

CHAPTER 3
SECTION 3.3

ORAL SURGERY OF THE TEMPOROMANDIBULAR JOINT

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I. PROCEDURE CODE RANGE

20605, 21010, 21050, 21060, 21240 - 21243, 21480, 21490, 21499

II. DESCRIPTION

Surgical treatment of the temporal bone and the lower bone of the jaw.

III. POLICY

A. Surgical treatment of the temporomandibular joint is covered when any of the following conditions are present:

1. Osteoarthritis - Claims with this diagnosis should be referred to medical review to verify the medical necessity of surgical intervention.
2. Trauma
3. Congenital causes, e.g., agenesis or hypoplastic condyle
4. Ankylosis
5. Tumors
6. Dislocations

IV. EXCEPTIONS

Treatment of temporomandibular joint syndrome, occlusal equilibration and restorative occlusal rehabilitation are excluded from this category.

V. POLICY CONSIDERATIONS

A. The contractor is responsible for the processing of claims in the geographical area in which the care is received is charged with adjudication of these oral surgery claims. Preauthorization is not required.

B. The contractor may use the current recommendations for Management of Patients with Temporomandibular Joint Implants published by the American Academy of Oral Maxillofacial Surgeons in their adjudication of claims involving temporomandibular joint replacement surgery.

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