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TMJ

- To verify coverage, contracted providers can use the [Eligibility Inquiry tool](#) .
- To see prior authorization requirements or medical necessity review criteria, see the [Pre authorization Code Check](#) tool.
- Non-contracted providers can contact the Provider Assistance Unit at 1-888-767-4670.

Important information

- Procedure authorizations do not include the standard E&M code range. All Codes listed under each individual reason name and within the procedure Standard Code Range are included.
- All codes that are underlined under each reason name include the same range as code in parentheses.

TMJ Consultations

[Evaluate & Treat – 3 visits or 6 visits \(99214\) Consult Only \(99202\), Second Opinion \(99203\)](#)

Procedure (Referral Reason) Service Ranges:

TMJ Splint: (21089)

[Procedure Standard Code Range Included](#)

21089, 98966, 98967, 98968, 98970, 98971, 98972, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99417, 99421, 99422, 99423, 99424, 99425, 99426, 99427, 99437, 99439, 99441, 99442, 99443, 99446, 99447, 99448, 99449, 99450, 99451, 99452, 99495, 99496, D7880 G0318, G0508, G0509, G2010, G2011, G2012, G2061, G2062, G2063, G2211, G2212, G2250, G2251, G2252, Q3014

Date	Description
07/30/2020	Created
07/20/2022	Added 98966, 98967, 98968, 98970, 98971, 98972, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417, 99421, 99422, 99423, 99495, 99496, G0508, G0509, G2010, G2011, G2012, G2061, G2062, G2063, G2211, G2212, G2250, G2251, G2252, Q3014 to TMJ Splint - Non-Medicare and TMJ Splint – Medicare.

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08/16/2022	Added 90736, 90750, 90759, C9088, C9089, C9092 to Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures section. Added 99424, 99425, 99426, 99427, 99437 to Consult Only, Second Opinion, Evaluate & Treat – 3 visits or 6 visits, TMJ Splint - Non-Medicare and TMJ Splint – Medicare.
12/01/2022	Removed J7336 from Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures as code now has Review requirement.
02/03/2023	Removed 99201 from Consult Only and Second Opinion. Removed Q5107, J2791, J2792, C9257 and G2064 from Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures. Added C9101, C9144, J0134, J0136, J0173, J0283, J0611, J0689, J0701, J0703, J0877, J0891, J0892, J0893, J0898, J0899, J1456, J1574, J1611, J1643, J1954, J2021, J2184, J2247, J2251, J2272, J2281, J2311, J2401, J2402, J3244, J3371, J3372, J9314, J9393, J9394 to Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures.
03/17/2023	Removed 99239 and 99255 from Evaluate & Treat – 3 visits or 6 visits. Added 99418 and G0318 to Evaluate & Treat – 3 visits or 6 visits.
04/18/2023	Added 15853 15854 99484 99492 99493 99494 to Evaluate & Treat – 3 visits or 6 visits. Added J7169 to Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures.
05/12/2023	Added 86328, 86408, 86409, 86413, 86769, 87426, 87428, 87635, 87636, 87637, 87811, 87913, 91300, 91301, 91302, 91303, 91304, 91305, 91306, 91307, 91308, 91309, 91310, 91311, 91312, 91313, 91314, 91315, 91316, 91317, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A, 0164A, 0173A, 0174A, 0202U, 0223U, 0224U, 0225U, 0226U, 0240U, 0241U, C1943, C9803, D0604, D0605, D0606, D1701, D1702, D1703, D1704, D1705, D1706, D1707, D1708, D1709, D1710, D1711, D1712, D1713, D1714, C9803, D0604, D0605, D0606, D1701, D1702, D1703, D1704, D1705, D1706, D1707, D1708, D1709, D1710, D1711, D1712, D1713, D1714, G2023, G2024, J0612, J0613, J2403, J9196, J9294, J9296, J9297, M0201, M0249, M0250, Q0249, U0001, U0002, U0003, U0004, U0005 to Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures. Removed J2400 and J9044 from Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures.
05/15/2023	Removed TMJ Splint - Non-Medicare. Updated name TMJ Splint – Medicare to TMJ Splint and added D7880.
05/22/2023	Removed J9041 from Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures.
05/31/2023	Removed 91300, 91301, 91305, 91306, 91307, 91308, 91309, 91311, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0051A, 0052A,



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	0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, J9318 and J9319 from Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures section. Added 0121A, 0141A, 0142A, 0151A, 0171A, 0172A Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures section.
06/09/2023	Removed reasons Consult Only, Second Opinion Eval & treat sections and Standard Code Range for Procedures. Added link for list of codes for Consult Only, Second Opinion Eval & treat and Standard Code Range for Procedures.
03/12/2024	Added 99242, 99243, 99244, 99245, 99439, 99441, 99442, 99443, 99446, 99447, 99448, 99449, 99450, 99451, 99452 to TMJ Splint.
06/20/2024	Reformatted page and added Procedure Standard Code Range link under each reason that includes the additional codes listed within the link. Added Important information section. Updated Evaluate& Treat- 3 visits or 6 visits (99214) Consult Only (99202), Second Opinion (99203) link.

Information on this site is for informational purposes only and does not guarantee coverage or payment. All services must be considered medically necessary and certain services may be subject to additional clinical review criteria. All benefits are subject to the patient's medical coverage agreement including visit, quantity, and/or dollar limits.

The Kaiser Permanente Published Range page was developed to assist in administering plan benefits. For information concerning whether a specific service or benefit is covered, please refer to the patient's medical coverage agreement, the Provider Manual, your Provider contract, or call the Kaiser Permanente Provider Assistance Unit at 1-888-767-4670.

The Kaiser Permanente Published Range page results reflect the range information at the time of the inquiry only. Kaiser Permanente reserves the exclusive right to modify, revoke, suspend or change the Published Ranges, at Kaiser Permanente's sole discretion.

CPT codes deleted by the American Medical Association or HCPC codes deleted by Centers for Medicare & Medicaid Services will remain eligible for payment for valid dates of service for 24 months to allow time for claims submission.