



MEDICAID POLICY CLARIFICATION #PC000274 IOWA HEALTH AND WELLNESS PLAN (IHAWP) TMJ COVERAGE

April 24, 2024

To: Iowa Medicaid Managed Care Plans

This letter is a formal notification of the state's expectations related to the operations and implementation of Iowa Medicaid under the managed care program. This purpose of this letter is to do following:

- ☐ Provide formal guidance
- ☐ Clarification of existing Iowa Medicaid policy
- ☒ Guidance on new process or policy
- ☐ Request for information

The Iowa Health and Wellness Plan's State Plan Amendment (SPA) calls for coverage of TMJ services. [See SPA IA-16-0026](#). However, the Member Handbook (Comm. 476), as well as the MCO contract, excludes these services from regular IHAWP member benefits. The [Member Handbook](#) has since been updated to remove this exclusion.

While Fee for Service (FFS) is approving these specified TMJ services, we are allowing time for MCOs to prepare their systems and incorporate this coverage into their contracts. MCOs should be approving these TMJ services by 07/01/2023.

Capitation rates were reviewed to determine a potential impact. The result of the review determined that there would not be a substantial impact to the cost of the Iowa Health Link program.

Please see the next section for billing information for these services.

Billing Information for TMJ

To bill for a TMJ service, include: (1) a diagnosis code and (2) a procedure code. See below for an approved list of codes for these services.

TMJ DIAGNOSIS Codes
M26.601, M26.602, M26.603, M26.609, M26.69
M26.611, M26.612, M26.613, M26.619
M26.621, M26.622, M26.623, M26.629
M26.631, M26.632, M26.633, M26.639
M26.69

TMJ PROCEDURE Codes for MEDICAL Claims	
99202 THRU 99205	99242 THRU 99245
99211 THRU 99215	T1015 for line item 1 for FQHC/RHC

TMJ PROCEDURE Codes for OUTPATIENT Claims	
99242 THRU 99245	G0463

This formal guidance impacts capitation rates in the following manner:

- ☐ This [is was] an Iowa Medicaid practice prior to April 1, 2016 and was included in the experience used to develop the capitation rates.
- ☒ This is a new process or policy that does not have a fiscal impact.
- ☐ This is a new process or policy that will be reflected in revised capitation rates and implemented [date].

Attestation:

I hereby attest to receipt and understanding of this communication including all requirements and due dates.

Name_____ Date_____.

The department will monitor progress towards implementation and may impose remedies for failure to implement.

Sincerely,

Account Manager
Managed Care Account Manager