

PT Name: _____

DOS: _____

Provider: Dr. XYZ

Evaluation and Management

New Pt	Time	MDM	Time	Est Pt
99202	15-29	Straightfwd	10-19	99212
99203	30-44	Low	20-29	99213
99204	45-59	Moderate	30-39	99214
99205	60-74	High	40-54	99215
Prolonged staff time (>45 min) 99415				
Time Seated: _____				
Time Discharge: _____				

Imaging

- 70250 Lateral skull (ceph)
- 70355 Orthopantagram
- 70486 CT Scan w/o contrast
- 76380 CT scan, limited/local/Repeat
- 76100 Tomographic Study

TMD & Myofascial Therapy

- 20999/21085/D7880 Mandibular repositioning device-NU(new)
- 97763 Orthotic checkout ____units (after 30 days)
- S8948 MLS Laser Therapy
- J0585 Botulinum toxin Type A (per unit)
- J0587 Botulinum toxin Type B (per unit)
- 64612 Botox injection (per injection)
- 64550 TENS
- 77077 Joint Vibration Analysis (JVA)
- 95831 Manual Muscle testing (MMT) (specify units) _____
- 95851 Range of motion testing
- 97014 Electrical stimulation
- 97024 Diathermy (Energex)
- 97035 Ultrasound (specify units) _____
- 97110/97112 Therapeutic exercises
- 97124 Massage
- 97140 Manual Trigger Point Therapy (specify units) _____
- 97535/98960 Self-Care/Home Mgmt. Training
- 97750 Jaw Motion Tracking (JMT)

J TMJ specific dx codes
M Muscle related dx code

Prior-Auth

Claim

DIAGNOSIS CODES THAT JUSTIFIES TMD TREATMENT

- | | |
|---|--|
| <input type="checkbox"/> R68.84 Jaw pain | <input type="checkbox"/> M26.69 TMJ Sounds open/ close jaw |
| <input type="checkbox"/> G50.0 Trigeminal neuralgia | <input type="checkbox"/> M26.69 Internal derangement/dislocation TMJ |
| <input type="checkbox"/> G50.1 Atypical facial pain | <input type="checkbox"/> M27.2 Inflammatory conditions of the jaws M |
| <input type="checkbox"/> G24.8 Cranial Dystonia | <input type="checkbox"/> M35.7 Hypermobility syndrome |
| <input type="checkbox"/> G24.4 Orofacial Dystonia (idiopathic) | <input type="checkbox"/> M54.2 Cervicalgia |
| <input type="checkbox"/> G24.4 Oromandibular Dystonia | <input type="checkbox"/> M60.9 Tendonitis-Myositis, unspecified M |
| <input type="checkbox"/> G24.9 Dystonia, unspecified M | <input type="checkbox"/> M62.40 Contracture of Muscle, unspecified site M |
| <input type="checkbox"/> G24.9 Dyskinesia | <input type="checkbox"/> M65.80 Capsulitis; Inflammation of the TMJ |
| <input type="checkbox"/> G24.1 Dystonia (idiopathic) | <input type="checkbox"/> M67.30 Transient synovitis, unspecified site |
| <input type="checkbox"/> M60.9 Myositis | <input type="checkbox"/> M77.9 Enthesopathy, unspecified |
| <input type="checkbox"/> M62.40 Myospasm M | <input type="checkbox"/> M79.7 Fibromyalgia |
| <input type="checkbox"/> M62.838 Spasm of Muscle | |
| <input type="checkbox"/> M79.10 Myalgia**unspecified site | <input type="checkbox"/> ***H93.1_ Tinnitus |
| <input type="checkbox"/> M79.11 Myalgia of masticatory muscle M | <input type="checkbox"/> H93.11 Tinnitus, right ear |
| <input type="checkbox"/> M79.12 Myalgia auxiliary muscles, head/neck M | <input type="checkbox"/> H93.12 Tinnitus, left ear |
| | <input type="checkbox"/> H93.13 Tinnitus, bilateral |
| | <input type="checkbox"/> H93.19 Tinnitus, unspecified ear |
| <input type="checkbox"/> M06.4 Suggestions of an unspecified Rheumatological Systemic Condition | |
| <input type="checkbox"/> M06.9 Rheumatoid arthritis, unspecified | <input type="checkbox"/> S03.01XA Dislocation of jaw, right side, initial |
| <input type="checkbox"/> M19.91 Primary osteoarthritis of the TMJ | <input type="checkbox"/> S03.01XD Dislocation of jaw, right side, subsequent |
| <input type="checkbox"/> M25.40 Effusion, unspecified joint | <input type="checkbox"/> S03.01XS Dislocation of jaw, right side, sequela |
| | <input type="checkbox"/> S03.02XA Dislocation of jaw, left side, initial |
| <input type="checkbox"/> M26.50 Dentofacial functional abnormalities, uspe | <input type="checkbox"/> S03.02XD Dislocation of jaw, left side, subsequent |
| <input type="checkbox"/> M26.51 Abnormal Jaw Closure | <input type="checkbox"/> S03.02XS Dislocation of jaw, left side, sequela |
| <input type="checkbox"/> M26.52 Limited Mandibular ROM M | <input type="checkbox"/> S03.03XA Dislocation of jaw, bilateral, initial |
| <input type="checkbox"/> M26.53 Deviation in opening and closing of mand. | <input type="checkbox"/> S03.03XD Dislocation of jaw, bilateral, subsequent |
| | <input type="checkbox"/> S03.03XS Dislocation of jaw, bilateral, sequela |
| <input type="checkbox"/> M26.61_ ***Adhesions and ankylosis TMJ | |
| <input type="checkbox"/> M26.611 Adhesions and ankylosis of right TMJ | <input type="checkbox"/> G51.0 Facial palsy of the right or left side |
| <input type="checkbox"/> M26.612 Adhesions and ankylosis of left TMJ | <input type="checkbox"/> G43.9_ Migraine, unspec (see list) |
| <input type="checkbox"/> M26.613 Adhesions and ankylosis of bilateral TMJ | <input type="checkbox"/> G44.209 Tension headache, not interactable |
| <input type="checkbox"/> M26.619 Adhesions and ankylosis of TMJ joint, unspecified side | <input type="checkbox"/> G47.63 Sleep Related Bruxism |
| <input type="checkbox"/> M26.62_ ***Arthralgia of TMJ | |
| <input type="checkbox"/> M26.621 Arthralgia of right TMJ | |
| <input type="checkbox"/> M26.622 Arthralgia of left TMJ | |
| <input type="checkbox"/> M26.623 Arthralgia of bilateral TMJ | |
| <input type="checkbox"/> M26.629 Arthralgia of TMJ, unspecified | |
| <input type="checkbox"/> M26.63_ ***Articular disc disorder of TMJ | |
| <input type="checkbox"/> M26.631 Articular disc disorder of right TMJ | |
| <input type="checkbox"/> M26.632 Articular disc disorder of left TMJ | |
| <input type="checkbox"/> M26.633 Articular disc disorder of TMJ, bilateral | |

For how long: _____

Botox Dosage _____

How often: _____

**** Requires Location**

1. Mastication muscles
2. Aux. muscle head/neck

***** Requires side of the body**

1. Right side
2. Left side
3. Bilateral