Dental Clinical Policy: Surgical treatment of the Temporomandibular Joint

Reference Number: CP.DP.49
Last Review Date: 07/2026

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Arthroplasty of the temporomandibular joint (TMJ) is open surgery to repair or reconstruct the jaw joint. Surgical procedures include discoplasty, discectomy, condylectomy, eminoplasty, removal of osteophytes or areas of subchondral bone, and total joint replacement. Procedures are performed through arthrotomy. Surgical intervention of the TMJ is guided by the nature of the intra-auricular pathology, prior treatment history, and functional impairment. Discoplasty is most appropriate when the disc is displaced but maintains favorable morphology. In cases such as disc perforation or degenerative disc changes, discectomy may be indicated. Total joint replacement may be considered only when disc pathology has progressed to irreversible joint destruction or when prior disc surgical interventions have failed and are associated with persistent pain or functional limitations.

Policy/Criteria

I. It is the policy of Centene Dental Services™ that surgical treatment of the TMJ is **medically necessary** when:

A. Any of the following conditions are met:

1. Symptoms of severe, persistent, recurrent, or causing functional limitations, such as TMJ pain and tenderness, limited mouth opening, jaw hypermobility or hypomobility, jaw locking, or clicking or crepitus, and
    a. An anchored disc and arthrocentesis or arthroscopic lavage has failed or is not feasible or indicated, or
    b. Ankylosis, or
    c. Condylar asymmetry or resorption, or
    d. Chronic or recurrent dislocation.
2. Symptoms of severe, persistent, recurrent or ongoing functional limitations, such as TMJ pain and tenderness, limited mouth opening, jaw hypermobility or hypomobility, jaw locking, or clicking or crepitus, and
    a. Ankylosis and
        - Articular disc disease, or
        - Degenerative joint disease, or
        - Anchored disc, or
        - Condylar asymmetry or resorption, or
        - Chronic or recurrent dislocation

   b. Condylar asymmetry or resorption and
      - Articular disc disease, or
      - Degenerative joint disease, or
      - Ankylosis, or
      - Chronic or recurrent dislocation
   c. Chronic or recurrent dislocation and
      - Articular disc disease, or
      - Degenerative joint disease, or
      - Anchored disc, or
      - Condylar asymmetry or resorption
3. Symptoms of severe, persistent, recurrent or ongoing functional limitations, such as TMJ pain and tenderness, limited mouth opening, jaw hypermobility or hypomobility, jaw locking, or clicking or crepitus, and at least 12 weeks of conservative therapy, including NSAIDs (unless contraindicated or not tolerated), soft diet, physical therapy (PT), and arthrocentesis or arthroscopic lavage, has failed or is not feasible or indicated and
   a. Articular disc disease, or
   b. Degenerative joint disease, or
   c. Articular joint disease and degenerative joint disease
4. Symptoms of severe, persistent, recurrent or causing functional limitations, such as TMJ pain and tenderness, limited mouth opening, jaw hypermobility or hypomobility, jaw locking, or clicking or crepitus, and arthrocentesis or arthroscopic lavage have failed or is not feasible or indicated and anchored disc and
   a. Articular disc disorder, or
   b. Degenerative joint disease
5. Post traumatic conditions
6. TMJ pathology of aggressive nature such as tumors, aberrant processes (growths, infections or systemic manifestations)

B. When none of the following contraindications apply:

1. When there is only articular disc disorder, at least 12 weeks of conservative treatment, including NSAIDS, soft diet, and PT, and no failure of arthrocentesis or arthroscopic lavage;
2. When there is only degenerative joint disease, at least 12 weeks of conservative treatment, including NSAIDS, soft diet, and PT, and no failure of arthrocentesis or arthroscopic lavage;
3. When there is an anchored disc, no failure of arthrocentesis or arthroscopic lavage and
   a. Articular disc disease, or
   b. Degenerative joint disease
4. When there is articular disc disease and degenerative joint disease, at least 12 weeks of conservative treatment, including NSAIDS, soft diet, and PT, and no failure of arthrocentesis or arthroscopic lavage;

5. When there is an anchored disc and no failure of arthrocentesis or arthroscopic lavage;
6. When there is only TMJ pain or tenderness, limited mouth opening, jaw hypermobility or hypomobility, or jaw locking, clicking or crepitus.

C. Required documentation to support medical necessity include the following:

1. MRI, CT or CBT imaging demonstrating disc displacement, joint effusion, bony abnormalities, osteoarthritis, fracture, ankylosis or other structural or soft tissue abnormalities;
2. Documentation of failed course of conservative treatment lasting at least 12 weeks including dates and duration of treatment;
3. Objective documentation of how daily life is affected such as sleep, work and school attendance, eating;
4. Pain documentation including scores, frequency, duration and analgesic requirements;
5. Measurement of mouth opening and functional impairment;
6. Lab testing results if appropriate;

Coverage Limitations/Exclusions

1. Not covered if surgery is being performed primarily to correct bite alignment rather than address joint pathology;
2. Not covered if surgery is cosmetic in nature;
3. Limit to one per lifetime, subject to state-specific regulations.

Coding Implications

This clinical policy references Current Dental Terminology (CDT®). CDT® is a registered trademark of the American Dental Association. All CDT codes and descriptions are copyrighted 2026, American Dental Association. All rights reserved. CDT codes and CDT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Retrospective review/analysis or fraud, waste and abuse initiatives that identify mis-coding (upcoding) resulting in higher reimbursement than allowed for the correctly coded service, or does not provide documentation supporting performing and/or completing claimed services may result in the recoupment of the identified monetary variance by any of the following means: a) from the payment for other claimed services; or b) directly from the provider.

CDT® Codes	Description
D7865	Arthroplasty
D7860	Arthrotomy

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

Code	Description
M00.9	Staphylococcal polyarthritis
M06.80	Other specified rheumatoid arthritis, unspecified site
M06.8A	Other specified rheumatoid arthritis, other specified site
M06.9	Rheumatoid arthritis, unspecified
M19.09	Primary osteoarthritis, other specified site
M24.19	Other articular cartilage disorders, other specified site
M24.69	Ankylosis, other specified joint
M25.70	Osteophyte, unspecified joint
M25.80	Other specified joint disorders, unspecified joint
M25.9	Joint disorder, unspecified
M26.11	Maxillary asymmetry
M26.12	Other jaw asymmetry
M26.20	Unspecified anomaly of dental arch relationship
M26.29	Other anomalies of dental arch relationship
M26.4	Malocclusion, unspecified
M26.51	Abnormal jaw closure
M26.52	Limited mandibular range of motion
M26.53	Deviation in opening and closing of the mandible
M26.59	Other dentofacial functional abnormalities
M26.601	Right temporomandibular joint disorder
M26.602	Left temporomandibular joint disorder
M26.603	Bilateral temporomandibular joint disorder
M26.609	Unspecified temporomandibular joint disorder, unspecified side
M26.611	Adhesions and ankylosis of the right temporomandibular joint
M26.612	Adhesions and ankylosis of the left temporomandibular joint
M26.613	Adhesions and ankylosis of bilateral temporomandibular joint
M26.619	Adhesions and ankylosis of temporomandibular joint, unspecified side
M26.621	Arthralgia of the right temporomandibular joint
M26.622	Arthralgia of the left temporomandibular joint
M26.623	Arthralgia of bilateral temporomandibular joint
M26.629	Arthralgia of temporomandibular joint, unspecified side

M26.631	Articular disc disorder of the right temporomandibular joint
M26.632	Articular disc disorder of the left temporomandibular joint
M26.633	Articular disc disorder of bilateral temporomandibular joint
M26.639	Articular disc disorder of temporomandibular joint, unspecified side
M26.641	Arthritis of right temporomandibular joint
M26.642	Arthritis of left temporomandibular joint
M26.643	Arthritis of bilateral temporomandibular joint
M26.649	Arthritis of unspecified temporomandibular joint
M26.69	Other specified disorders of temporomandibular joint
M32.0	Drug-induced systemic lupus erythematosus
M32.10	Systemic lupus erythematosus, organ or system involvement unspecified
M32.19	Other organ or system involvement in systemic lupus erythematosus
M32.8	Other forms of systemic lupus erythematosus
M32.9	Systemic lupus erythematosus, unspecified
M35.7	Hypermobility syndrome
M45.9	Ankylosing spondylitis of unspecified sites in spine
M65.98	Unspecified synovitis and tenosynovitis, other site
M85.68	Other cyst of bone, other site
M85.88	Other specified disorders of bone density and structure, other site
M89.30	Hypertrophy of bone, unspecified site
M89.38	Hypertrophy of bone, other site
M95.2	Other acquired deformity of head
Q67.0	Congenital facial asymmetry
Q67.4	Other congenital deformities of skull, face, and jaw
Q75.4	Mandibular dysostosis (Treacher Collins syndrome)
Q79.61	Classical Ehlers-Danlos syndrome
Q79.63	Vascular Ehlers-Danlos syndrome
Q79.69	Other Ehlers-Danlos syndromes
Q87.0	Congenital malformation syndromes predominantly affecting facial appearance (includes Acrocephalopolysyndactly [aka Apert Syndrome and Pfeiffer Syndrome]
R22.0	Localized swelling, mass and lump, head
R68.84	Jaw pain
Z87.828	Personal history of other (healed) physical injury or trauma
Z96.698	Presence of other orthopedic joint implant
Z98.89	Other specified postprocedural states

DENTAL CLINICAL POLICY

Surgical treatment of the Temporomandibular Joint

DEFINITIONS:

Ankylosis of the temporomandibular joint (TMJ): fusion of the mandibular condyle to the temporal bone, resulting in severely restricted jaw mobility. Fusion may be fibrous, bony or a combination of both, and commonly arises from untreated infection, inflammation, prior surgery, or trauma

Arthralgia: pain originating from the joint itself.

Arthrocentesis: lavage of the joint space of the TMJ that does not involve direct visualization of the joint whose goal is to release the articular disc and remove adhesions between the disc surface and the mandibular fossa.

Arthroplasty of the temporomandibular joint (TMJ): an open surgery to repair or reconstruct the jaw joint. The procedure is performed through arthrotomy and encompasses a range of surgical procedures including discoplasty, discectomy, condylectomy, eminoplasty, removal of osetophytes or localized areas of subchondral bone and total joint replacement (TJR).

Arthroscopy: an endoscopic procedure that is both therapeutic and diagnostic in patients with TMD or patients with continued symptoms after arthrocentesis.

Articular disc disorder of the temporomandibular joint (TMJ): abnormal position and function for the articular disc relative to the mandibular condyle often involving anterior disc displacement and was previously referred to as internal derangement. AAMOS recommends the broader term of intra-articular pain and dysfunction which includes disc displacement, synovitis, chondromalacia, capsular impingement, fibrous adhesions, pseudo walls, stuck disc and osteoarthritis.

Crepitus: crunching, grinding, or grating noise that may be present because of degenerative changes in the TMJ.

Degenerative joint disease (DJD): arises from chronic deterioration of the articular tissues of the temporomandibular joint. Characteristics include osteophyte formation, cortical erosions, and subchondral cysts.

Discectomy: indicated in more advanced disease, such as disc perforation or degenerative disc changes not suitable for reconstruction.

Discoplasty: disc repositioning or reshaping. It is most appropriate when the articular disc is displaced but retains favorable morphology amenable to repair.

Endaural (lateral capsular pain): pain that is reproducible and localized to the TMJ, whether at rest, during jaw movement, or tenderness with palpation. It is indicative of intra-auricular TMJ pathology.

Extra-auricular (myogenous) TMJ disorder: affecting the surrounding masticatory muscles. Etiologies typically do not require imaging or surgical intervention for diagnosis and management.

DENTAL CLINICAL POLICY

Surgical treatment of the Temporomandibular Joint

Functional limitation: restricted ability to perform normal jaw functions, including mastication, jaw opening, and verbal or emotional expression, independent of pain intensity.

Hypermobility disorders: result in joint laxity and are often linked to connective tissue disorders. May result in episodes of jaw locking in an open position due to subluxation, which is typically self-reducible, or by dislocation which may require closed reduction.

Hypomobility disorders: includes articular disc disorders, adhesions, and ankylosis. May lead to limitation in jaw opening or mandibular movement and may present with closed locking.

Intra-auricular TMJ (arthrogenisis) disorder: involves only the temporomandibular joint. Etiologies are disc displacement, degenerative joint disease and subluxation.

Limited mouth opening: defined as less than 40mm or by the patient's own sense of restricted opening, according to the 2014 Diagnostic Criteria for Temporomandibular Disorders or less than 30 mm according to guidance from the America Academy of Family Physicians.

Total TMJ replacement: a distinct reconstructive procedure and is reserved for patients with end-stage joint disease, including severe inflammatory or degenerative arthritis, or recurrent fibrous or bony ankylosis refractory prior to treatment. TJR maybe considered only when disc pathology had progressed to irreversible joint destruction or when prior discdirected surgical interventions have failed and are associated with persistent pain or functional limitation.

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	07/26	07/26
Annual review		

References

1. American Dental Association. *CDT2026 Current Dental Procedures*. 2026.
2. Ananthan et al., Biomechanics and Derangements of the Temporomandibular Joint, Dent Clin North Amer 2023,76:243-57.
3. Bouloux et al., Management of Patients with Orofacial Pain and Temporomandibular Disorders, J Oral Maxillofac Surg 2025,83:1078.e1-.e83.
4. Bouloux et al., The Contemporary Management of Temporomandibular Joint Intra-Articular Pain and Dysfunction, J Oral Maxillofac Surg 2024,82: 23-31.
5. Henein and Ziccardi, Temporomandibular Disorders: Surgical Implications and Management, Dent Clin North Am 2023,67:349-65.
6. Mallya et al., Recommendations for Imaging of the Temporomandibular Joint. Position Statement from the American Academy of Oral and Maxillofacial Radiology and the American Academy of Orofacial Pain, J Oral Facial Pain Headache 2023,37:7-15.
7. Matheson et al., Temporomandibular Disorders: Rapid Evidence Review, Am Fam Physician 2023, 107:52-8.

8. Orbach et al., The Jaw Functional Limitation Scale, J Orofac Pain 2008,22:219-30.
9. Schiffman et al., Diagnostic Criteria for Temporomandibular Disorders (DC/TMD), J Oral Facial Pain Headache 2014,28:6-27.
10. Sidebottom, Current thinking in open temporomandibular joint surgery. Is this still indicated in the management of articular temporomandibular joint disorder?, Br J Oral Maxillofacial Surg 2024,62:324-8.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of dental practice; peer-reviewed dental/medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national dental and health professional organizations; views of dentists practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. Centene Dental makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of dental practice current at the time that this clinical policy was approved. "Centene Dental" means a dental plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Benefit Options, Inc, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to dental and medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Centene Dental administrative policies and procedures.

This clinical policy is effective as of the date determined by Centene Dental. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Centene Dental retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute dental or medical advice, dental treatment or dental care. It is not intended to dictate to providers how to practice dentistry. Providers are expected to exercise professional dental and medical judgment in providing the most appropriate care, and are solely responsible for the dental and medical advice and

treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating dentist in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom Centene Dental has no control or right of control. Providers are not agents or employees of Centene Dental.

This clinical policy is the property of Centene Dental. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at https://www.cms.gov for additional information.