

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	Temporomandibular Joint Disorders (TMJD)
Policy Number	11.01.17
Category	Contract Clarification
Original Effective Date	06/23/05
Committee Approval Date	04/27/06, 02/22/07, 12/13/07
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Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit. • If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit. • If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit. • If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY STATEMENT

- I. Based upon our criteria and assessment of the peer-reviewed literature, imaging studies to evaluate temporomandibular joint disorders (TMJD) have been medically proven to be effective and, therefore, are considered **medically appropriate**.
- II. Based upon our criteria and assessment of the peer-reviewed literature, coverage for non-operative medical interventions to treat TMJD, such as physical therapy, pharmacologic therapy and counseling have been medically proven to be effective and, therefore, are considered **medically appropriate**.
- III. Based upon our criteria and assessment of the peer-reviewed literature, surgical interventions for severe functional impairment, usually seen in advanced case of internal derangement and/or degenerative joint disease (DJD), have been medically proven to be effective and, therefore, are considered **medically appropriate** for the following indications:
 - A. Disease is severe and disabling, refractory to non-surgical treatment, and in addition to symptoms must be accompanied by at least **ONE** of the following:
 1. imaging evidence of disc displacement and/or perforation;
 2. arthroscopic evidence of internal joint derangement;
 3. tumor;
 4. cyst; or
 5. fracture, dislocation or non-union.
- IV. Services related to myofascial pain dysfunction (MPD) are not addressed in this policy as they are rendered by a dentist and considered a dental benefit, rather than a medical benefit.

Refer to Corporate Medical Policy #1.01.07 Oral Appliances for the Treatment of Obstructive Sleep Apnea

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Refer to Corporate Medical Policy #7.01.41 Surgical Management of Sleep Disorders

Refer to Corporate Medical Policy #8.01.12 Physical Therapy (PT)

Refer to the appropriate FLRx policy regarding pharmacologic therapies

POLICY GUIDELINES

- I. Coverage for dental-related services is not generally provided under medical contracts.
- II. Coverage for all services related to TMJ disorder is contract-dependent. Please contact your local Customer Care (Provider/Member) Department, to determine the benefits available under the member’s subscriber contract.
- III. Coverage of devices or appliances used to treat TMJD is contract-specific. These devices or appliances are eligible for coverage, when benefits are available under the member’s subscriber contract.

DESCRIPTION

The spectrum of TMJ disorders includes three categories: myofascial pain-dysfunction (MPD) syndrome, internal derangement, and degenerative joint disease (DJD).

MPD is considered the most common cause of TMJ pain and is thought to be a psychophysiologic disease that primarily involves the muscles of mastication. Services to treat MPD are rendered by a dentist.

Internal derangement is defined as an abnormal relationship of the articular disc to the mandibular condyle, fossa, and articular eminence. The muscle spasm seen in this condition is in response to the dysfunction; spasm is not the primary problem, as with MPD.

DJD (osteoarthritis) is the organic degeneration of the articular surfaces within the TMJ. It is secondary to micro/macro trauma, infection, and meniscal malalignment.

Patients may experience some or even all of the following symptoms: headaches (over the eye, in the temples, behind the eyes, and at the base of the skull); general facial pain, and more specific pain directly in front of the ears; ear symptoms, including ringing, buzzing, and congestion; neck and shoulder pain; clicking or grating noises of the joint with movement; locking of the jaw; and pain with function.

The main goals of treatment of TMJ disorder are to reduce or eliminate pain or joint noises, or both, and to restore normal mandibular function. TMJ disorder is a complex disorder impacted by interacting factors that serve to maintain the disease. Treatment of TMJ disorder depends upon identification of contributing conditions and behaviors.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.*
- ***CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.***
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

CPT Codes

Code	Description
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or burse (e.g., temporomandibular, acromioclavicular, wrist, elbow, or ankle, olecranon bursa); without ultrasound guidance
20606	with ultrasound guidance, with permanent recording and reporting
21010	Arthrotomy, temporomandibular joint

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Code	Description
21050	Condylectomy, temporomandibular joint (separate procedure)
21060	Meniscectomy, partial or complete, temporomandibular joint
21070	Coronoidectomy (separate procedure)
21073	Manipulation of the temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (i.e., general or monitored anesthesia care)
21116	Injection procedure for temporomandibular joint arthrography
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	Arthroplasty, temporomandibular joint, with allograft
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21480	Closed treatment of temporomandibular dislocation; initial or subsequent
21485	complicated (e.g., recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21490	Open treatment of temporomandibular dislocation
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	Arthroscopy, temporomandibular joint, surgical
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral
70330	bilateral
70332	Temporomandibular joint arthrography, radiological supervision and interpretation
70336	Magnetic resonance (e.g., proton) imaging, temporomandibular joint(s)

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Code	Description
D0320	Temporomandibular joint arthrogram, including injection
D0321	Other temporomandibular joint radiographic image, by report
D7810-D7880	Reduction of dislocation and management of other temporomandibular joint dysfunctions (code range)

ICD10 Codes

Code	Description
M26.60-M26.69	Disorders of temporomandibular joint (code range)

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*Key Article

KEY WORDS

TMJ, temporomandibular joint dysfunction

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CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based upon review, temporomandibular joint dysfunction is not addressed in a National or Local coverage determination. However, treatment of TMJ syndrome is addressed in the chapter addressing Covered Medical and Other Health Services, Section 150.1, in the Medicare Benefit Policy Manual. Please refer to the following website for Medicare members:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf> accessed 10/09/23.