

Temporomandibular Joint (TMJ) Non-Surgical Treatment

Date of Origin: 5/2002

Last Review Date: 06/28/2023

Effective Date: 07/01/2023

Dates Reviewed: 12/2003, 12/2004, 09/2005, 10/2006, 10/2007, 10/2008, 07/2010, 07/2011, 07/2012, 05/2013, 09/2013, 11/2014, 12/2015, 05/2016, 06/2018, 06/2019, 06/2020, 06/2021, 06/2022, 06/2023

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 a 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 myalgias
 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
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

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

VII. References

1. Brennan PA, Ilankovan V. Arthrocentesis for temporomandibular joint pain dysfunction syndrome. *J Oral Maxillofac Surg.* 2006 Jun;64(6):949-51.
2. Christensen RW. TMJ partial joint replacement prospective study. Final PMA post-approval study report. Clinical Protocol TMJ-96-001. Golden, CO: TMJ Implants, Inc.; December 24, 2008.
3. Conti PC, dos Santo CN, Kogawa EM, et al. The treatment of painful temporomandibular joint clicking with oral splints: a randomized clinical trial. *J Am Dent Assoc.* 2006 Aug;137(8):1108-14.
4. Emshoff R, Bösch R, Pümpel E, et al. Low-level laser therapy for treatment of temporomandibular joint pain: A double-blind and placebo-controlled trial. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod.* 2008;105(4):452-456.

5. Iwase H, Sasaki T, Asakura S, et al. Characterization of patients with disc displacement without reduction unresponsive to nonsurgical treatment: a preliminary study. *J Oral Maxillofac Surg.* 2005 Aug;63(8):1115-22.
6. Iwase H, Sasaki T, Asakura S, et al. Characterization of patients with disc displacement without reduction unresponsive to nonsurgical treatment: a preliminary study. *J Oral Maxillofac Surg.* 2005 Aug;63(8):1115-22.
7. *JADA*, July 1996; 127(7):1093-8.
8. Johansson C, Samuelsson N, Dahlstrom L. Utilization of pharmaceuticals among patients with temporomandibular disorders: a controlled study. *Acta Odontol Scand.* 2006 Jun;64(3):187-92.
9. Limchaichana N, Petersson A, Rohlin M. The efficacy of magnetic resonance imaging in the diagnosis of degenerative and inflammatory temporomandibular joint disorders: A systematic literature review. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod.* 2006;102(4):521-536.
10. McKenna SJ. Modified mandibular condylotomy. *Oral Maxillofacial Surg Clin N Am.* 2006;18(3):369-381.
11. Mercuri LG, Edibam NR, Giobbie-Hurder A. Fourteen-year follow-up of a patient-fitted total temporomandibular joint reconstruction system. *J Oral Maxillofac Surg.* 2007 Jun;65(6):1140-8.
12. Slavkin, H, DDS, NIDCR Director 1995-2000, A Lifetime of Motion: Temporomandibular Joints, Universe of devices used in the diagnosis and/or treatment of temporomandibular joint disorders and related myofacial pain dysfunction. Accessed July 25, 2011 available at URL address at: www.fda.gov/cdrh/fr/tmj.html.
13. Venezian GC, da Silva MA, Mazzetto RG, Mazzetto MO. Low level laser effects on pain to palpation and electromyographic activity in TMD patients: A double-blind, randomized, placebo-controlled study. *Cranio.* 2010;28(2):84-91.
14. Wolford LM, Dingwerth DJ, Talwar RM, Pitta MC. Comparison of 2 temporomandibular joint total joint prosthesis systems. *J Oral Maxillofac Surg.* 2003 Jun;61(6):685-90.
15. Wolford LM. Factors to consider in joint prosthesis systems. *Proc (Bayl Univ Med Cent).* 2006;19(3):232-238. Accessed July 25, 2011 at: <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1484531>.
16. Yun PY, Kim YK. The role of facial trauma as a possible etiologic factor in temporomandibular joint disorder. *J Oral Maxillofac Surg.* 2005 Nov;63(11):1576-83.
17. Physician Advisors
18. The TMJ Association, Ltd., P.O. Box 26770, Milwaukee WI 53226. TMD TREATMENTS; Dec. 21, 2017.
19. NIH, National Institute of Dental and Craniofacial Research; TMJ (Temporomandibular Joint and Muscle Disorders); Last Reviewed on February 2018
20. AADR, American Association for Dental Research; Science Policy; Temporomandibular Disorders (ATMD); adopted 1996, revised 2010, reaffirmed 2015.
21. Okeson JP. Joint intracapsular disorders: diagnostic and nonsurgical management considerations. *Dent Clin North Am* 2007;51(1):85-103.

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