temporomandibular joint appliance:.

Conditions for payment	
Eligible provider	Dentist
Payable location	No restrictions
Frequency	
CPT/HCPCS code	D9940
Age/Diagnosis restrictions	Restrictions apply

Reimbursement

Medicare Plus Blue Group plan's maximum payment amount for the temporomandibular joint appliance benefit is available on our provider website, bcbsm.com/provider/ma in the MA enhanced benefits fee schedule. The provider will be paid the lesser of this allowed 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

- Medicare Plus Blue Group PPO providers should collect the applicable cost-sharing from the member at the time of the service when possible. Cost-sharing refers to a flat-dollar copayment, a percentage coinsurance or a deductible. You can only collect the appropriate Medicare Plus Blue Group PPO cost-sharing amounts from 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.

For detailed information about a Medicare Plus Blue Group PPO member's benefits and cost-share, providers may verify member benefits via web-DENIS or call CAREN at 1-866-309-1719.

Billing instructions for members

1. Bill services on the CMS 1500 (8/05) claim form, UB-04 or the 837 equivalent claim.
2. Use the Medicare Advantage PPO 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: bcbsm.com/pdf/systems_resources_prof_837_835.pdf
 - b. Providers outside of Michigan should contact their local BCBS plan.