



## Clinical Medical Policy Temporo-Mandibular Joint Dysfunction

**Benefit Coverage:**

Services provided for the diagnosis and treatment of Temporo-Mandibular Joint Dysfunction (TMJ) are allowed when the criteria is met for those services.

**Description:**

Temporomandibular joints are between the mandible and the temporal bones of the skull. TMJ dysfunction may be a result of congenital and developmental anomalies; fractures and dislocations resulting from trauma, internal derangement or ankylosis; or arthritic and neoplastic diseases. Symptoms attributed to TMJ dysfunction are varied and include, but are not limited to clicking sounds in the jaw, headaches, closing or locking of the jaw due to muscle spasms (trismus) or a displaced joint disc, pain in the ears, neck, arms, or spine, tinnitus, and bruxism (clenching or grinding of the teeth). Therefore, TMJ is a medical condition, not a dental condition.

Up to 90% of TMJ patients’ symptoms resolve spontaneously (NIH Consensus Conference). “A growing body of literature supports non-surgical intervention for this condition.”

**Coverage Determination:**

**Covered Services for Diagnosis – No Prior Authorization Required:**

Procedure	Criteria	CPT	HCPCS
Office evaluation and follow-up care	Covered services for diagnosis	99201 -99215 99241 - 99245	
X-rays, tomograms, and arthrograms	Covered services for diagnosis	70328 - 70332 21116	D0320 D0321 D0322
CT scans or MRIs (in general, usually reserved for pre-surgical evaluation)	Covered services for diagnosis	70336	
Cephalograms (X-rays of jaws and skull)	Covered services for diagnosis	70350	D0340
Pantograms (X-rays of maxilla and mandible)	Covered services for diagnosis	70355	

**Treatment and Management**

**Covered Non-surgical Management:**

1. Medical Management – no prior auth required
  - non-opiate analgesics, NSAIDs, low-dose tricyclics, other pain and muscle relaxant meds



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2. Physical Therapy – prior authorization IS required.

Procedure	Criteria	CPT	HCPCS
Physical Therapy/Occupational therapy	Prior authorization required	97001 - 97004	
Repetitive active or passive jaw exercises	Prior authorization required	97110	
thermal modalities	Prior authorization required	97010	
Manipulation	Prior authorization required	97140	
vapor coolant spray and stretch technique	Prior authorization required		
electrogalvanic stimulation	Prior authorization required	97014 97032	

3. Trigger Point/Therapeutic injections - no prior auth required

Surgery/Procedure	CPT
Trigger Point/ Therapeutic injections	20552 20553

4. Reversible intra-oral appliances – prior authorization IS required.

Surgery/Procedure	Criteria	CPT	HCPCS
Reversible intra-oral appliances	<p>Prior authorization required for: occlusal orthopedic appliances-orthotics, occlusal splints, bite appliances/planes/splints, mandibular occlusal repositioning appliances (MORAs)), when there is masticatory impairment with pain and/or loss of function.</p> <p>NOTE: Intra-oral appliances are considered for coverage when other medical management, physical therapy, and trigger point/therapeutic injections, (1, 2, and 3 above) have failed. These are limited to 1 per lifetime with the expectation that they can be modified or revamped in lieu of a new purchase.</p>		D5934 D5935 D7880



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Covered Surgical Treatments and Procedures - Prior Authorization and medical review is required.  
See criteria defined below.

**Criteria:**

Surgery/Procedure	Criteria	CPT	HCPCS
Arthrocentesis	Pain or hypomobility after more than 6 months of approved non-surgical treatment.	20605	D7870
Arthroscopy	Pain or hypomobility after more than 6 months of approved non-surgical therapy, and clinical exam and diagnostic imaging indicating the presence of joint pathology (derangements or degenerative joint disease) requiring internal structural modification	29800 29804	D7872, D7873 - D7877
Modified condylectomy, osteotomy, or manipulation	Diagnosis of internal derangement, fracture, or dislocation of the TMJ	21050 - 21070 21198 - 21199 21206 21073 21480 21485 21490	D7840 D7810 D7820 D7830
Arthroplasty/ Arthrotomy	For presence of inflammatory arthritis, recurrent fibrosis or ankylosis, failed tissue graft, failed alloplastic joint reconstruction, meniscus or disc placcation or removal, loss of height due to bone resorption, trauma, developmental abnormality, or pathologic lesion. May be considered for FDA approved prostheses only.	21010 21240 - 21243	D7860 D7865

**Exclusions:**

Not-covered Non-surgical Procedures and Treatments:

A. Procedures

1. Muscle testing and range of motion measurements
2. EMG
3. Electronic registration (myomonitor)
4. Neuromuscular junction testing, somatosensory testing
5. Standard dental radiographic procedures
6. Sonogram/ Doppler
7. Computerized mandibular scan/ kinesiography/ electrognathograph/ jaw tracking
8. Thermography



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### B. Non-Surgical treatments

1. Cranial (craniosacral) manipulation
2. Continuous passive motion machines
3. Thermolysis
4. Dental restorations/prostheses
5. Diathermy/ infrared/ ultrasound treatments
6. Cold or low-level laser treatments
7. Hydrotherapy
8. Myomonitor treatment
9. Myofunctional therapy
10. Orthodontic/ bite adjustment services
11. Therabite jaw motion system
12. Iontophoresis
13. Neuromuscular re-education
14. TENS
15. Botulinim toxin

### C. Non-covered Surgical Treatments and Procedures

1. Orthodontic services and procedures
2. Wisdom teeth extraction
3. Dental restorations
4. Dental implants
5. TMJ arthroplasty implants which are not FDA approved

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CMP Number: CMP-023.01

CMP Cross Reference:

#### References:

Legal precedent: Masella vs. BCBS of Connecticut, 1991: TMJ dysfunction is a medical not a dental disorder. (Most other cases have agreed, but Huston vs. Principal Health Care held that a specific exclusion for TMJ disorders could apply.) <http://www.ins.state.ny.us/ogco2006/rg060808.htm>

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