

To:
Federally Qualified
Health Centers
Nurse
Practitioners
Physician
Assistants
Physician Clinics
Physicians
HMOs and Other
Managed Care
Programs

Temporomandibular Joint Evaluation Requirement Discontinued

Effective September 1, 2006, the multidisciplinary temporomandibular joint (TMJ) evaluation requirement was discontinued. As a result, surgeons are no longer required to submit an evaluation by a Department of Health and Family Services-approved multidisciplinary TMJ evaluation program as part of a prior authorization request for TMJ surgery.

Effective September 1, 2006, the multidisciplinary temporomandibular joint (TMJ) evaluation requirement was discontinued. As a result, surgeons are no longer required to submit an evaluation by a Department of Health and Family Services-approved multidisciplinary TMJ evaluation program as part of a prior authorization (PA) request for TMJ surgery. Providers are still required to include appropriate and current clinical physical and dental information about the recipient on the PA request to enable Wisconsin Medicaid to determine whether the surgery is medically necessary.

To be considered eligible for TMJ surgery, a recipient must have received appropriate nonsurgical treatment of sufficient duration that has not resolved or significantly improved the recipient's condition and ability to function. Prior

authorization requests for TMJ surgery may be approved only after other professionally accepted nonsurgical treatments have been provided and found to be unsuccessful. Professionally accepted nonsurgical treatments include, but are not limited to, the following:

- Short-term medication.
- Home therapy (e.g., soft diet).
- Splint therapy.
- Physical therapy, including provision of a home exercise program that includes prevention education, task-specific performance enhancement, and body mechanics/postural training.
- Relaxation or stress management techniques.
- Psychological evaluation or counseling.

The Attachment of this *Wisconsin Medicaid and BadgerCare Update* is a list of allowable TMJ-related procedure codes. Coverage of TMJ procedures has not changed.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care

organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

PHC 1250

ATTACHMENT

Allowable Temporomandibular Joint Surgery and Anesthesia Procedure Codes

The following is a list of Medicaid-allowable temporomandibular joint-related procedure codes.

| Service | Codes |
|---------------------|---|
| Surgery services | 20910, 20962, 21010, 21050, 21060, 21070, 21240, 21242, 21243, 29800, 29804 |
| Anesthesia services | 00190, 00192, 00470, 01250, 01320, 01470, 01610, 01710, 01810 |