# MedStar Health, Inc. POLICY AND PROCEDURE MANUAL

Policy Number: MP.016.MH Last Review Date: 02/25/2021 Effective Date: 05/01/2021

# **MP.016.MH – Temporomandibular Joint Disorders**

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar CareFirst PPO

MedStar Health considers the treatment of **Temporomandibular Joint Disorders** medically necessary for the following indications:

Moderate to severe pain presented as TMJ pain, preauricular pain, referred ear pain, or masticatory muscle pain

- a) Disabling joint function characterized by:
  - i. Restricted range of jaw motion
  - ii. Excessive range of jaw motion
  - iii. Joint noises (clicking, popping, and crepitation) associated with pain
  - iv. Abnormal masticatory function (e.g. painful chewing)
- b) Imaging evidence of joint derangement or disease

#### **Therapeutic Management:**

- 1. Coverage for Nonsurgical Management:
  - a) Medical visits
  - b) Diagnostic x-rays/imaging studies (radiographs, panoramic radiographic imaging, cephalometric radiographic images, arthrogram, MRI and/or CT)
  - c) Pharmacological treatment for pain usually pain is relieved with over-thecounter non-steroidal anti-inflammatory drugs (NSAIDs) or other pain medications
  - d) Arthrocentesis
  - e) TMJ joint injections intracapsular diagnostic and therapeutic injections or injections of anesthetic agents into the trigeminal nerve are limited to once per course of treatment

Note: Documentation must indicate patient education related to stress reduction, dietary recommendations, jaw rest and modification of jaw habits.

2. Surgical treatment is indicated with **at least two** of the following:



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- a) Earaches, headaches, masticatory or cervical myalgias refractory to medical treatment
- b) Difficulty chewing
- c) Restricted range of motion, manifested by **any one** of the following:
  - i. Interincisal opening of less than 35 mm
  - ii. Lateral excursive movement of less than 4 mm (side-to-side movement)
  - iii. Protrusive excursive movement of less than 4 mm (front-to-back motion)
  - iv. Deviation on opening of greater than 5 mm

Note: Surgical intervention is rarely required in the treatment of TMJ disorders. Prior to performing surgical treatment documentation in the medical record must support that treatment with conventional non-surgical therapy for six months has not resulted in adequate improvement.

Covered Surgical treatment includes the following:

- a) Arthroscopic surgery
- b) Arthrotomy or arthroplasty
- c) Disc repair procedures
- d) Diskectomy without or with replacement
- e) Articular surface recontouring (condylectomy and eminectomy or eminoplasty)
- f) Removal of failed implants
- g) Mandibular condylotomy
- h) Partial or total joint reconstruction
- i) Condylectomy for DJD (partial or complete)
- j) Orthognathic surgery for correction of jaw deformities could also be done as an adjunct to definitive joint treatment when related to deformities resulting in TMJ dysfunction
- k) Removable oral splints

Note: All procedures to treat TMJ dislocations must be accompanied with a diagnosis of dislocation.

#### Limitations

The following services for TMJ disorders are ineligible or **not covered** for payment under this policy:

- a) Dental prostheses (stabilization splints) including the Therabite Jaw Motion Rehabilitation system or orthodontic treatment including irreversible occlusal therapy
- b) Physical Therapy
- c) Continuous Passive Motion (CPM) therapy
- d) Range of motion measurements



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- e) Biofeedback
- f) Botulinum toxin (type A or Type B)
- g) Alloplastic joint implants
- h) Acupuncture
- i) Cognitive behavioral therapy
- j) Pulsed radiofrequency energy Energex
- k) Electromyography
- I) Kinesiography
- m) Lateral skull X-rays
- n) Neuromuscular junction testing
- o) Nuclear medicine studies
- p) Somatosensory testing
- q) Sonogram
- r) Transcranial X-rays
- s) Ultrasonic Doppler auscultation

#### **Background**

TMJ disorders are associated with the temporomandibular joint on the left and right side of the head that is involved in the movement of the jaw. TMJ disorders affect approximately between 3%-5% of the U.S. population and are typically displayed as a form of arthritis as a result of deterioration of the soft tissue and bone or displacement of the articular disc. Typical symptoms associated with TMJ disorders include joint pain, ear pain, headaches, and restricted range of motion of the jaw as well as difficulty chewing and clicking of the jaw. Diagnosis of TMJ disorders are commonly based on patient symptoms and history, physical examination, and imaging studies of the joint to indicate derangement or disease. Conservative treatment for TMJ disorders include physical therapy, anti-inflammatory drugs, muscle relaxants, analgesics, behavior/diet change and removable oral appliances. If those treatments are ineffective, more invasive treatments such as surgical procedures are available.

CPT Codes / HCPCS Codes / ICD-10 Codes		
Code	Description	
Medical CPT Codes		
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (e.g., temporomandibular acromioclavicular, wrist, elbow or ankle, olecranon bursa)	
21116	Injection procedure for temporomandibular joint arthrography	



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	nipulation (open or closed) for a dislocation of the poromandibular joint	
Injed	Injection, anesthetic agent (trigeminal nerve)	
Unli	sted procedure, nervous system	
70330 Diag	gnostic x-rays (TMJ joint open, closed, unilateral, bilateral)	
Мас	netic Resonance Imaging (MRI)	
70470 Com	nputer Tomography (head/brain with or without contrast)	
704888 Com	nputer Tomography (maxillofacial area with or without contrast)	
Surgical CPT Codes		
Arth	rotomy (temporomandibular joint)	
Tota	al condylectomy (temporomandibular joint)	
Men	niscectomy (partial or complete, temporomandibular joint)	
ther	nipulation of temporomandibular joint(s); temporomandibular joint apeutic, requiring an anesthesia service (general or monitored sthesia care)	
Arth	roplasty, temporomandibular joint with or without autograft	
Arth	roplasty, temporomandibular joint with allograft	
Arth	roplasty, temporomandibular joint with prosthetic joint replacement	
	roscopic procedures of the temporomandibular joint, diagnostic roscopy	
The	rapeutic arthroscopy, temporomandibular joint, surgical	
	rography – temporomandibular joint radiological supervision & rpretation	
Сер	halograms, orthodontic	
Orth	nopantogram	
ICD-10 Codes (64999 is excluded from the below diagnosis code restrictions.)		
-M26.69 Tem	poromandibular joint disorders	
0A- Frac 2S	cture of malar or maxillary	
)A- Frac (S	ctures of mandible	
XA- Dislo	ocation of jaw	
Mag 70470 Com 704888 Com Arth Tota Men Man ther anes Arth Arth Arth Arth Arth inter Cep Orth Codes (64999 -M26.69 Tem OA- SS OA- (S) XA- Dislo	pnetic Resonance Imaging (MRI) Inputer Tomography (head/brain with or without contrast) Inputer Tomography (maxillofacial area with or without contrast) Inputer Tomography (maxillofacial area with or without contrast) Incotomy (temporomandibular joint) Inal condylectomy (temporomandibular joint) Iniscectomy (partial or complete, temporomandibular joint) Inipulation of temporomandibular joint(s); temporomandibular joint Inipulation of temporomandibular joint with or without autograft Inipulation of temporomandibular joint with or without autograft Inipulation of temporomandibular joint with or without autograft Inipulaty, temporomandibular joint with prosthetic joint replacement of the temporomandibular joint, diagnostic roscopy Inipulation of temporomandibular joint with prosthetic joint replacement of the temporomandibular joint, surgical proscopic procedures of the temporomandibular joint, surgical prography — temporomandibular joint radiological supervision & Inipulation Inipulation of temporomandibular joint radiological supervision & Inipulation Inipulation of temporomandibular joint radiological supervision & Inipulation of temporomandibular joint disorders Inipulation of temporomandibula	



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