§114-29-1. General.

1.1. Scope. -- This legislative rule establishes requirements and standards for accident and sickness insurance coverage of temporomandibular disorder (TMD) and craniomandibular disorder (CMD).


1.3. Filing Date. -- May 31, 1991

1.4. Effective Date. -- May 31, 1991


2.1. Insurers. -- All insurers who deliver or issue for delivery in this state any policies for accident and sickness insurance are subject to this rule.
2.2. Service Corporations. -- All health service corporations who deliver or issue for delivery in this state any subscriber's contracts for accident and sickness insurance are subject to this rule.

2.3. Health Care Corporations. -- All health care corporations who deliver or who issue for delivery to enrollees in this state evidence of accident and sickness insurance coverage are subject to this rule.

2.4. Fraternal Benefit Societies:

2.4.1. All fraternal benefit societies who deliver or issue for delivery accident and sickness insurance benefit certificates, or other evidence of coverage in this state, are subject to this rule.

2.4.2. All domestic, foreign, or alien societies who issue any certificate or other evidence of any contract of accident or sickness insurance in this state are subject to this rule.

2.5. Health Maintenance Organizations. -- All health maintenance organizations who deliver or offer for delivery in this state any evidence of accident and sickness coverage are subject to this rule.

§114-29-3. Definitions.

3.1. Temporomandibular Disorder(s) (TMD) -- means a group of musculoskeletal conditions, often overlapping, that involve the temporomandibular joint (TMJ) or joints, the masticatory musculature, or both. These conditions are typically characterized by pain in the preauricular area
which is usually aggravated by chewing or jaw function, and are frequently accompanied, either
ingly or in combination, by limitation of jaw movement, joint sounds, palpable muscle
tenderness or joint soreness. Although pain and dysfunction in the orofacial or craniofacial
regions have multiple sources and etiologies that may coexist with temporomandibular disorders
or show signs similar to those of temporomandibular disorders, temporomandibular disorders are
limited to pain and dysfunction arising in and from the masticatory musculoskeletal system.

3.2. Craniomandibular Disorder(s) (CMD) -- means problems of the stomatognathic system and
include disorders of the temporomandibular joint, muscles of mastication and the related
occlusion.

3.3. Commissioner -- means the West Virginia Insurance Commissioner.

3.4. PEIA -- means the West Virginia Public Employees Insurance Agency.

§114-29-4. Mandatory Coverage.

4.1. All accident and sickness coverage which provides hospital, surgical, or major medical
coverage or any combination of those coverages and which is offered by any of the entities set
out in Section 2 of this rule shall provide benefits for the diagnosis and treatment of
temporomandibular disorders (TMD) and craniomandibular disorders (CMD). This applies to
both renewed coverage and new coverage. This requirement shall not apply to insurance policies
or other forms of coverage which provide benefits only for specific illnesses such as "cancer
policies" or "intensive care policies."

4.1.1. An insured shall be given the option of declining coverage for temporomandibular
disorders (TMD) and craniomandibular disorders (CMD) and the insurer must provide an
appropriate waiver form or incorporate such waiver form into the insurance policy or other
evidence of coverage.
4.1.1.1. Such waiver form must clearly indicate that the prospective insured understands that coverage is available for temporomandibular disorders (TMD) and craniomandibular disorders (CMD), but that the insured does not desire such coverage; all of which shall be witnessed by the signature of the insured and the date signed.

4.1.1.2. Such waiver form shall be subject to the prior approval of the Commissioner.

4.2. If a waiver, as described in subsection 4.1.1 above, is not properly executed, coverage for temporomandibular disorders (TMD) and craniomandibular disorders (CMD) will remain as a part of the policy or other evidence of coverage.

4.3. For purposes of this rule, the PEIA is the policyholder and not an insurer. If the PEIA elects to purchase accident and sickness coverage for its participants from an insurer, then such insurer must offer to the PEIA the option of purchasing benefits for temporomandibular disorders (TMD) and craniomandibular disorders (CMD) in compliance with this rule.

4.4. For purposes of this rule, the owner or sponsor of a group insurance policy shall be deemed to be the insured and shall have the option of purchasing benefits for temporomandibular disorders (TMD) and craniomandibular disorders (CMD) in compliance with this rule.

§114-29-5. Procedures Covered.

5.1. The insurance coverage required by this rule shall at a minimum include benefits for the following procedures:
5.1.1. Health history (medical and/or dental) pertinent to symptoms;

5.1.2. Clinical examination related to the presenting symptoms;

5.1.3. Imaging procedures; provided, that radiographs must be diagnostic for temporomandibular disorders (TMD) and/or craniomandibular disorders (CMD);

5.1.4. Conventional diagnostic and therapeutic injections;

5.1.5. Temporary orthotics; provided that splints or appliances may be limited to one every three (3) years, and that all adjustments to the appliance performed during the first six (6) months of its installation are considered part of the total appliance fee. Those appliances designed for orthodontic purposes such as bionators, functional regulators, Frankel devices, and similar devices are not covered;

5.1.6. Physical medicine and physiotherapy which shall include:

5.1.6.1. Ultrasound

5.1.6.2. Diathermy

5.1.6.3. High Voltage Galvanic Stimulation
5.1.6.4. Transcutaneous Nerve Stimulation.

5.1.7. Surgery on the Temporomandibular Joint which includes, but is not limited to, arthotomy and diagnostic arthroscopy.

5.2. Insurance coverage for the diagnosis and treatment of temporomandibular disorders (TMD) and craniomandibular disorders (CMD) as required by this rule shall be provided without regard to whether such diagnosis and treatment is provided by a doctor, dentist, or other health care professional so long as such provider is permitted by their professional license to perform such procedures. No distinction may be made as to whether such diagnosis and treatment are for a medical or a dental condition.

§114-29-6. Rate and Form Filings.

6.1. Entities subject to this rule shall file with the Commissioner such amended or new contractual or other forms as are necessary to accomplish the requirement of this rule by August 1, 1990, and may file appropriately adjusted premium rates consistent with any increased or decreased risk associated with the coverage of temporomandibular disorders (TMD) and craniomandibular disorders (CMD).

6.1.1. Premiums shall be structured so as to provide appropriate premiums as to both insureds who retain coverage for temporomandibular disorders (TMD) and craniomandibular disorders (CMD) and those insureds who exercise their option to waive such coverage.

6.1.2. All premium rates and forms filed due to this rule shall be filed in accordance with West Virginia Insurance Commissioner Administrative Regulations, Series 26 -- Accident and Sickness Rate Filing, and shall be subject to the prior approval of the Commissioner before they become
effective. This section shall not apply to group accident and health insurance plans upon which premiums are negotiated with the individual policyholder and are based on the historic and projected loss experience of the group to be insured.

§114-29-7. Separability.

7.1. If any provision of this regulation or the application thereof to any person or circumstance is for any reason held to be invalid, the remainder of the regulation and the application thereof to other persons or circumstances shall not be affected thereby.