



Clinical Medical Policy Temporo-Mandibular Joint Dysfunction

Benefit Coverage:

Covered benefit when conditional criteria met.

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 include – No prior authorization required:

1. Office evaluation and follow-up care.
2. Diagnostic and radiologic procedures:
 - a. X-rays, tomograms, and arthrograms
 - b. CT scans or MRIs (in general, usually reserved for pre-surgical evaluation)
 - c. Cephalograms (X-rays of jaws and skull)
 - d. Pantograms (X-rays of maxilla and mandible)

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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
2. Physical Therapy – prior authorization IS required.
 - repetitive active or passive jaw exercises, thermal modalities, manipulation, vapor coolant spray and stretch technique, and electro-galvanic stimulation
3. Trigger Point/Therapeutic injections – prior authorization IS required only if performed by anesthesiologists ambulatory setting
4. Reversible intra-oral appliances – prior authorization IS required.
 - 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.



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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.

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

1. Arthrocentesis
2. Arthroscopy
3. Modified condylotomy, osteotomy, or manipulation Treatment of alveolar cavitational osteopathosis or osteonecrosis
4. Treatment of alveolar cavitational osteopathosis or osteonecrosis
5. 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.

Criteria:

Surgery/Procedure	Criteria
Arthrocentesis	Pain or hypomobility after more than 6 months of approved non-surgical treatment.
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
Modified condylotomy, osteotomy, or manipulation	Diagnosis of internal derangement, fracture, or dislocation of the TMJ
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.



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Covered Procedures:

CPT: 20605, 21050, 21060, 21240-21243, 29800, 29804, 70328-70332, 70336, 70350, 97010, 97024, 99202-99215, 99241-99245
HCPC: D0140-D0170, D0320, D0321, D0340

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

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 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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