

# Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome, DME 222

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.\*

## Description & Definitions:

Intra-oral appliances and splints are devices used to alleviate pain and other symptoms caused by temporomandibular joint (TMJ) syndrome.

## Criteria:

Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome are considered medically necessary with **1 of the following**:

- For an initial device individual has indications of **all of the following**:
  - Evidence of clinically significant masticatory impairment with documented pain and/or loss of function
  - Temporomandibular joint pain localized, continuous, and described as moderate to severe
  - Temporomandibular joint pain worse during jaw functions (e.g., chewing, talking)
- For an adjustment of an intra-oral appliance individual must have **all of the following**:
  - Initial appliance therapy was placed less than six (6) months before adjustment

There is insufficient scientific evidence to support the medical necessity of intra-oral appliances and splints for temporomandibular joint (TMJ) syndrome for uses other than those listed in the clinical indications for procedure section.

## Document History:

### Revised Dates:

- 2024: March
- 2019: November
- 2015: June, October
- 2014: June, October
- 2013: February, June
- 2012: July
- 2011: June, July
- 2010: July
- 2009: June
- 2008: May
- 2005: December
- 2004: October
- 2002: October
- 1998: May, October, November
- 1995: July

### Reviewed Dates:

- 2025: March – Implementation date of 6/1/2026. No changes references updated
- 2023: March
- 2022: April
- 2021: May
- 2020: May
- 2018: April
- 2016: April, June
- 2010: June
- 2007: December
- 2005: September
- 2003: October, November
- 2001: October
- 2000: October
- 1999: October
- 1996: March

### Effective Date:

- May 1995

## Coding:

### Medically necessary with criteria:

Coding	Description
21085	Impression and custom preparation; oral surgical splint
D7880	Occlusal Orthotic Device

### Considered Not Medically Necessary:

Coding	Description
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	None
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The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

**Special Notes: \***

- Coverage:
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products:
  - Policy is applicable to Sentara Health Plan Virginia Medicaid products.
- Authorization requirements:
  - Pre-certification by the Plan is required.
- Special Notes:
  - Medicaid
    - This medical policy express Sentara Health Plan’s determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
    - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
    - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to “correct or ameliorate” (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.
    - Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider within 60 days of the date of service requested.

**References:**

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2025). Retrieved 2 2025, from Hayes:  
<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Temporomandibular%2520Disorders%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%2522%2522%2522page%2522:0,%2522size%2522:50%2527D,%2522type%2522:%2522all%2522,%2522>

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AAOMS develops guidance for diagnosing, managing TMJ disorders and pain. (2024, 8). Retrieved 2 2025, from American Association of Oral and Maxillofacial Surgeons (AAOMS): <https://aaoms.org/publications/position-papers/clinical-papers/>

NCD: Durable Medical Equipment Reference List 280.1. (2023, 9). Retrieved 2 2025, from CMS - National Coverage Determination (NCD): <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=190&ncdver=3&bc=0>

Parameters and Guidelines for Treatment of TMD. (2025). Retrieved 2 2025, from American Society of Temporomandibular Joint Surgeons (ASTMJS): <https://astmjs.org/about/>

Provider Manuals- Dental (DentaQuest LLC). (2023, 6). Retrieved 2 2025, from DMAS: <https://vamedicaid.dmas.virginia.gov/sites/default/files/2024-03/va-smiles-for-children-orm-06-02-2023.pdf>

Temporomandibular disorders in adults. (2025, 1). Retrieved 2 2025, from UpToDate: [https://www.uptodate.com/contents/temporomandibular-disorders-in-adults?search=Treatment%20of%20Temporomandibular%20Joint%20Disorders&source=search\\_result&selectedTitle=1%7E97&usage\\_type=default&display\\_rank=1#H88680923](https://www.uptodate.com/contents/temporomandibular-disorders-in-adults?search=Treatment%20of%20Temporomandibular%20Joint%20Disorders&source=search_result&selectedTitle=1%7E97&usage_type=default&display_rank=1#H88680923)

### Keywords:

SHP Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome, SHP Durable Medical Equipment 222on-Surgical Treatment of Temporomandibular Joint (TMJ) Syndrome and Treatment of Temporomandibular Disorders (TMD), SHP Medical 29, internal derangement, osteoarthritis, jaw pain, jaw, jaw opening restriction, jaw functions, chewing, talking, SHP Intra-Oral Appliances and Splints, oral appliances, splints