

**KENTUCKY MEDICAID PROGRAM
TEMPOROMANDIBULAR JOINT (TMJ) ASSESSMENT FORM**

PROVIDER NAME & NUMBER _____

RECIPIENT NAME & NUMBER _____

DATE OF BIRTH _____

1. What is the patient's chief complaint? _____

2. Describe pain associated with chief complaint? _____

3. What is the duration of the chief complaint? _____

4. What is the history of the underlying chief complaint? _____

5. Has there been any previous treatment for the chief complaint? () YES () NO
If yes describe: _____

6. Is there pain associated with jaw functions (opening, closing, chewing, etc.) () YES () NO
Explain: _____

7. How wide can the patient open without pain? _____ mm

8. How wide can the patient open maximally? _____ mm

9. How far can the patient move the mandible eccentricity? Left _____ mm Right _____ mm

10. Are there any TMJ sounds? () YES () NO If yes, at what distance during opening?
Left _____ mm Right _____ mm
At what distance during closing? Left _____ mm Right _____ mm
Is there pain associated with the joint sounds? () YES () NO

ATTENTION: Procedure 07880 is limited to recipients under the age of 21. Recipient must be Medicaid eligible and under 21 on the date of placing the splint for procedure to be covered. Providers are responsible to verify age and eligibility. **NO EXCEPTIONS MADE.**

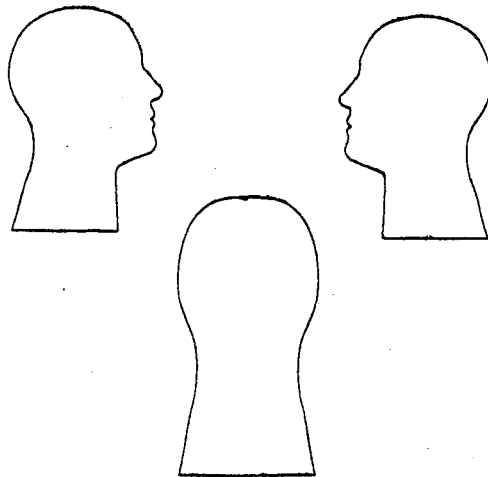
MAP-306 rev (12/95)

11. Other medical, psychological or social factors that contribute to this condition? _____

12. What are the specific diagnoses? _____

13. What is your proposed treatment and expected follow-up? _____

14. What is the expected cost of the treatment? _____



Place an "X" on areas that are reported painful during palpation.