

## MEDICAL POLICY – 2.01.21


## Temporomandibular Joint Disorder

BCBSA Ref. Policy: 2.01.21\*, 5.01.05

Effective Date:	May 1, 2018	RELATED MEDICAL POLICIES:	
Last Revised:	April 3, 2018	2.01.31	Intra-Articular Hyaluronan Injections for Osteoarthritis
Replaces:	N/A	9.02.501	Orthognathic Surgery

Select a hyperlink below to be directed to that section.

[POLICY CRITERIA](#) | [DOCUMENTATION REQUIREMENTS](#) | [CODING](#)  
[RELATED INFORMATION](#) | [EVIDENCE REVIEW](#) | [REFERENCES](#) | [HISTORY](#)

 Clicking this icon returns you to the hyperlinks menu above.

## Introduction

The temporomandibular joint (TMJ) is the joint where the jawbone connects to the skull. There is one joint on each side of the jaw. The areas of the bones forming the joint are covered with cartilage and separated by a small disk. This disk helps keep joint movement smooth. Sometimes the disc erodes or moves out of its proper position. Arthritis may develop in the joint and damage the cartilage, or an injury can damage the joint. Regardless of the cause, TMJ disorders (TMJD) can result in pain and affect the function of the joint and the muscles that control jaw movement. TMJDs may go away without treatment, or pain relievers can be used to alleviate symptoms. This policy describes the services that the health plan covers (considers medically necessary) to diagnose and treat TMJ symptoms and disorders. On some plans, services to treat TMJ problems are limited to a specific benefit which may have a dollar limit.

**Note:** The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Treatment	Medical Necessity
<b>Diagnostic procedures</b>	<p><b>The following diagnostic procedures may be considered medically necessary in the diagnosis of temporomandibular joint (TMJ) disorder:</b></p> <ul style="list-style-type: none"> <li>• Diagnostic x-ray, tomograms, and arthrograms</li> <li>• Computed tomography (CT) scan or magnetic resonance imaging (MRI) (in general, CT scans and MRIs are reserved for presurgical evaluations)</li> <li>• Cephalograms (x-rays of jaws and skull)</li> <li>• Pantograms (x-rays of maxilla and mandible)</li> </ul> <p><b>Note:</b> Cephalograms and pantograms should be reviewed on an individual basis.</p>
<b>Surgical treatments</b>	<p><b>The following surgical treatments may be considered medically necessary in the treatment of TMJ disorder:</b></p> <ul style="list-style-type: none"> <li>• Arthrocentesis</li> <li>• Manipulation for reduction of fracture or dislocation of the TMJ</li> <li>• 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</li> <li>• Open surgical procedures (when TMJ disorder results from congenital anomalies, trauma, or disease in patients who have failed conservative treatment) including, but not limited to: <ul style="list-style-type: none"> <li>○ Arthroplasties</li> <li>○ Condylectomies</li> <li>○ Meniscus or disc plication</li> <li>○ Disc removal</li> </ul> </li> </ul>
<b>Nonsurgical treatments</b>	<p><b>The following nonsurgical treatments may be considered medically necessary in the treatment of TMJ disorder:</b></p> <ul style="list-style-type: none"> <li>• Intraoral removable prosthetic devices/appliances (encompassing fabrication, insertion, adjustment)</li> <li>• Pharmacologic treatment (eg, anti-inflammatory, muscle relaxing, analgesic medications)</li> </ul>



Treatment	Investigational
<p><b>Diagnostic procedures</b></p>	<p><b>The following diagnostic procedures are considered investigational in the diagnosis of TMJ disorder:</b></p> <ul style="list-style-type: none"> <li>• Arthroscopy of the TMJ for purely diagnostic purposes</li> <li>• 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 TMJD)</li> <li>• Electromyography (EMG), including surface EMG</li> <li>• Joint vibration analysis</li> <li>• Kinesiography</li> <li>• Muscle testing</li> <li>• Neuromuscular junction testing</li> <li>• Range-of-motion measurements</li> <li>• Somatosensory testing</li> <li>• Standard dental radiographic procedures</li> <li>• Thermography</li> <li>• Transcranial or lateral skull x-rays; intraoral tracing or gnathic arch tracing (intended to demonstrate deviations in the positioning of the jaws that are associated with TMJD)</li> <li>• Ultrasound imaging/sonogram</li> </ul>
<p><b>Nonsurgical treatments</b></p>	<p><b>The following nonsurgical treatments are considered investigational in the treatment of TMJ disorder:</b></p> <ul style="list-style-type: none"> <li>• Biofeedback</li> <li>• Botulinum toxin</li> <li>• Dental restorations/prostheses</li> <li>• Devices promoted to maintain joint range of motion and to develop muscles involved in jaw function</li> <li>• Electrogalvanic stimulation</li> <li>• Hyaluronic acid</li> <li>• Iontophoresis</li> <li>• Orthodontic services</li> <li>• Percutaneous electrical nerve stimulation (PENS)</li> <li>• Transcutaneous electrical nerve stimulation (TENS)</li> <li>• Ultrasound</li> </ul>



## Documentation Requirements

Submit chart notes including type of appliance and history of re-occurring TMJ disorder.

## Coding

Code	Description
<b>CPT</b>	
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)
21010	Arthrotomy, temporomandibular joint
21050	Condylectomy, temporomandibular joint
21060	Meniscectomy, partial/complete, temporomandibular joint (separate procedure)
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)
21085	Impression and custom preparation; oral surgical splint
21089	Unlisted maxillofacial prosthetic procedure
21116	Injection procedure for temporomandibular joint arthrography
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	Arthroplasty, temporomandibular joint, with allograft
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21480	Closed treatment of temporomandibular dislocation; initial or subsequent
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21490	Open treatment of temporomandibular dislocation
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	Arthroscopy, temporomandibular joint, surgical
70328	Radiologic exam, temporomandibular joint, open and closed mouth; unilateral
70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral



Code	Description
70332	Temporomandibular joint arthrography, radiological supervision and interpretation
70350	Cephalogram, orthodontic
70355	Orthopantomogram (eg, panoramic x-ray)
HCPCS	
J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose
S3900	Surface electromyography (EMG)
CDT	
D7880	Occlusal orthotic device
D7881	Occlusal orthotic device adjustment
D7899	Unspecified TMD therapy, by report
D7999	Unspecified oral surgery procedure
D9940	Occlusal guard

**Note:** CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS). CDT codes, descriptions and materials are copyrighted by the American Dental Association (ADA).

## Related Information

N/A

## Evidence Review



## Description

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

## Background

Temporomandibular joint disorder (TMJD; also known as temporomandibular joint syndrome) refers to a cluster of problems associated with the temporomandibular joint (TMJ) and musculoskeletal structures. The etiology of TMJD remains unclear and is believed to be multifactorial. TMJD are often divided into two main categories: articular disorders (eg, ankylosis, congenital or developmental disorders, disc derangement disorders, fractures, inflammatory disorders, osteoarthritis, joint dislocation) and masticatory muscle disorders (eg, myofascial pain, myofibrotic contracture, myospasm, neoplasia).

## *Diagnosis*

In the clinical setting, TMJD is often a diagnosis of exclusion and involves physical examination, patient interview, and review of dental records. Diagnostic testing and radiologic imaging is generally only recommended for patients with severe and chronic symptoms. Diagnostic criteria for TMJD have been developed and validated for use in both clinical and research settings.<sup>1-3</sup>

Symptoms attributed to TMJD 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).

## *Treatment*

For many patients, symptoms of TMJD are short-term and self-limiting. Conservative treatments, such as eating soft foods, rest, heat, ice, and avoiding extreme jaw movements, and anti-inflammatory medication, are recommended before consideration of more invasive and/or permanent therapies, such as surgery.



The most recent literature review was through December 20, 2016. Recent literature searches have concentrated on identifying systematic reviews and meta-analyses. For treatment of temporomandibular joint disorders (TMJD), the focus has been on studies that compared novel treatments with conservative interventions and/or placebo controls (rather than no-treatment control groups) and that reported pain reduction and/or functional outcomes (eg, jaw movement).

### ***Botulinum Toxin***

A 2015 systematic review by Chen et al evaluated the literature on botulinum toxin (Botox) for treatment of temporomandibular joint disorders.<sup>36</sup> Eligibility included RCTs comparing any dose or type of botulinum toxin with any alternative intervention or placebo. Five RCTs met the inclusion criteria; three were parallel group studies, and two were crossover studies. Study sizes tended to be small; all but 1 study included 30 or less participants. Three of the 5 studies were judged to be at high risk of bias. All studies administered a single injection of botulinum toxin and followed patients up at least 1 month later. Four studies used a placebo (normal saline) control group and the fifth used botulinum toxin to fascial manipulation. The primary outcome was a validated pain scale. Data were not pooled due to heterogeneity among trials. In a qualitative review of the studies, only 2 of the 5 trials found a significant short-term (1-to-2 months) benefit of botulinum toxin compared with control on pain reduction.

### **Summary of Evidence**

For individuals who have suspected temporomandibular joint disorder (TMJD) who receive ultrasound, surface electromyography, or joint vibration analysis, the evidence includes systematic reviews of diagnostic test studies. Relevant outcomes are test accuracy, test validity, and other performance measures. None of the systematic reviews found that these diagnostic techniques accurately identify patients with TMJD and many of the included studies had methodologic limitations. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have a confirmed diagnosis of TMJD who receive intraoral devices or appliances or pharmacologic treatment, the evidence includes randomized controlled trials (RCTs) and systematic reviews of the RCTs. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. A systematic review of intraoral appliances (44 studies) and meta-analyses of subsets of these studies found a significant benefit



of intraoral appliances compared with control interventions. Other systematic reviews found a significant benefit of several pharmacologic treatments (eg, analgesics, muscle relaxants, and anti-inflammatory medications [vs placebo]). The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals who have a confirmed diagnosis of TMJD who receive acupuncture, biofeedback, transcutaneous electrical nerve stimulation, orthodontic services, or hyaluronic acid, the evidence includes RCTs, systematic reviews of these RCTs, and observational studies. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. The systematic reviews did not find that these technologies reduced pain or improved functional outcomes significantly more than control treatments. Moreover, many individual studies were small and/or had methodologic limitations. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have a confirmed diagnosis of TMJD, who receive arthrocentesis or arthroscopy, the evidence includes RCTs and systematic reviews of the RCTs. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. Only 1 review, which included 3 RCTs, compared arthrocentesis or arthroscopy with nonsurgical interventions for TMJD. Pooled analyses of the RCTs found that arthrocentesis and arthroscopy resulted in superior pain reduction than control interventions. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

A systematic review of RCTs found insufficient evidence that botulinum toxin improves the net health outcome in patients with temporomandibular joint disorders. Studies tended to be small, have a high risk of bias, and only 2 of 5 RCTs found that botulinum toxin reduced pain more than a comparator.

## Ongoing and Unpublished Clinical Trials

Some currently unpublished trials that might influence this review are listed in [Table 1](#).





**Table 1. Summary of Key Trials**

<b>NCT No.</b>	<b>Trial Name</b>	<b>Planned Enrollment</b>	<b>Completion Date</b>
<b>Ongoing</b>			
<a href="#">NCT02637544</a>	Treatment Efficacy of Acupuncture in Non-Chronified Pain Patients with TMDs	40	Aug 2016 (ongoing)
<a href="#">NCT02880774</a>	Influence of Manual Therapy in Temporomandibular Joint on the Mandibular Movement: Clinical Trial, Randomized, Placebo-controlled and Blind	24	Aug 2016 (ongoing)
<a href="#">NCT02822469</a>	Thermograph Evaluation of Masticatory Muscles Pre and Post Indirect Physiotherapeutic Treatment in TMD Subjects: A Randomized, Placebo-controlled Study	32	Dec 2016 (ongoing)
<a href="#">NCT02839967</a>	Influence of Intraoral Phototherapy on Pain, Joint Mobility, Functionality and Quality of Life in Individuals With Temporomandibular Joint Dysfunction	20	Jun 2017 (ongoing)
<a href="#">NCT02908568</a>	Effect of Stimulation of the Proprioceptive Trigemino-cardiac Reflex through Medical Device for the Pain of Patients with Temporomandibular Disorders	36	Aug 2017 (ongoing)
<a href="#">NCT02437383</a>	Effect of COMT (Catecholamine-O-methyltransferase) Genetic Polymorphisms on Response to Propranolol Therapy in Temporomandibular Disorder	200	Mar 2018
<a href="#">NCT02144233</a>	Restoring Masticatory Function as Treatment for Chronic Pain: a Randomized Placebo-controlled Trial	110	Nov 2018
<a href="#">NCT03180671</a>	The Effectiveness of Anterior Deprogrammers as a Tool for Reducing Pain and Masticatory Muscles	80	May 2019
<a href="#">NCT03029494</a>	The Role of Oxidative Stress and Opio[r]phin in Temporomandibular Disorders	80	Sep 2019
<b>Unpublished</b>			
<a href="#">NCT02397070</a>	Effectiveness of a Jaw Exercise Program in Temporomandibular Disorder Patients	30	Jul 2015 (unknown)
<a href="#">NCT02602483<sup>a</sup></a>	Randomized, Double Blind, Placebo Controlled Exploratory Study To Assess the Efficacy and Safety of a Triple Combination of Ibuprofen+Mg+Ascorbic Acid for Acute Pain Treatment in Temporomandibular Joint Disorder (TMJD) Patients	96	Dec 2016 (completed)

NCT: national clinical trial.

<sup>a</sup> Denotes industry-sponsored or cosponsored trial.



## Practice Guidelines and Position Statements

### *American Association for Dental Research*

A 2010 policy statement, reaffirmed in 2015, by the American Association for Dental Research recommended the following for the diagnosis and treatment of temporomandibular joint disorders (TMJDs)<sup>33</sup>:

It is recommended that the differential diagnosis of TMDs [temporomandibular disorders] or related orofacial pain conditions should be based primarily on information obtained from the patient's history, clinical examination, and when indicated, TMJ [temporomandibular joint] radiology or other imaging procedures. The choice of adjunctive diagnostic procedures should be based upon published, peer-reviewed data showing diagnostic efficacy and safety. However, the consensus of recent scientific literature about currently available technological diagnostic devices for TMDs is that except for various imaging modalities, none of them shows the sensitivity and specificity required to separate normal subjects from TMD patients or to distinguish among TMD subgroups...

It is strongly recommended that, unless there are specific and justifiable indications to the contrary, treatment of TMD patients initially should be based on the use of conservative, reversible and evidence-based therapeutic modalities. Studies of the natural history of many TMDs suggest that they tend to improve or resolve over time. While no specific therapies have been proven to be uniformly effective, many of the conservative modalities have proven to be at least as effective in providing symptomatic relief as most forms of invasive treatment...

### *American Society of Temporomandibular Joint Surgeons*

Consensus clinical guidelines, published in 2001, by the American Society of Temporomandibular Joint Surgeons focused on TMJDs associated with internal derangement and osteoarthritis.<sup>34</sup> For diagnosis of this type of TMJD, a detailed history and, when indicated, a general physical examination was recommended. Imaging of the TMJ and associated structures is also recommended. Options for basic radiography to provide information on temporal bone and condylar morphology include use of plain films, panoramic films, and tomograms. Also recommended was imaging of the disc and associated soft tissue with magnetic resonance imaging (MRI) or arthrography. Other diagnostic procedures indicated included computed tomography, MRI, arthrography (for selected cases) and isotope bone scans.



Nonsurgical treatment was recommended as first-line therapy for all symptomatic patients with this condition. Recommended treatment options include change in diet, nonsteroidal anti-inflammatory drugs, maxillomandibular appliances, physical therapy, injections of corticosteroids or botulinum toxin, and behavior modification. If adequate symptom relief does not occur within 2 to 3 weeks, surgical consultation is advised. The guideline stated that the following surgical procedures are considered accepted and effective for patients with TMJDs associated with internal derangement or osteoarthritis:

- Arthrocentesis
- Arthroscopy
- Condylotomy
- Arthrotomy (prosthetic joint replacement may be indicated in selected patients who have severe joint degeneration, destruction, or ankylosis)
- Coronoidotomy/coronoidectomy
- Styloidectomy

### ***American Dental Association***

Selected statements from the American Dental Association's practice parameters for TMJDs, last revised in 1997, included<sup>35</sup>:

- Initially the dentist should select the least invasive and most reversible therapy that may ameliorate the patient's pain and/or functional impairment.
- Any treatment performed should be with the concurrence of the patient and the dentist...
- The dentist should evaluate the effectiveness of initial therapy prior to considering more invasive and/or irreversible therapy.
- The dentist should counsel the patient that TM disorders are often managed, rather than resolved, and that symptoms of TM disorders may persist, change, or recur intermittently.
- The patient should be informed that the success of treatment is often dependent upon patient compliance with prescribed treatment and recommendations for behavioral modifications. Lack of compliance should be recorded.



- When articular derangement and/or condylar dislocation has been determined to be the etiology of the patient's pain and/or functional impairment, manual manipulation of the mandible may be performed by the dentist.
- Oral orthotics (guards/splints) may be used by the dentist to enhance diagnosis, facilitate treatment or reduce symptoms.
- Before restorative and/or occlusal therapy is performed, the dentist should attempt to reduce, through the use of reversible modalities, the neuromuscular, myofascial and temporomandibular joint symptoms.
- The dentist may replace teeth; alter tooth morphology and/or position by modifying occluding, articulating, adjacent or approximating surfaces, and by placing or replacing restorations (prostheses) to facilitate treatment.
- Transitional or provisional restorations (prostheses) may be utilized by the dentist to facilitate treatment.
- Intracapsular and/or intramuscular injection, and/or arthrocentesis may be performed for diagnostic and/or therapeutic purposes.
- Orthodontic therapy may be utilized to facilitate treatment.
- Orthognathic surgery may be performed to facilitate treatment.
- When internal derangement or pathosis has been determined to be the cause of the patient's pain and/or functional impairment, arthroscopic or open resective or reconstructive surgical procedures may be performed by the dentist.

## Medicare National Coverage

There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

## Regulatory Status

Since 1981, several muscle-monitoring devices have been cleared for marketing by the U.S. Food and Drug Administration (FDA) through the 510(k) process. Some examples include:



- The BioEMG III™ (Bio-Research Associates)
- The GrindCare Measure (Medotech A/S)
- The K6-I Diagnostic System (Myotronics)
- M-Scan™ (Bio-Research Associates)

These devices aid clinicians in the analysis of joint sound, vibrations, and muscle contractions when diagnosing and evaluating TMJD.

FDA Product Code: KZM.

## References

1. Schiffman E, Ohrbach R, Truelove E, et al. Diagnostic criteria for temporomandibular disorders (DC/TMD) for clinical and research applications: recommendations of the International RDC/TMD Consortium Network\* and Orofacial Pain Special Interest Groupdagger. *J Oral Facial Pain Headache*. Winter 2014;28(1):6-27. PMID 24482784
2. Ohrbach R, Turner JA, Sherman JJ, et al. The research diagnostic criteria for temporomandibular disorders. IV: evaluation of psychometric properties of the Axis II measures. *J Orofac Pain*. Winter 2010;24(1):48-62. PMID 20213031
3. Schiffman E, Ohrbach R. Executive summary of the Diagnostic Criteria for Temporomandibular Disorders for clinical and research applications. *J Am Dent Assoc*. Jun 2016;147(6):438-445. PMID 26922248
4. Manfredini D, Guarda-Nardini L. Ultrasonography of the temporomandibular joint: a literature review. *Int J Oral Maxillofac Surg*. Dec 2009;38(12):1229-1236. PMID 19700262
5. Klasser GD, Okeson JP. The clinical usefulness of surface electromyography in the diagnosis and treatment of temporomandibular disorders. *J Am Dent Assoc*. Jun 2006;137(6):763-771. PMID 16803805
6. Sharma S, Crow HC, McCall WD, Jr., et al. Systematic review of reliability and diagnostic validity of joint vibration analysis for diagnosis of temporomandibular disorders. *J Orofac Pain*. Winter 2013;27(1):51-60. PMID 23424720
7. List T, Axelsson S. Management of TMD: evidence from systematic reviews and meta-analyses. *J Oral Rehabil*. May 2010;37(6):430-451. PMID 20438615
8. Randhawa K, Bohay R, Cote P, et al. The effectiveness of noninvasive interventions for temporomandibular disorders: a systematic review by the Ontario Protocol for Traffic Injury Management (OPTIMA) Collaboration. *Clin J Pain*. Mar 2016;32(3):260-278. PMID 25924094
9. 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*. Summer 2010;24(3):237-254. PMID 20664825
10. Ivorra-Carbonell L, Montiel-Company JM, Almerich-Silla JM, et al. Impact of functional mandibular advancement appliances on the temporomandibular joint - a systematic review. *Med Oral Patol Oral Cir Bucal*. Sep 1 2016;21(5):e565-572. PMID 27475694
11. Ebrahim S, Montoya L, Busse JW, et al. The effectiveness of splint therapy in patients with temporomandibular disorders: a systematic review and meta-analysis. *J Am Dent Assoc*. Aug 2012;143(8):847-857. PMID 22855899



12. Zhang C, Wu JY, Deng DL, et al. Efficacy of splint therapy for the management of temporomandibular disorders: a meta-analysis. *Oncotarget*. Dec 20 2016;7(51):84043-84053. PMID 27823980
13. Al-Ani MZ, Davies SJ, Gray RJ, et al. Stabilisation splint therapy for temporomandibular pain dysfunction syndrome. *Cochrane Database Syst Rev*. Feb 2004(1):CD002778. PMID 14973990
14. Al-Ani MZ, Davies SJ, Gray RJ, et al. WITHDRAWN: Stabilisation splint therapy for temporomandibular pain dysfunction syndrome. *Cochrane Database Syst Rev*. Jan 04 2016(1):CD002778. PMID 26727210
15. Häggman-Henrikson B, Alstergren P, Davidson T, et al. Pharmacological treatment of oro-facial pain - health technology assessment including a systematic review with network meta-analysis. *J Oral Rehabil*. Oct 2017;44(10):800-826. PMID 28884860
16. 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*. May 2011;39(5):341-350. PMID 21354460
17. Luther F, Layton S, McDonald F. Orthodontics for treating temporomandibular joint (TMJ) disorders. *Cochrane Database Syst Rev*. Jul 7 2010(7):CD006541. PMID 20614447
18. Luther F, Layton S, McDonald F. WITHDRAWN: Orthodontics for treating temporomandibular joint (TMJ) disorders. *Cochrane Database Syst Rev*. Jan 07 2016(1):CD006541. PMID 26741357
19. Manfredini D, Piccotti F, Guarda-Nardini L. Hyaluronic acid in the treatment of TMJ disorders: a systematic review of the literature. *Cranio*. Jul 2010;28(3):166-176. PMID 20806734
20. Machado E, Bonotto D, Cunali PA. Intra-articular injections with corticosteroids and sodium hyaluronate for treating temporomandibular joint disorders: a systematic review. *Dental Press J Orthod*. Sep-Oct 2013;18(5):128-133. PMID 24352399
21. Shi Z, Guo C, Awad M. Hyaluronate for temporomandibular joint disorders. *Cochrane Database Syst Rev*. Jan 2003(1):CD002970. PMID 12535445
22. Goiato MC, da Silva EV, de Medeiros RA, et al. Are intra-articular injections of hyaluronic acid effective for the treatment of temporomandibular disorders? A systematic review. *Int J Oral Maxillofac Surg*. Dec 2016;45(12):1531-1537. PMID 27374020
23. Shi Z, Guo C, Awad M. WITHDRAWN: Hyaluronate for temporomandibular joint disorders. *Cochrane Database Syst Rev*. Oct 8 2013(10):CD002970. PMID 24105378
24. Liu Y, Wu J, Fei W, et al. There a difference in intra-articular injections of corticosteroids, hyaluronate, or placebo for temporomandibular osteoarthritis? *J Oral Maxillofac Surg*. Nov 8 2017. PMID 29182905
25. Gorrela H, Prameela J, Srinivas G, et al. Efficacy of temporomandibular joint arthrocentesis with sodium hyaluronate in the management of temporomandibular joint disorders: a prospective randomized control trial. *J Maxillofac Oral Surg*. Dec 2017;16(4):479-484. PMID 29038631
26. Manfredini D, Rancitelli D, Ferronato G, et al. Arthrocentesis with or without additional drugs in temporomandibular joint inflammatory-degenerative disease: comparison of six treatment protocols. *J Oral Rehabil*. Apr 2012;39(4):245-251. PMID 21999138
27. Bjornland T, Gjaerum AA, Moystad A. Osteoarthritis of the temporomandibular joint: an evaluation of the effects and complications of corticosteroid injection compared with injection with sodium hyaluronate. *J Oral Rehabil*. Aug 2007;34(8):583-589. PMID 17650168
28. Bertolami CN, Gay T, Clark GT, et al. Use of sodium hyaluronate in treating temporomandibular joint disorders: a randomized, double-blind, placebo-controlled clinical trial. *J Oral Maxillofac Surg*. Mar 1993;51(3):232-242. PMID 8445463
29. Guo C, Shi Z, Revington P. Arthrocentesis and lavage for treating temporomandibular joint disorders. *Cochrane Database Syst Rev*. Oct 7 2009(4):CD004973. PMID 19821335
30. Guo C, Shi Z, Revington P. WITHDRAWN: Arthrocentesis and lavage for treating temporomandibular joint disorders. *Cochrane Database Syst Rev*. Dec 16 2015(12):CD004973. PMID 26677172
31. Rigon M, Pereira LM, Bortoluzzi MC, et al. WITHDRAWN: Arthroscopy for temporomandibular disorders. *Cochrane Database Syst Rev*. Dec 16 2015(12):CD006385. PMID 26677136



32. Vos LM, Huddleston Slater JJ, Stegenga B. Lavage therapy versus nonsurgical therapy for the treatment of arthralgia of the temporomandibular joint: a systematic review of randomized controlled trials. *J Orofac Pain*. Spring 2013;27(2):171-179. PMID 23630689
33. American Association for Dental Research (AADR). Science Policy: Temporomandibular disorders (TMD). 1996 (revised 2010, reaffirmed 2015); <http://www.iadr.org/AADR/About-Us/Policy-Statements/Science-Policy#TMD> Accessed April 2018.
34. American Society of Temporomandibular Joint Surgeons. Guidelines for diagnosis and management of disorders involving the temporomandibular joint and related musculoskeletal structures. 2001; <http://astmjs.org/final%20guidelines-04-27-2005.pdf> Accessed April 2018.
35. American Dental Association. Temporomandibular (Craniomandibular) Disorders. 1997; <http://www.ada.org/1958.aspx> Accessed April 2018.
36. Chen YW, Chiu YW, Chen CY, et al. Botulinum toxin therapy for temporomandibular joint disorders: a systematic review of randomized controlled trials. *Int J Oral Maxillofac Surg*. Aug 2015;44(8):1018-1026. PMID 25920597

## History

Date	Comments
11/03/98	Add to Medicine Section - New Policy
08/13/02	Replace policy - Policy reviewed without literature review; new review date only
08/12/03	Replace policy - Policy reviewed without literature review, new review date only.
02/06/06	Codes Updated - No other changes.
06/16/06	Update Scope and Disclaimer - No other changes.
04/10/07	Replace Policy - Policy updated with literature review. No change in policy statement.
06/15/07	Cross Reference Update - No other changes.
07/08/08	Replace Policy - Policy reviewed by practicing dental consultant. Updated with literature search. No change in policy statement. Status changed from AR to BC.
06/09/09	Replace Policy - Policy updated with literature search; no change in policy statement. References added.
09/15/09	Cross Reference Update - No other changes.
08/10/10	Replace Policy - Policy updated with literature review through April 2010; references 1 – 10 added. Acupuncture added to investigational indications.
09/15/11	Replace Policy – Policy updated with literature review through May 2011. References 2, 5-7 added; other references renumbered or removed. Changes to investigational diagnostic procedures statement: ultrasound statement clarified and arthroscopy of the TMJ for purely diagnostic purposes moved to this policy statement.
07/27/12	Update title of Related Policy 2.01.64.



Date	Comments
09/11/12	Replace policy. Policy updated with literature review through May 2012. References 5, 6, 14-17 added; other references renumbered or removed. Low-level laser therapy and hyaluronic acid added as investigational. HCPCS codes J7321 – J7326 and S8948 added to the policy.
09/09/13	Replace policy. Policy has added joint vibration analysis for diagnosis of TMJ is considered investigational. Low level laser removed from nonsurgical treatments considered investigational due to policy 2.01.56 overlap. Nonsurgical treatment using an intraoral prosthetic device typographical error of “reversible” changed to “removable”. All lists in the policy section are alphabetized. Rationale updated based on a literature review through May 2013. References 4,7,13, 18 added; others renumbered/removed. Policy statement changed as noted. ICD-9 Diagnosis codes 80.21 and 80.51 removed from the policy as they do not relate.
03/11/14	Coding Update. Codes 76.5, 76.93, and 87.13 were removed per ICD-10 mapping project; these codes are not utilized for adjudication of policy.
04/18/14	Update Related Policies. Add 9.02.501.
05/19/14	Update Related Policies. Remove 2.01.30 and 2.01.56 as they were archived.
09/08/14	Annual Review. Policy updated with literature review through May 5, 2014. References 12 and 15-16 added. Policy statements unchanged. Clarification added to Guidelines and Benefit Application regarding symptoms of bruxism alone and contract benefits.
04/17/15	Update Related Policies. Add 2.01.534.
09/08/15	Annual Review. Bullet point that stated “Physical therapy (PT), including diathermy, infrared and heat and cold treatment, and manipulation” was removed from investigational statement under nonsurgical treatments section. Policy updated with literature review through June 1, 2015; references 11, 12 deleted; others renumbered. Policy statement changed as noted. Coding update: CPT codes 97010, 92024 and 97026, ICD-9 93.35 and 93.39 removed – these are not related to policy adjudication.
10/16/15	Update Related Policies. Renumber 2.01.534 to 2.01.31.
05/01/16	Annual Review, changes approved April 12, 2016. Policy updated with literature review through December 18, 2015; no references added. Policy statements unchanged.
06/24/16	Coding update. Removed 70336. It is reviewed by AIM.
10/28/16	Policy moved into new format; no change to policy statements.
05/01/17	Annual Review, approved April 11, 2017. Policy updated with literature review through December 20, 2016; references 1-3, 8, 10, 12, 14, 17, 22, and 27-28 added. Coding updated, removed HCPCS code S8262 as it was terminated. Policy statements unchanged. TMJ Disorders changed to TMJD.
05/05/17	Coding update; removed CPT code 21110 and HCPCS code S8948.
05/19/17	Coding update; updated descriptions for CPT codes 21242 and 21243.





Date	Comments
06/01/17	Minor update; corrected description for CPT code 21085.
07/01/17	Interim Review, approved June 22, 2017. Acupuncture removed from the list of investigational treatments and all other references to this procedure. Acupuncture is managed by benefit.
01/01/18	Coding updated; added CPT codes 21480, 21485, and 21490.
02/01/18	Interim Review, approved January 16, 2018. Policy statement added that Botulinum toxin is investigational for the treatment of TMJ Reference 33 added. Added HCPCS code S3900.
05/01/18	Annual Review, approved April 3, 2018. Policy updated with literature review through December 2017; references 15 and 24-25 added; reference 33 updated. "Dysfunction" changed to "Disorder" in the policy statement and title; title changed from "Temporomandibular Joint Dysfunction" to "Temporomandibular Joint Disorder". Policy statements otherwise unchanged.

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2018 Premera All Rights Reserved.

**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.



**Discrimination is Against the Law**

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator - Complaints and Appeals  
PO Box 91102, Seattle, WA 98111  
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357  
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services  
200 Independence Avenue SW, Room 509F, HHH Building  
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Getting Help in Other Languages**

**This Notice has Important Information.** This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

**አማርኛ (Amharic):**

ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀዳሾች ሊኖሩ ይችላሉ። የጤና ሽፋንዎን ለመጠበቅና በአስፋፈል እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና የለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መሰታ አለዎት። በስልክ ቁጥር 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

**العربية (Arabic):**

يحتوي هذا الإشعار على معلومات هامة. قد يحوي هذا الإشعار معلومات مهمة بخصوص طلبك أو التغطية التي تزيد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تاريخ معينه للحفاظ على تغطيتك الصحية أو المساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ 800-722-1471 (TTY: 800-842-5357)

**中文 (Chinese):**

**本通知有重要的訊息。**本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357)。

**Oromoo (Cushite):**

**Beeksisni kun odeeffannoo barbaachisaa qaba.** Beeksisti kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 800-722-1471 (TTY: 800-842-5357) tii bilbilaa.

**Français (French):**

**Cet avis a d'importantes informations.** Cet avis peut avoir d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Premera Blue Cross. Le présent avis peut contenir des dates clés. Vous devez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez le 800-722-1471 (TTY: 800-842-5357).

**Kreyòl ayisyen (Creole):**

**Avi sila a gen Enfòmasyon Enpòtan ladann.** Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouvèti asirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resewva enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 800-722-1471 (TTY: 800-842-5357).

**Deutsche (German):**

**Diese Benachrichtigung enthält wichtige Informationen.** Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premera Blue Cross. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 800-722-1471 (TTY: 800-842-5357).

**Hmoob (Hmong):**

**Tsawb ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb.** Tej zaum tsawb ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam hnuv ntawm Premera Blue Cross. Tej zaum muaj cov hnuv tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 800-722-1471 (TTY: 800-842-5357).

**Iloko (Ilocano):**

**Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion.** Daytoy a pakdaar mabalin nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo wenno coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a petsa iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-atyto wenno tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 800-722-1471 (TTY: 800-842-5357).

**Italiano (Italian):**

**Questo avviso contiene informazioni importanti.** Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso Premera Blue Cross. Potrebbero esserci date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama 800-722-1471 (TTY: 800-842-5357).

**日本語 (Japanese):**

この通知には重要な情報が含まれています。この通知には、Premera Blue Cross の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357)までお電話ください。

**한국어 (Korean):**

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357) 로 전화하십시오.

**ລາວ (Lao):**

ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈ້ງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈຳເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດ ເວລາສະເພາະເພື່ອຮັກສາຄວາມຄົມຄອງປະກັນສະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວີ້ ຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

**ភាសាខ្មែរ (Khmer):**

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកតាមរយៈ Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កិច្ចការផ្ទៃក្នុងដ្ឋាននានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងអនាគតរបស់អ្នក ឬប្រាក់ជំនួយចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះ និងជំនួយនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 800-722-1471 (TTY: 800-842-5357)។

**ਪੰਜਾਬੀ (Punjabi):**

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਟਿਸ ਨਵ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁੱਕ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਢੁੱਝ ਖਾਸ ਕਰਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਤੋਂ ਅਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ ,ਕਾਲ 800-722-1471 (TTY: 800-842-5357).

**فارسی (Farsi):**

این اعلامیه حاوی اطلاعات مهم میباشد. این اعلامیه ممکن است حاوی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما از طریق Premera Blue Cross باشد. به تاریخ های مهم در این اعلامیه توجه نمایید. شما ممکن است برای حفظ پوشش بیمه تان یا کمک در پرداخت هزینه های درمانی تان، به تاریخ های مشخصی برای انجام کارهای خاصی احتیاج داشته باشید. شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. برای کسب اطلاعات با شماره 800-722-1471 (کلیران TTY تماس باشماره 800-842-5357) تماس برقرار نمایید.

**Polskie (Polish):**

To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Premera Blue Cross. Prosimy zwrócić uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 800-722-1471 (TTY: 800-842-5357).

**Português (Portuguese):**

Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

**Română (Romanian):**

Prezenta notificare conține informații importante. Această notificare poate conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin Premera Blue Cross. Pot exista date cheie în această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența provizorie la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471 (TTY: 800-842-5357).

**Русский (Russian):**

Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

**Fa'asamoa (Samoan):**

Atonu ua iai i lenei fa'asilasilaga ni fa'amatalaga e sili ona taua e tatau ona e malamalama i ai. O lenei fa'asilasilaga o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, Premera Blue Cross, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloilo fa'alelei i aso fa'apitoa olo'o iai i lenei fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia ao le'i aulia le aso ua ta'ua i lenei fa'asilasilaga ina ia e iai pea ma maua fesoasoani mai ai i le polokalame a le Malo olo'o e iai i ai. Olo'o iai iate oe le aia tatau e maua atu i lenei fa'asilasilaga ma lenei fa'matalaga i legagana e te malamalama i ai aunoa ma se togiga tupe. Vili atu i le telefoni 800-722-1471 (TTY: 800-842-5357).

**Español (Spanish):**

Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

**Tagalog (Tagalog):**

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganiitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

**ไทย (Thai):**

ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับกาการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน Premera Blue Cross และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 800-722-1471 (TTY: 800-842-5357)

**Український (Ukrainian):**

Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страховального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 800-722-1471 (TTY: 800-842-5357).

**Tiếng Việt (Vietnamese):**

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-722-1471 (TTY: 800-842-5357).