

Insurance Questions for TMJ and Sleep Apnea Therapy

When calling your medical insurance company to verify coverage for non-surgical Temporomandibular Joint (TMJ) therapy and Obstructive Sleep Apnea (OSA) therapy, it is critical to navigate the conversation strategically. Many insurers automatically exclude "dental" treatments, but non-surgical therapies for these conditions frequently cross into medical necessity parameters

Before you call, write down your **Policy ID number** and ask the customer service representative for a **reference number for the call** to log your conversation.

Policy ID #: _____

Reference # for the call: _____

1. Specific Questions to Ask the Representative

Ask the representative to check your benefits for the following specific items:

Topic	Specific Questions to Ask
TMJ Therapy Specifics	• Does my plan cover non-surgical treatment for Temporomandibular Joint Disorders (TMD/TMJ) under my medical benefits?
Sleep Apnea Specifics	• Is non-surgical treatment for Obstructive Sleep Apnea (OSA) covered as Durable Medical Equipment (DME)? • Are custom-made oral sleep appliances (mandibular advancement devices) covered under medical insurance
Authorization & Networks	• Is Prior Authorization (PA) or a formal Pre-Determination of Benefits required for these therapies? • Do these treatments need to be provided by an in-network
Financial Limits	• Is there a lifetime maximum dollar limit or a visit cap for TMJ or sleep apnea therapies? • What are my deductible, co-insurance, and out-of-pocket

2. Medical Codes to Reference

Medical billing requires specific diagnostic and procedural codes. Ask the representative if the following codes are covered under your plan:

Diagnosis Codes (ICD-10 Codes)

- **M26.60 through M26.69:** Temporomandibular joint disorders (TMD/TMJ)
- **G47.33:** Obstructive Sleep Apnea (OSA)

Procedure & Equipment Codes (CPT / HCPCS Codes)

Code	Type	Description
D7880 / 21089	TMJ Appliance	Reversible intra-oral splint / appliance therapy
97110 /	Physical	Therapeutic exercises or manual therapy for jaw/
E0486	Sleep Apnea Appliance	Custom-fabricated oral appliance / mandibular advancement device (DME)
E0601	Sleep Apnea	Continuous Positive Airway Pressure (CPAP)
A7034 / A7035	Sleep Apnea Supplies	CPAP nasal mask and headgear configurations
95810 / 95800	Diagnostic Testing	Polysomnography (In-lab sleep study) or Home Sleep Apnea Test

- **The "Dental" Exclusion:** Many medical policies state they exclude any treatment involving the teeth or jaws. Ask: *"If a custom oral appliance is deemed medically necessary by a physician to treat sleep apnea or severe TMJ, is it still barred by a dental exclusion?"*
- **Medical Necessity Criteria:** For Sleep Apnea, insurers often require a diagnostic sleep study showing an **Apnea-Hypopnea Index (AHI)** score of 5 or greater with symptoms,

or 15+ without symptoms, before covering a CPAP or oral device. Ask what your plan's threshold is.

- **Conservative Care Prerequisites:** For TMJ, some plans require proof of **3 to 6 months of conservative management** (like physical therapy or muscle relaxants) before they will cover specialized appliances.
- **Off-Label Exclusions (e.g., Botox):** If your doctor has brought up Botox injections for severe jaw clenching, be aware that insurers routinely exclude it as "experimental" or "cosmetic" for TMJ. Ask exactly what objective clinical criteria would be required to get it covered.