Clinical UM Guideline

Subject: Temporomandibular Disorders
Document #: CG-SURG-09
Status: Reviewed
Publish Date: 09/20/2018
Last Review Date: 03/22/2018

Description

This document addresses temporomandibular joint (TMJ) and related musculoskeletal structure disorders commonly called temporomandibular disorders (TMD), a collective term for temporomandibular joint dysfunction (TMJD), temporomandibular joint (TMJ) syndrome, and craniomandibular disorder (CMD).

Note: Please refer to the following documents for additional information concerning related topics:
- CG-DRUG-29 Hyaluronan Injections
- CG-SURG-84 Mandibular/Maxillary (Orthognathic) Surgery

Clinical Indications

Medically Necessary:

Nonsurgical treatments considered medically necessary for temporomandibular disorders include the following:
A. Reversible, removable, intraoral appliances such as removable splints;
B. Pharmacologic therapy (that is, analgesics, anti-inflammatory drugs, and muscle relaxants);
C. Physical therapy;
D. Therapeutic injections.

Surgical procedures considered medically necessary for temporomandibular disorders when criteria A and B listed below are met include the following:
A. Arthrocentesis;
B. Arthroscopic surgery;
C. Manipulation for reduction of fracture or dislocation;
D. Open surgical procedures, including arthroplasty, condylectomy, modified condylotomy, disc or meniscus plication, and disc removal when the temporomandibular disorder is the result of congenital anomalies, disease, or trauma;
E. TMJ arthroplasty with prosthetic implants may be considered for U.S. Food and Drug Administration (FDA) approved prostheses only.

Criteria A and B:
A. Temporomandibular joint internal derangement or other structural joint disorder is documented as evidenced by BOTH of the following:
   1. Completion of skeletal growth for individuals under age 18 with long bone x-ray or serial cephalometrics showing no change in facial bone relationships over the last three to six month period (Note: individuals age 18 and older do not require this documentation); and
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2. Computed tomography (CT), magnetic resonance imaging (MRI), or x-ray of the temporomandibular joint
documents joint pathology (for example, arthritis, bone cyst, fracture, meniscal abnormality, or tumors);

and

B. Temporomandibular joint pain or a clinically significant functional impairment, NOT due to a
maxillary/mandibular skeletal deformity and refractory to at least six months of non-surgical treatment to
include at least ONE of the following:
1. Behavioral therapy; or
2. Pharmacologic therapy (that is, analgesics, nonsteroidal anti-inflammatory drugs, muscle relaxants); or
3. Physical therapy; or
4. Reversible, removable, intraoral appliances such as removable splints; or
5. Therapeutic injections.

Not Medically Necessary:

Nonsurgical treatments considered not medically necessary for temporomandibular disorders include, but are not
limited to, the following:
A. Biofeedback;
B. Dental devices for joint range of motion or for development of muscles used in jaw function;
C. Dental prostheses (for example, dentures; implants);
D. Dental restorations (for example, bridgework; crowns);
E. Electrogalvanic stimulation (EGS);
F. Iontophoresis;
G. Occlusal equilibration, bite adjustment, irreversible occlusion therapy;
H. Orthodontic services such as braces and application of a mandibular advancement repositioning device.

Surgical procedures considered not medically necessary for temporomandibular disorders include, but are not
limited to, the following:
A. Dental implants;
B. Dental restorations;
C. Extraction of wisdom teeth;
D. Orthodontic services;
E. TMJ arthroplasty implants that are not FDA approved.

Diagnostic Testing:

The following procedures are considered not medically necessary when used to diagnose or evaluate
temporomandibular disorders:
A. Computerized mandibular scan (intended to document deviations in occlusion and muscle spasm by recording
muscle activity related to mandibular movement or positioning);
B. Intra-oral tracing or gothic arch tracing (intended to document deviations in jaw positioning);
C. Electromyography (including percutaneous or surface electrode methods);
D. Kinesiography;
E. Somatosensory testing/neuromuscular junction testing;
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F. Sonogram (ultrasonic Doppler auscultation);
G. Standard dental x-rays;
H. Thermography;
I. Transcranial or lateral skull x-ray.

**Coding**

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

**CPT**

Including, but not limited to, the following:

- **20605** Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance
- **20606** Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting
- **21010** Arthrotomy, temporomandibular joint
- **21050** Condylotomy, temporomandibular joint (separate procedure)
- **21060** Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
- **21073** Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (i.e., general or monitored anesthesia care)
- **21110** Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
- **21116** Injection procedure for temporomandibular joint arthrography
- **21210** Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
- **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
- **29800** Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
- **29804** Arthroscopy, temporomandibular joint, surgical

**HCPCS**

- **D7810** Open reduction of dislocation
- **D7820** Closed reduction of dislocation
- **D7830** Manipulation under anesthesia
- **D7840** Condylotomy
- **D7850** Surgical discectomy, with/without implant

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D7852 Disc repair
D7854 Synovectomy
D7856 Myotomy
D7858 Joint reconstruction
D7860 Arthrotomy
D7865 Arthroplasty
D7870 Arthrocentesis
D7871 Nonarthroscopic lysis and lavage
D7873 Arthroscopy- surgical: lysis and lysis of adhesions
D7874 Arthroscopy- surgical: disc repositioning and stabilization
D7875 Arthroscopy- surgical: synovectomy
D7876 Arthroscopy- surgical: discectomy
D7877 Arthroscopy- surgical: debridement
D7880 Occlusal orthotic appliance
D7899 Unspecified TMD therapy, by report
D9940 Occlusal guards, by report
D9950 Occlusion analysis- mounted case
D9951 Occlusion adjustment- limited
D9952 Occlusion adjustment- complete
E1700 Jaw motion rehabilitation system
E1701 Replacement cushions for jaw motion rehabilitation system, package of 6
E1702 Replacement measuring scales for jaw motion rehabilitation system, package of 200

ICD-10 Procedure
0RBC0ZZ Excision of right temporomandibular joint, open approach
0RBC3ZZ Excision of right temporomandibular joint, percutaneous approach
0RBC4ZZ Excision of right temporomandibular joint, percutaneous endoscopic approach
0RBD0ZZ Excision of left temporomandibular joint, open approach
0RBD3ZZ Excision of left temporomandibular joint, percutaneous approach
0RBD4ZZ Excision of left temporomandibular joint, percutaneous endoscopic approach
0RQC0ZZ-0RQC4ZZ Repair right temporomandibular joint [includes codes 0RQC0ZZ, 0RQC3ZZ, 0RQC4ZZ]
0RQD0ZZ-0RQD4ZZ Repair left temporomandibular joint [includes codes 0RQD0ZZ, 0RQD3ZZ, 0RQD4ZZ]
0RSC04Z-0RSCXZZ Reposition right temporomandibular joint [includes codes 0RSC04Z, 0RSC0ZZ, 0RSC34Z, 0RSC3ZZ, 0RSC44Z, 0RSC4ZZ, 0RSCX4Z, 0RSCXZZ]
0RSD04Z-0RSDXZZ Reposition left temporomandibular joint [includes codes 0RSD04Z, 0RSD0ZZ, 0RSD34Z, 0RSD3ZZ, 0RSD44Z, 0RSD4ZZ, 0RSDX4Z, 0RSDXZZ]
0RUC07Z-0RUC4KZ Supplement right temporomandibular joint [includes codes 0RUC07Z, 0RUC0JZ, 0RUC0KZ, 0RUC37Z, 0RUC3JZ, 0RUC3KZ, 0RUC47Z, 0RUC4JZ, 0RUC4KZ]
0RUD07Z-0RUD4KZ Supplement left temporomandibular joint [includes codes 0RUD07Z, 0RUD0JZ, 0RUD0KZ, 0RUD37Z, 0RUD3JZ, 0RUD3KZ, 0RUD47Z, 0RUD4JZ, 0RUD4KZ]

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ICD-10 Diagnosis

- G44.89 Other headache syndrome
- M19.91 Primary osteoarthritis, unspecified site
- M26.50-M26.59 Dentofacial functional abnormalities
- M26.601-M26.69 Temporomandibular joint disorders
- M79.10-M79.12 Myalgia, unspecified; mastication muscle; auxiliary muscles, head and neck
- S03.0XXA-S03.0XXS Dislocation of jaw [includes codes S03.0XXA, S03.0XXD, S03.0XXS]

Discussion/General Information

Temporomandibular disorders (TMD) is a collective term for temporomandibular joint dysfunction (TMJD), temporomandibular joint (TMJ) syndromes, and craniofacial disorder (CMD), that includes a variety of medical and dental conditions involving the masticatory muscles and the temporomandibular joint, as well as contiguous tissue components. It is not known how many people have TMD, but the main symptoms of pain and restricted jaw movement occur in 5-15 percent of afflicted Americans and more frequently affect women. Although some cases can be linked to physical trauma or disease conditions, in most cases the cause is unknown.

The most frequent presenting symptom associated with TMD is pain, usually localized to the muscles of mastication, the preauricular area, and/or the TMJ. This pain may be related to trauma, (such as a blow to the face), inflammatory or degenerative arthritis, or may be due to the mandible being pushed back towards the ears whenever the individual chews or swallows. Sometimes, muscles around the TMJ used for chewing can go into spasm, causing head and neck pain and difficulty opening the mouth normally. Other common complaints reported by individuals include earache, headache, and facial pain. Individuals may also have limited or asymmetric jaw movement and joint sounds that are usually described as clicking, popping, grating, or crepitus in the TMJ.

Conservative therapy is the mainstay in treating TMD. This therapy may include behavioral change, oral medications for pain, anti-inflammatory injections, and orthotic devices. Surgical treatments, often irreversible, may be recommended for difficult or unresponsive cases. According to the National Institute of Dental and Craniofacial Research (NIDCR), there are no standards to identify people who would most likely benefit from surgery (NIDCR, 2010). A review of available published evidence regarding the safety and efficacy of various medical and surgical treatment modalities for TMJ revealed inconsistent methodologies in study design and a significant variation of improved clinical outcomes (Al-Moraissi, 2017; Bouchard, 2017; Fricton, 2010; Kuzmanovic Pficer, 2017; List, 2010; Schiffman, 2007; Tatli, 2017; Truelove, 2006).

In 2014, Schiffman and colleagues found that, although the Research Diagnostic Criteria for Temporomandibular Disorders (RDC/TMD) Axis I diagnostic algorithms have been reliable, they were below the target sensitivity of greater than or equal to 0.70 and specificity of greater than or equal to 0.95. This empirical finding prompted a revision. The newly recommended Diagnostic Criteria for TMD (DC/TMD) Axis I include both a valid screening protocol for detecting any pain-related TMD, as well as valid diagnostic criteria for differentiating the most common pain-related TMD (sensitivity greater than or equal to 0.86, specificity greater than or equal to 0.98). The authors stated:
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TMD is the second most common musculoskeletal condition (after chronic low back pain) resulting in pain and disability… Taken together, a new dual-axis Diagnostic Criteria for TMD (DC/TMD) will provide evidence-based criteria for the clinician to use when assessing patients, and will facilitate communication regarding consultations, referrals, and prognosis.

In 2017, the American Academy of Oral and Maxillofacial Surgeons (AAOMS) issued Parameters of Care (6th edition) which provided the following:

Temporomandibular joint (TMJ) surgery is indicated for the treatment of a wide range of pathologic conditions, including developmental and acquired deformities, internal derangements, arthritis, functional abnormalities, ankylosis, and infection…Surgical intervention for internal derangement is indicated only when nonsurgical therapy has been ineffective and pain and/or dysfunction are moderate to severe. Surgery is not indicated for asymptomatic or minimally symptomatic patients. Surgery also is not indicated for preventive reasons in patients without pain and with satisfactory function. Pretreatment therapeutic goals are determined individually for each patient.

Several devices that have obtained pre-market approval/clearance (PMA) from the U.S. Food and Drug Administration (FDA) for the surgical treatment of TMD include, but are not limited to, the TMJ Concepts Patient-Fitted TMJ Reconstruction Prosthesis (TMJ Concepts, Camarillo, CA); the TMJ Partial Temporomandibular Joint Replacement System, TMJ Fossa-Eminence Prosthesis System™ and the TMJ Patient Specific Fossa-Eminence Prosthesis System™ (TMJ Implants, Inc., Golden, CO); and the Total Temporomandibular Joint (TMJ) Replacement System (Biomet Microfixation [formerly Walter Lorenz Surgical, Inc.], Jacksonville, FL). The FDA-approved labeling for each of these devices has similar indications, however, to date, the published evidence to support safety, efficacy, and durability of clinical outcomes has been limited.

Definitions

Analgesics: Medications that provide pain relief.

Arthroplasty: Surgery to relieve pain and restore range of motion by realigning or reconstructing a joint.

Behavioral therapy: Therapy aimed to help people examine those behaviors and emotions that have a negative impact on their lives and make a conscious effort to bring about positive changes.

Craniomandibular disorder (CMD): A dental term used to describe diseases or disorders of the muscles of the head and neck, with special reference to the masticatory (chewing) muscles.

Disc: Shortened terminology for an intervertebral disc or a TMJ disc; a disk-shaped piece of specialized tissue that separates the bones and provides a cushion between the bones.

Mandible: Bone of the lower jaw.
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Meniscus: A cartilage pad between the two joint surfaces within the TMJ, acting as a smooth surface for the joint to move on.

Modified condylotomy: An extra-articular surgical procedure used to manage TMJ dysfunction. The primary purpose of the procedure is to increase joint space by allowing the mandibular condyle to move inferiorly with respect to both the articular disc and eminence.

Orthodontics: The specialty of dentistry dealing with the prevention and correction of abnormally positioned or aligned teeth.

Physical therapy: A branch of rehabilitative health that uses specially designed exercises and equipment to help individuals regain or improve their physical abilities.

Temporal bone: A large, irregular bone situated at the base and side of the skull; connected with the mandible via the TMJ.

Temporomandibular joint (TMJ): Joint that hinges the mandible to the temporal bone of the skull; one of the most frequently used joints in the entire body, moving whenever a person eats, drinks, or talks.

References

Peer Reviewed Publications:
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Government Agency, Medical Society, and Other Authoritative Publications:

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Arthroscopy, TMJ Dysfunction
Temporomandibular Joint
TMJ
TMJ Concepts Patient-Fitted TMJ Reconstruction Prosthesis
TMJ Fossa-Eminence Prosthesis System
Total Temporomandibular Joint (TMJ) Replacement System

The use of specific product names is illustrative only. It is not intended to be a recommendation of one product over another, and is not intended to represent a complete listing of all products available.

History

<table>
<thead>
<tr>
<th>Status</th>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviewed</td>
<td>03/22/2018</td>
<td>Medical Policy &amp; Technology Assessment Committee (MPTAC) review. The document header wording updated from “Current Effective Date” to “Publish Date.” Discussion/General Information and References sections updated.</td>
</tr>
<tr>
<td>Revised</td>
<td>05/04/2017</td>
<td>MPTAC review. Modified condylotomy was added to the surgical procedures for TMD considered medically necessary when criteria are met. References and Coding sections were updated.</td>
</tr>
<tr>
<td>Updated</td>
<td>09/20/2018</td>
<td>Updated Coding section with 10/01/2018 ICD-10-CM diagnosis code changes; added M79.10-M79.12 replacing M79.1.</td>
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Reviewed 11/03/2016 MPTAC review. Updated the formatting of the Clinical Indications section. The Discussion section and References were updated.

Reviewed 10/01/2016 Updated coding section with 10/01/2016 ICD-10-CM changes.

Reviewed 11/05/2015 MPTAC review. References were updated. Removed ICD-9 codes from Coding section.

Reviewed 07/01/2015 Updated Coding section with 07/01/2015 HCPCS changes; removed S8262 deleted 06/30/2015.

Reviewed 11/13/2014 MPTAC review. Discussion and References sections were updated. Updated Coding section with 01/01/2015 CPT changes.

Reviewed 11/14/2013 MPTAC review. Discussion section and References were updated.

Reviewed 11/08/2012 MPTAC review. References were updated.

Reviewed 11/17/2011 MPTAC review. Discussion and References were updated.

Revised 11/18/2010 MPTAC review. Revised Subject of document to: Temporomandibular Disorders. Clarified wording throughout the Clinical Indications, changing ‘temporomandibular dysfunction’ to ‘temporomandibular disorders.’ Revised medically necessary criteria for surgical intervention specific to the age requirement for documented radiograph proof of completion of skeletal growth as follows: “Completion of skeletal growth for individuals under age 18 with long bone x-ray or serial cephalometrics showing no change in facial bone relationships over the last three to six month period (Note: individuals age 18 and older do not require this documentation).” Alphabetized, formatted and reordered document Clinical Indications without additional revisions to the document criteria. Updated Description, Coding, Discussion, Definitions, and References.

Reviewed 10/01/2010 Updated Coding section with 10/01/2010 ICD-9 changes.

Reviewed 11/19/2009 MPTAC review. Updated References and Coding.

Reviewed 11/20/2008 MPTAC review. Updated Discussion and References.

Reviewed 11/29/2007 MPTAC review. Updated References and Coding to include 01/01/2008 CPT changes.


Revised 12/01/2005 MPTAC review. Revision based on Pre-merger Anthem and Pre-merger WellPoint Harmonization.

Pre-Merger Organizations Last Review Document Title
Anthem, Inc. N/A  N/A N/A
Anthem Northeast (Maine) None BD TMJ (Temporomandibular Joint Syndrome) Benefit Detail
Anthem Midwest 08/06/2004 MA-037 Temporomandibular Joint Dysfunction (TMD), Temporomandibular Joint Syndrome (TMJ), Craniofacial Joint Disorder (CMD)

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