

Temporomandibular Joint (TMJ) Non-Surgical Treatment

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Developed By: Medical Necessity Criteria Committee

I. Description

Temporomandibular joint (TMJ) dysfunction is the term used to describe various functional and structural disorders of the temporomandibular joints and muscles. These disorders are often the result of trauma, developmental anomalies, disc dysfunction, neuromuscular disorder, condylar displacement, stress, malocclusion, arthritis or ankylosis.

Symptoms attributed to TMJ include but are not limited to pain in the temporomandibular joint or masticatory muscles, painful clicking or popping sounds in the jaw, restricted movement or locking of the jaw, muscles spasms, earache, and tinnitus.

II. Criteria: CWQI HCS-0066

Treatment of temporomandibular joint (TMJ) dysfunction may be a limited or excluded benefit under some Moda Health medical plans. Refer to the applicable plan benefit wording to determine benefit availability and the terms and conditions of coverage.

A. Treatment of TMJ will be covered to plan limitations when **1 or more** of the following criteria are met: ***(Please refer to CWQI Guidelines for Surgical Treatment)***

- a. **Non-surgical treatment with custom intra-oral prosthetic devices/splints** will be covered with **ALL** of the following:
 - i. At least **2 or more** of the following symptoms are present:
 1. Extra-articular pain related to muscles of the head and neck region, or earaches, headaches, masticatory or cervical myalgia
 2. Painful chewing
 3. Restricted range of motion, as indicated by one of the following;
 - a. deviation on the opening of greater than 5 mm, **or**
 - b. protrusive excursive movement of less than 4 mm, **or**
 - c. interincisal opening of less than 35 mm. (greatest distance between the front upper teeth and lower front teeth when the mouth is wide open) **or**
 - d. lateral excursive movement of less than 4 mm (side-to-side movement)
 4. Popping in the jaw

- 5. Diagnosis confirmed by Dental/Periodontal/Maxillofacial Imaging (**See Member Dental Handbook for Benefits**)
 - ii. Failure to respond to a total of 6 weeks of conservative treatment with at least **3 or more** of the following:
 - a. Removal of precipitating activities, analgesics, NSAID's, soft diet and proper chewing techniques
 - b. Failure to respond to a course of physical therapy
 - c. Use of TENS unit when performed by PT or a dentist
 - d. Ultrasound
 - e. Hot/Cold packs
 - f. Acupuncture (**check Member Handbook for benefits**)
 - g. Trigger point injections
 - b. The following TMJ treatments will **NOT** be covered. This includes but is not limited to **ALL** of the following:
 - i. Bite (occlusal) adjustment/equilibration
 - ii. Crowns, bridges, amalgams, etc. to restore tooth alignment or to balance the bite
 - iii. Orthodontia
 - iv. Appliances strictly for the treatment of bruxism (*grinding of the teeth*)
 - v. Botox injections
 - vi. Continuous passive motion (CPM)
 - vii. Intra-oral appliances for the treatment of headaches or trigeminal neuralgia are considered experimental and investigational, as there is insufficient data on the effectiveness of this therapy
 - viii. Chiropractic adjustment treatments
 - ix. Use of TENS units (*unless performed by PT or a dentist*)
 - x. EMG as is considered investigational since medical necessity has not been established
 - c. **Orthognathic Surgery** – this is typically a plan exclusion. (**Refer to Member Handbook for specific benefits**)

III. Information Submitted with the Prior Authorization Request (if available):

- 1. Clinical records from the treating physician/dentist documenting TMJ symptoms
- 2. Radiographic study results
- 3. Previous treatment tried
- 4. Range of motion measurements

IV. CPT or HCPC codes covered: *These codes may not be all-inclusive.*

| Codes | Description |
|-------|---|
| 21085 | Oral Surgical Splint |
| 21089 | Unlisted maxillofacial prosthetic procedure |
| 21100 | Application of halo type appliance for maxillofacial fixation, includes removal |

| | |
|-------|--|
| 21110 | Application of interdental fixation device for conditions other than fracture or dislocation, includes removal |
| 20552 | Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s) |
| 20553 | Injection(s); single or multiple trigger point(s), 3 or more muscle(s) |
| 20605 | Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow, or ankle, olecranon bursa) |
| 70336 | Magnetic resonance (e.g. proton) imaging, temporomandibular joint(s) |
| 70486 | Computed tomography, maxillofacial area; without contrast material |
| 70488 | Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections |
| 97810 | Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient |

V. CPT or HCPC codes NOT covered:

| Codes | Description |
|-------|---|
| 98943 | Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions |
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VI. Annual Review History

| Review Date | Revisions | Effective Date |
|-------------|---|----------------|
| 05/2013 | Annual Review: Added table with review date, revisions, and effective date. | 05/2013 |
| 12/2014 | Annual Review: Formatting changes to I. A | 12/03/2014 |
| 12/2015 | Annual Review: Added ICD-10 codes | 12/02/2015 |
| 05/2016 | Annual Review: Removed surgical criteria- reference CWQI criteria | 05/26/2016 |
| 06/2018 | Annual Review: align with eviCore criteria | 6/27/2018 |
| 06/2019 | Annual Review: No changes | 07/01/2019 |
| 06/2020 | Annual Review: No content changes | 07/01/2020 |
| 06/2021 | Annual Review: No content change | 07/01/2021 |
| 05/2022 | Annual Review: No change | 06/01/2022 |
| 06/2023 | Annual Review: added indications for a restricted range of motion | 07/01/2023 |
| 06/2024 | Annual Review: CPT code update. No content changes | 07/01/2024 |

VII. References

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Appendix 1 – Applicable Diagnosis Codes:

| Codes | Description |
|--------|--|
| M26.60 | Temporomandibular joint disorder, unspecified |
| M26.61 | Adhesions and ankylosis of temporomandibular joint |
| M26.62 | Arthralgia of temporomandibular joint |
| M26.63 | Articular disc disorder of temporomandibular joint |
| M26.69 | Other specified disorders of temporomandibular joint |

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD)

| Jurisdiction(s): 5, 8 | NCD/LCD Document (s): |
|-----------------------|-----------------------|
| NA | |

| NCD/LCD Document (s): |
|-----------------------|
| NA |

| Medicare Part B Administrative Contractor (MAC) Jurisdictions | | |
|---|--|------------------------------------|
| Jurisdiction | Applicable State/US Territory | Contractor |
| F (2 & 3) | AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ | Noridian Healthcare Solutions, LLC |