



TEMPOROMANDIBULAR JOINT (TMJ) DISEASE

Corporate Medical Policy

File name: Temporomandibular Joint Disease

File code: UM.SURG.07

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Document Precedence

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract language, the member's contract language takes precedence.

Medical Policy

Description

Temporomandibular joint (TMJ) disorders refer to a group of disorders characterized by pain in the TMJ and surrounding tissues. Initial conservative therapy is generally recommended; there are also a variety of non-surgical and surgical treatment possibilities for patients whose symptoms persist.

Temporomandibular joint (TMJ) dysfunction may be the result of congenital and developmental anomalies; fractures and dislocations resulting from trauma, internal derangement, or ankylosis (stiffening or fixation of a joint); or arthritic and neoplastic diseases.

Symptoms attributed to TMJ dysfunction are varied and include but are not limited to clicking sounds in the jaw; headaches; closing or locking of the jaw due to muscle spasms (trismus) or displaced disc; pain in the ears, neck, arms, and spine; tinnitus; and bruxism (clenching or grinding of the teeth).

There are no generally accepted criteria for diagnosing TMJ disorders. It is often a diagnosis of exclusion and involves physical examination, patient interview, and dental record review. Diagnostic testing and radiologic imaging is generally only recommended for patients with severe and chronic symptoms.

For many patients, symptoms of TMJ dysfunction are short-term and self-limiting. Conservative treatments, such as eating soft foods, rest, heat, ice, anti-inflammatory

medication and avoiding extreme jaw movements, are recommended prior to consideration of more invasive and/or permanent therapies, such as surgery.

Policy

The following diagnostic procedures are considered **medically necessary** in the diagnosis of TMJ dysfunction:

- diagnostic X-ray, tomograms, and arthrograms;
- computed tomography (CT) scan or magnetic resonance imaging (MRI) (in general, CT scans and MRIs are reserved for pre-surgical evaluations and require prior authorization);
- cephalograms (X-rays of jaws and skull);
- pantograms (X-rays of maxilla and mandible).

Cephalograms and pantograms should be reviewed on an individual basis.

The following non-surgical treatments are considered **medically necessary** in the treatment of TMJ dysfunction:

- Intra-oral reversible prosthetic devices/appliances (encompassing fabrication, insertion, and adjustment);
- Pharmacological treatment (such as anti-inflammatory, muscle relaxing, and analgesic medications).

The following surgical treatments are considered **medically necessary** in the treatment of TMJ dysfunction:

- Arthrocentesis;
- Manipulation for reduction of fracture or dislocation of the TMJ;
- Arthroscopic surgery in patients with objectively demonstrated (by physical examination or imaging) internal derangements (displaced discs) or degenerative joint disease who have failed conservative treatment;
- Open surgical procedures including, but not limited to, arthroplasties; condylectomies; meniscus or disc plication and disc removal when TMJ dysfunction is the result of congenital anomalies, trauma, or disease in patients who have failed conservative treatment.

The following diagnostic procedures are considered **investigational** in the diagnosis of TMJ dysfunction:

- Electromyography (EMG), including surface EMG;
- Kinesiography/electrogathograph/jaw tracking;
- Thermography;
- Neuromuscular junction testing;
- Somatosensory testing;

- Cephalometric, Transcranial, or lateral skull X-rays;
- Intra-oral tracing or gothic arch tracing (intended to demonstrate deviations in the positioning of the jaws that are associated with TMJ dysfunction);
- Muscle testing;
- Standard dental radiographic procedures;
- Range of motion measurements;
- Computerized mandibular scan (this measures and records muscle activity related to movement and positioning of the mandible and is intended to detect deviations in occlusion and muscle spasms related to TMJ dysfunction).
- Ultrasound imaging/sonogram/ultrasonic Doppler auscultation
- Arthroscopy of the TMJ for purely diagnostic purposes

The following non-surgical treatments are considered **investigational** in the treatment of TMJ dysfunction, and benefits should be denied:

- Electrogalvanic stimulation;
- Iontophoresis;
- Biofeedback;
- Ultrasound;
- Devices promoted to maintain joint range of motion and to develop muscles involved in jaw function (e.g., Continuous passive motion (CPM) devices, passive rehabilitation therapy devices);
- Orthodontic services/bite adjustment services;
- Dental restorations/prostheses;
- Transcutaneous electrical nerve stimulation (TENS);
- Percutaneous electrical nerve stimulation (PENS);
- Physical therapy, including diathermy, infrared, and heat and cold treatment, and manipulation.
- Neuromuscular re-education;
- Acupuncture;
- Intra-articular injection of hyaluronic acid (viscosupplementation)

Administrative and Contractual Guidance

Benefit Determination Guidance

Prior approval may be required for some services outlined in this policy (please refer to Prior Approvals-Comprehensive list under the Provider tab at BCBSVT.com) and benefits are subject to all terms, limitations and conditions of the subscriber contract.

For New England Health Plan (NEHP) members an approved referral authorization is required.

Benefits for FEP members may vary. Please consult the FEP Service Plan Brochure.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through a self-funded (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's plan documents or contact the customer service department.

Billing and Coding/Physician Documentation Information

See Attachments I, II and III below for coding tables & instructions as applicable.

Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

Eligible Providers

Oral surgeons contracted by the Plan
Dentists (DMD or DDS)

Related Policies

Oral Appliances for Obstructive Sleep Apnea
Physical Therapy (PT)
Continuous Passive Motion (CPM)
Transcutaneous Electrical Nerve Stimulation (TENS)
Radiology
Dental Services

Policy Implementation/Update information

03/2005	Added new CPT and HCPCS codes.
07/2006	Additional benefits for TMJ in Chiropractic Services and PT, ST, OT Medical Policies.
02/2007	Updated HCPCS and CPT codes, minor wording changes. Reviewed by CAC 05/2007.
05/2008	Updated, new format. Reviewed by CAC 7/2008.
11/2009	Reviewed without changes.
11/2011	Updated and placed in new format. Minor wording changes to reflect current BCBSA policy language. Clarification of language regarding not medically necessary and experimental procedures. Coding table updated to reflect CPT and HCPCS code for non covered services.
02/2014	ICD-10 remediation, standard language added (audit information section, document precedence, billing/ coding section). RLJ.

Scientific Background and Reference Resources

References:

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2. Koh KJ, List T, Petersson A et al. Relationship between clinical and magnetic resonance imaging diagnoses and findings in degenerative and inflammatory temporomandibular joint diseases: a systematic literature review. *J Orofac Pain* 2009; 23(2):123-39.
3. Manfredini D, Guarda-Nardini L. Ultrasonography of the temporomandibular joint: a literature review. *Int J Oral Maxillofac Surg* 2009; 38(12):1229-36.
4. Klasser GD, Okeson JP. The clinical usefulness of surface electromyography in the diagnosis and treatment of temporomandibular disorders. *J Am Dent Assoc* 2006; 137(6):763-71.
5. List T, Axelsson S. Management of TMD: evidence from systematic reviews and meta-analyses. *J Oral Rehab* 2010; 37(6):430-51.
6. Jung A, Shin BC, Lee MS et al. Acupuncture for treating temporomandibular joint disorders: a systematic review and meta-analysis of randomized, sham-controlled trials. *J Dent* 2011; 39(5):341-50.
7. Friction J, Look JO, Wright E et al. Systematic review and meta-analysis of randomized controlled trials evaluating intraoral orthopedic appliances for temporomandibular disorders. *J Orofac Pain* 2010; 24(3):237-54.
8. Luther F, Layton S, McDonald F. Orthodontics for treating temporomandibular joint (TMJ) disorders. *Cochrane Database Syst Rev* 2010; (7):CD006541.
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10. Koh H, Robinson P. Occlusal adjustment for treating and preventing temporomandibular joint disorders. *Cochrane Database Syst Rev* 2003; (1):CD003812.
11. Al-Ani MZ, Davies SJ, Gray RJ et al. Stabilization splint therapy for temporomandibular pain dysfunction syndrome. *Cochrane Database Syst Rev* 2004; (1):CD0028778.
12. Schiffman EL, Look JO, Hodges JS et al. Randomized effectiveness study of four therapeutic strategies for TMJ closed lock. *J Dent Res* 2007; 86(1):58-63.
13. American Society of Temporomandibular Joint Surgeons. Guidelines for diagnosis and management of disorders involving the temporomandibular joint and related musculoskeletal structures. Available online at:
<http://astmjs.org/guidelines.html>
14. American Dental Association. Temporomandibular (Craniomandibular) Disorders. Practice Parameters. Revised 1997. Available online at:
<http://www.ada.org/1958.aspx>
15. Vermont Statute 4089(G)

Approved by BCBSVT Medical Directors

Date Approved

Spencer Borden MD
Chair, Medical Policy Committee

Robert Wheeler MD
Chief Medical Officer

Attachment I
CPT Code Table & Instructions

Code Type	Number	Brief Description	Policy Instructions
The following service codes will be considered as medically necessary when applicable criteria have been met.			
CPT	20550	Injection(s); single tendons sheath, or ligament, aponeurosis	
CPT	20551	Injection(s); single tendon origin/insertion	
CPT	20552	Injections; single or multiple trigger points, 1 or 2 muscle(s)	
CPT	20553	Injections; single or multiple trigger points, 3 or more muscles	
CPT	20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	
CPT	21010	Arthrotomy, temporomandibular joint	
CPT	21050	Condylectomy, temporomandibular joint	
CPT	21060	Meniscectomy, partial or complete, temporomandibular joint	

CPT	21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (i.e., general or monitored anesthesia care)	
CPT	21070	Coronoideectomy (separate procedure)	
CPT	21079	Interim obturator prosthesis	
CPT	21080	Definitive obturator prosthesis	
CPT	21081	Mandibular resection prosthesis	
CPT	21085	Oral surgical splint	
CPT	21116	Injection procedure for temporomandibular joint arthrography	
CPT	21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy without bone graft	
CPT	21198	Osteotomy, mandible, segmental	
CPT	21240-21243	Arthroplasty, temporomandibular joint code range	
CPT	21255	Reconstruction of zygomatic arch & glenoid fossa with bone & cartilage (includes obtaining autografts)	
CPT	21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	
CPT	21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	
CPT	21450	Closed treatment of mandibular fracture; without manipulation	
CPT	21451	Closed treatment of mandibular fracture; with manipulation	
CPT	21452	Percutaneous treatment of mandibular fracture; with external fixation	

CPT	21453	Closed treatment of mandibular fracture with interdental fixation	
CPT	21454	Open treatment of mandibular fracture with external fixation	
CPT	21461	Open treatment of mandibular fracture; without interdental fixation	
CPT	21462	Open treatment of mandibular fracture; with interdental fixation	
CPT	21465	Open treatment of mandibular condylar fracture	
CPT	21470	Open treatment of complicated mandibular fracture by multiple surgical approached including internal fixation, interdental fixation, &/or wiring of dentures or splints	
CPT	21480	Closed treatment of temporomandibular dislocation, initial or subsequent	
CPT	21485	Closed treatment of temporomandibular dislocation, initial or subsequent ; complicated (e.g. recurrent requiring intermaxillary fixation or splinting) initial or subsequent	
CPT	21490	Open treatment of temporomandibular dislocation	
CPT	21497	Interdental wiring for condition other than fracture	
CPT	29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	
CPT	29804	Arthroscopy, temporomandibular joint, surgical	

CPT	70100	Radiologic examination, mandible; partial, less than 4 views	
CPT	70110	Radiologic examination, mandible; complete, minimum of 4 views	
CPT	70328-70332	Radiologic exam of temporomandibular joint code range (including diagnostic X-rays, arthrograms)	
CPT	70336	Magnetic resonance (e.g., proton) imaging, temporomandibular joint(s)	Requires prior authorization
CPT	70350	Cephalogram, orthodontic	
CPT	70355	Orthopantogram	
CPT	70486	Computed tomography, maxillofacial area; without contrast material	Requires prior authorization
CPT	76100	Radiologic examination, single plane body section (e.g., tomography), other than with urography	
CDT	D0140	Limited oral evaluation - problem focused	
CDT	D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	
CDT	D0150	Comprehensive oral evaluation - new or established patient	
CDT	D0160	Detailed and extensive oral evaluation - problem focused, by report	
CDT	D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	
CDT	D0320	Temporomandibular joint arthrogram, including injection	
CDT	D0321	Other temporomandibular joint films, by report	
CDT	D0322	Tomographic survey	
CDT	D0330	Panoramic film	

CDT	D0340	Cephalometric film	
CDT	D5931- D5933, D5936	Obturator prostheses	
CDT	D5934	Mandibular resection prosthesis with guide flange	
CDT	D5982	Surgical stent	
CDT	D5988	Mandible, open reduction (teeth immobilized, if present)	
CDT	D7640	Mandible, closed reduction (teeth immobilized, if present)	
CDT	D7810 - D7880	Reduction of dislocation & management of other temporomandibular joint dysfunctions	
REV	490	General classification ambulatory surgical care	Only eligible for payment if submitted with covered CPT

The following codes will be denied as Not Medically Necessary, Non-Covered, Contract Exclusions or Investigational

CPT	21076	Impression & custom preparation; surgical obturator prosthesis-this code is considered inclusive & not separately payable from the charge for the prosthesis itself	Deny Non-Covered
CPT	21120	Genioplasty, augmentation	Deny Non-Covered
CPT	21121	sliding osteotomy, single piece	Deny Non-Covered
CPT	21122	sliding osteotomies, 2 or more osteotomies (e.g. wedge excision or bone wedge reversal for asymmetrical chin)	Deny Non-Covered
CPT	21123	sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	Deny Non-Covered
CPT	21125	Augmentation, mandibular body or angle; prosthetic material	Deny Non-Covered

CPT	21127	with bone graft, onlay or interpositional (includes obtaining autografts)	Deny Non-Covered
CPT	21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction	Deny Non-Covered
CPT	21142	2 pieces, segment movement in any direction without bone graft	Deny Non-Covered
CPT	21143	3 or more pieces, segment movement in any direction; without bone graft	Deny Non-Covered
CPT	21145	single piece, segment movement in any direction requiring bone grafts (includes obtaining autografts)	Deny Non-Covered
CPT	21146	2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	Deny Non-Covered
CPT	21147	3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	Deny Non-Covered
CPT	21150	Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins syndrome)	Deny Non-Covered
CPT	21151	Any direction, requiring bone grafts (includes obtaining autografts)	Deny Non-Covered
CPT	21154	Reconstruction midface, LeFort III (extracranial) any type, requiring bone grafts (includes obtaining autografts); without LeFort I	Deny Non-Covered
CPT	21155	with LeFort I	Deny Non-Covered
CPT	21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	Deny Non-Covered

CPT	21160	with LeFort I	Deny Non-Covered
CPT	21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining autograft)	Deny Non-Covered
CPT	21195	Reconstruction of mandibular rami and/ or body, sagittal split; without internal rigid fixation	Deny Non-Covered
CPT	21196	with internal rigid fixation	Deny Non-Covered
CPT	21199	Osteotomy, mandible, segmental; with genioglossus advancement	Deny Non-Covered
CPT	21206	Osteotomy, maxilla, segmental (e.g. Wassmund or Schuchard)	Deny Non-Covered
CPT	97010	Application of a modality to 1 or more areas; hot or cold packs	Deny Non-Covered -This is not a modality that requires constant attendance by the provider and is a certificate exclusion
CPT	97024	Application of a modality to one or more areas; diathermy (e.g., microwave)	Deny Non-Covered
CPT	97026	Application of a modality to one or more areas; infrared	Deny Non-Covered
CPT	97033	Application of a modality to one or more areas; iontophoresis, each 15 minutes	Deny Investigational
CPT	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength & endurance, range of motion and flexibility	Deny Non-Covered

CPT	97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, &/or proprioception for sitting &/or standing activities	Deny Non-Covered
CPT	97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	Deny Non-Covered
CPT	97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage &/or tapotement (stroking, compression, percussion)	Deny Non-Covered
CPT	97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	Deny Non-Covered
CPT	97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	Deny Non-Covered
CPT	97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	Deny Non-Covered
CPT	97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	Deny Non-Covered

CPT	97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	Deny Non-Covered
CDT	D0350	Oral/facial photographic images	Deny Not Medically Necessary Non-Covered
CDT	D5110-D5899	Removable Prosthodontics (Dentures, partials, adjustments etc.)	Deny Non-Covered
CDT	D6210-D6999	Prosthodontics, fixed	Deny Non-Covered
CDT	D7899	unspecified TMD therapy, by report	Deny Non-Covered
CDT	D7940	osteoplasty - for orthognathic deformities	Deny Non-Covered
CDT	D7941	osteotomy - mandibular rami	Deny Non-Covered
CDT	D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	Deny Non-Covered
CDT	D7944	osteotomy - segmented or subapical	Deny Non-Covered
CDT	D7945	osteotomy - body of mandible	Deny Non-Covered
CDT	D7946	LeFort I (maxilla - total)	Deny Non-Covered
CDT	D7947	LeFort I (maxilla - segmented)	Deny Non-Covered
CDT	D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft	Deny Non-Covered
CDT	D7949	LeFort II or LeFort III - with bone graft	Deny Non-Covered
CDT	D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	Deny Non-Covered
CDT	D7951	sinus augmentation with bone or bone substitutes	Deny Non-Covered

CDT	D7953	bone replacement graft for ridge preservation - per site	Deny Non-Covered
CDT	D7955	repair of maxillofacial soft &/or hard tissue defect	Deny Non-Covered
CDT	D9940	occlusal guard, by report	Deny Non-Covered
CDT	D9951	occlusal adjustment - limited	Deny Non-Covered
CDT	D9952	occlusal adjustment - complete	Deny Non-Covered
HCPCS	E0720	Transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation	Deny Non-Covered
HCPCS	E0730	Transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation	Deny Non-Covered
HCPCS	E0745	Neuromuscular stimulator, electronic shock unit	Deny Non-Covered
HCPCS	E0746	Electromyography (emg), biofeedback device	Deny Non-Covered
HCPCS	J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose	Deny Non-Covered
HCPCS	J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	Deny Non-Covered
HCPCS	J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	Deny Non-Covered
HCPCS	J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	Deny Non-Covered
Type of Service	Medical, Surgical, Dental, Durable Medical Equipment, Pharmacy		
Place of Service	Outpatient, Office		

Attachment II
ICD-9 Code Table & Instructions

Code Type	Number	Description	Policy Instructions
The following diagnoses will be considered as medically necessary when applicable criteria have been met.			
ICD-9	524.60	Temporomandibular joint disorders, unspecified	
ICD-9	524.62	Arthralgia of temporomandibular joint	
ICD-9	524.69	Other specified temporomandibular joint disorders	
ICD-9	802.20	Unspecified site of mandible, closed fracture	
ICD-9	802.21	Condylar process of mandible, closed fracture	
ICD-9	802.22	Subcondylar process of mandible closed fracture	
ICD-9	802.23	Coronoid process of mandible closed fracture	
ICD-9	802.24	Ramus of mandible closed fracture of unspecified part	
ICD-9	802.25	Angle of jaw closed fracture	
ICD-9	802.26	Symphysis of body of mandible closed fracture	
ICD-9	802.27	Alveolar border of body of mandible closed fracture	
ICD-9	802.28	Part of body of mandible closed fracture of other and unspecified	
ICD-9	802.29	Multiple sites of mandible closed fracture	
ICD-9	802.30	Unspecified site of mandible open fracture	
ICD-9	802.31	Condylar process of mandible open fracture	
ICD-9	802.32	Subcondylar process of mandible open fracture	
ICD-9	802.33	Coronoid process of mandible open fracture	

ICD-9	802.34	Ramus of mandible of unspecified part open fracture	
ICD-9	802.35	Angle of jaw open fracture	
ICD-9	802.36	Symphysis of body of mandible open fracture	
ICD-9	802.37	Alveolar border of body of mandible open fracture	
ICD-9	802.38	Body of mandible of other and unspecified part, open fracture	
ICD-9	802.39	Multiple sites of mandible open fracture	
ICD-9	802.4	Malar and maxillary bones, closed fracture	
ICD-9	802.5	Malar and maxillary bones, open fracture	
ICD-9	830.0	Closed dislocation of jaw	
ICD-9	830.1	Open dislocation of jaw	
ICD-9	996.77	Other complications due to internal joint prosthesis	
ICD-9	996.78	Other complications due to other internal orthopedic device, implant, and graft	

Attachment III
ICD-10 Code Table & Instructions (effective: 10/1/2014)

Code Type	Number	Description	Policy Instructions
The following diagnoses will be considered as medically necessary when applicable criteria have been met.			
ICD-10	M26.60	Temporomandibular joint disorder, unspecified	
ICD-10	M26.69	Other specified disorders of temporomandibular joint	
ICD-10	M26.62	Arthralgia of temporomandibular joint	
ICD-10	S02.609A	Fracture of mandible, unspecified, initial encounter for closed fracture	

ICD-10	S02.69xA	Fracture of mandible of other specified site, initial encounter for closed fracture	
ICD-10	S02.61xA	Fracture of condylar process of mandible, initial encounter for closed fracture	
ICD-10	S02.62xA	Fracture of subcondylar process of mandible, initial encounter for closed fracture	
ICD-10	S02.63xA	Fracture of coronoid process of mandible, initial encounter for closed fracture	
ICD-10	S02.64xA	Fracture of ramus of mandible, initial encounter for closed fracture	
ICD-10	S02.65xA	Fracture of angle of mandible, initial encounter for closed fracture	
ICD-10	S02.66xA	Fracture of symphysis of mandible, initial encounter for closed fracture	
ICD-10	S02.67xA	Fracture of alveolus of mandible, initial encounter for closed fracture	
ICD-10	S02.600A	Fracture of unspecified part of body of mandible, initial encounter for closed fracture	
ICD-10	S02.609B	Fracture of mandible, unspecified, initial encounter for open fracture	
ICD-10	S02.69xB	Fracture of mandible of other specified site, initial encounter for open fracture	
ICD-10	S02.61xB	Fracture of condylar process of mandible, initial encounter for open fracture	
ICD-10	S02.62xB	Fracture of subcondylar process of mandible, initial encounter for open fracture	
ICD-10	S02.63xB	Fracture of coronoid process of mandible, initial encounter for open fracture	

ICD-10	S02.64xB	Fracture of ramus of mandible, initial encounter for open fracture	
ICD-10	S02.65xB	Fracture of angle of mandible, initial encounter for open fracture	
ICD-10	S02.66xB	Fracture of symphysis of mandible, initial encounter for open fracture	
ICD-10	S02.67xB	Fracture of alveolus of mandible, initial encounter for open fracture	
ICD-10	S02.600B	Fracture of unspecified part of body of mandible, initial encounter for open fracture	
ICD-10	S02.400A	Malar fracture unspecified, initial encounter for closed fracture	
ICD-10	S02.401A	Maxillary fracture, unspecified, initial encounter for closed fracture	
ICD-10	S02.402A	Zygomatic fracture, unspecified, initial encounter for closed fracture	
ICD-10	S02.411A	LeFort I fracture, initial encounter for closed fracture	
ICD-10	S02.412A	LeFort II fracture, initial encounter for closed fracture	
ICD-10	S02.413A	LeFort III fracture, initial encounter for closed fracture	
ICD-10	S02.400B	Malar fracture unspecified, initial encounter for open fracture	
ICD-10	S02.401B	Maxillary fracture, unspecified, initial encounter for open fracture	
ICD-10	S02.402B	Zygomatic fracture, unspecified, initial encounter for open fracture	
ICD-10	S02.411B	LeFort I fracture, initial encounter for open fracture	
ICD-10	S02.412B	LeFort II fracture, initial encounter for open fracture	
ICD-10	S02.413B	LeFort III fracture, initial encounter for open fracture	
ICD-10	S03.0xxA	Dislocation of jaw, initial encounter	

ICD-10	S01.409A	Unspecified open wound of unspecified cheek and temporomandibular area, initial encounter	
ICD-10	T84.82xA	Fibrosis due to internal orthopedic prosthetic devices, implants and grafts, initial encounter	
ICD-10	T84.84xA	Pain due to internal orthopedic prosthetic devices, implants and grafts, initial encounter	
ICD-10	T84.86xA	Thrombosis due to internal orthopedic prosthetic devices, implants & grafts, initial encounter	
ICD-10	T84.89xA	Other specified complication of internal orthopedic prosthetic devices, implants & grafts, initial encounter	
ICD-10	Y79.3	Surgical instruments, materials & orthopedic devices (including sutures) associated with adverse incidents	