

SUBJECT: TEMPOROMANDIBULAR JOINT (TMJ) DISEASE

POLICY NUMBER: 11.01.17

CATEGORY: Contract Clarification

EFFECTIVE DATE: 06/23/05

REVISED DATE: 04/27/06, 02/22/07, 12/13/07

ARCHIVED DATE: 12/11/08

EDITED DATE: 12/10/09, 12/09/10, 12/08/11, 12/06/12, 12/12/13

PAGE: 1 OF: 4

- *If the member's subscriber contract excludes coverage for a specific service it is not covered under that contract. In such cases, medical policy criteria are not applied.*
- *Medical policies apply to commercial and Medicaid products only when a contract benefit for the specific service exists.*
- *Medical policies only apply to Medicare products when a contract benefit exists and where there are no National or Local Medicare coverage decisions for the specific service.*

POLICY STATEMENT:

- I. Imaging studies to evaluate temporomandibular joint (TMJ) disease are **medically appropriate**.
- II. Coverage for non-operative medical interventions such as physical therapy, pharmacologic therapy and counseling are considered **medically necessary**.
- III. Devices or appliances used to treat temporomandibular joint disease are **eligible for coverage** when covered under the member's subscriber contract.
- IV. Surgical interventions for severe functional impairment, usually seen in advanced case of internal derangement and/or degenerative joint disease (DJD), are **medically appropriate**. Disease must be severe and disabling, refractory to non-surgical treatment, and in addition to symptoms must be accompanied by at least one of the following:
 - A. Imaging evidence of disc displacement and/or perforation;
 - B. Arthroscopic evidence of internal joint derangement;
 - C. Tumor;
 - D. Cyst; or
 - E. Fracture, dislocation or non-union.
- V. 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 regarding Oral Appliances for Treatment of Sleep-Related Breathing Disorders.

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

Refer to Corporate Medical Policy #8.01.12 regarding Physical Therapy.

Refer to the appropriate FLRx policy regarding pharmacologic therapies.

POLICY GUIDELINES:

- I. Coverage for dental related services is not provided under medical contracts.
- II. Coverage for all services related to TMJ disease is contract dependent. Please contact your local Customer (Provider/Member) Services Department to determine contract coverage.

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.

SUBJECT: TEMPOROMANDIBULAR JOINT (TMJ) DISEASE POLICY NUMBER: 11.01.17 CATEGORY: Contract Clarification	EFFECTIVE DATE: 06/23/05 REVISED DATE: 04/27/06, 02/22/07, 12/13/07 ARCHIVED DATE: 12/11/08 EDITED DATE: 12/10/09, 12/09/10, 12/08/11, 12/06/12, 12/12/13 PAGE: 2 OF: 4
--	--

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 as well as more specific pain directly in front of the ears, ear symptoms include ringing, buzzing, congestion, neck and shoulder pain including clicking or grating noises of the joint with movement, and locking of the jaw or 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: Number Description

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.

CPT:	20605 Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow, or ankle, olecranon bursa)
	21010 Arthrotomy, temporomandibular joint
	21050 Condylectomy, temporomandibular joint
	21060 Meniscectomy, partial or complete, temporomandibular joint
	21070 Coronoidectomy
	21073 Manipulation of the temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, 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 (eg, 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
	29804 Arthroscopy, temporomandibular joint, surgical
	70328 Radiologic examination, temporomandibular joint, open and closed mouth; unilateral

SUBJECT: TEMPOROMANDIBULAR JOINT (TMJ) DISEASE	EFFECTIVE DATE: 06/23/05 REVISED DATE: 04/27/06, 02/22/07, 12/13/07 ARCHIVED DATE: 12/11/08 EDITED DATE: 12/10/09, 12/09/10, 12/08/11, 12/06/12, 12/12/13 PAGE: 3 OF: 4
POLICY NUMBER: 11.01.17 CATEGORY: Contract Clarification	

70330	bilateral
70332	Temporomandibular joint arthrography, radiological supervision and interpretation
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)

Copyright © 2013 American Medical Association, Chicago, IL

HCPCS:	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)

ICD9:	524.6	Temporomandibular joint disorders
	524.60	Temporomandibular joint disorders, unspecified
	524.61	Adhesions and ankylosis (bony or fibrous)
	524.62	Arthralgia of temporomandibular joint
	524.63	Articular disc disorder (reducing or non reducing)
	524.64	Temporomandibular joint sounds on opening and/or closing the jaw
	524.69	Other specified temporomandibular joint disorders

ICD10:	M26.60-M26.69	Disorders of temporomandibular joint (code range)
---------------	---------------	---

REFERENCES:

BlueCross BlueShield Association. Temporomandibular joint dysfunction. Medical Policy Reference Manual Policy #2.01.21. 2013 Jul 11.

Cooper BC and Kleinberg I. Relationship of temporomandibular disorders to muscle tension-type headaches and a neuromuscular orthosis approach to treatment. *Cranio* 2009 Apr;27(2):101-8.

Ingawale S and Goswami T. Temporomandibular joint: disorders, treatments, and biomechanics. *Ann Biomed Eng* 2009 May;37(5):976-96.

Long X, et al. A randomized controlled trial of superior and inferior temporomandibular joint space injection with hyaluronic acid in treatment of anterior disc displacement without reduction. *J Oral Maxillofac Surg* 2009 Feb;67(2):357-61.

Maia ML, et al. Effect of low-level laser therapy on pain levels in patients with temporomandibular disorders: a systematic review. *J Appl Oral Sci* 2012 Nov-Dec;20(6):594-602.

Melis M, et al. Low level laser therapy for the treatment of temporomandibular disorders: a systematic review of the literature. *Cranio* 2012 Oct;30(4):304-12.

National Institutes of Health, National Institute of Dental and Craniofacial Research. TMJ (Temporomandibular Joint and Muscle Disorders). Updated 2013 Sep 5 [<http://www.nidcr.nih.gov/OralHealth/Topics/TMJ/>] accessed 10/16/13.

National Institutes of Health, National Institute of Dental and Craniofacial Research. Temporomandibular disorders. NIH publication no. 10-3487. 2013 Jan [<http://www.nidcr.nih.gov/NR/rdonlyres/39C75C9B-1795-4A87-8B46-8F77DDE639CA/0/TMJDisorders.pdf>] accessed 10/16/13.

Sharma S, et al. Systematic review of reliability and diagnostic validity of joint vibration analysis for diagnosis of temporomandibular disorders. *J Orofac Pain* 2013 Winter;27(1):51-60.

SUBJECT: TEMPOROMANDIBULAR JOINT (TMJ) DISEASE	EFFECTIVE DATE: 06/23/05 REVISED DATE: 04/27/06, 02/22/07, 12/13/07 ARCHIVED DATE: 12/11/08 EDITED DATE: 12/10/09, 12/09/10, 12/08/11, 12/06/12, 12/12/13 PAGE: 4 OF: 4
POLICY NUMBER: 11.01.17 CATEGORY: Contract Clarification	

KEY WORDS:

TMJ, temporomandibular joint dysfunction.

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: <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>.