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<b>Preauthorization</b>	No	<b>Review Dates:</b> 09/07, 09/08, 09/09, 09/10, 09/11, 09/12, 09/13	

*The following Protocol contains medical necessity criteria that apply for this service. It is applicable to Medicare Advantage products unless separate Medicare Advantage criteria are indicated. If the criteria are not met, reimbursement will be denied and the patient cannot be billed. **Preauthorization is not required.** Please note that payment for covered services is subject to eligibility and the limitations noted in the patient's contract at the time the services are rendered.*

### Description

Temporomandibular joint (TMJ) dysfunction refers to a group of disorders characterized by pain in the TMJ and surrounding tissues. Initial conservative therapy is generally recommended; there are also a variety of non-surgical and surgical treatment possibilities for patients whose symptoms persist.

#### Background

Temporomandibular joint (TMJ) dysfunction (also known as TMJ disorders) refers to a cluster of problems associated with the temporomandibular joint and musculoskeletal structures. The etiology of TMJ disorders remains unclear and is believed to be multifactorial. TMJ disorders are often divided into two main categories: articular disorders (e.g., ankylosis, congenital or developmental disorders, disc derangement disorders, fractures, inflammatory disorders, osteoarthritis and joint dislocation) and masticatory muscle disorders (e.g., myofascial pain, myofibrotic contracture, myospasm, and neoplasia).

There are no generally accepted criteria for diagnosing TMJ disorders. It is often a diagnosis of exclusion and involves physical examination, patient interview, and dental record review. Diagnostic testing and radiologic imaging is generally only recommended for patients with severe and chronic symptoms.

Symptoms attributed to TMJ dysfunction are varied and include but are not limited to clicking sounds in the jaw; headaches; closing or locking of the jaw due to muscle spasms (trismus) or displaced disc; pain in the ears, neck, arms, and spine; tinnitus; and bruxism (clenching or grinding of the teeth).

For many patients, symptoms of TMJ dysfunction are short-term and self-limiting. Conservative treatments, such as eating soft foods, rest, heat, ice, and avoiding extreme jaw movements, and anti-inflammatory medication, are recommended prior to consideration of more invasive and/or permanent therapies, such as surgery.

**Note:** Low-level laser therapy for TMJ is addressed in Protocol Low-Level Laser Therapy

#### Regulatory Status

At least one joint vibration analysis device has received clearance from the U.S. Food and Drug Administration (FDA). In February 2009, the BioEMG III Joint Vibration Analysis device (BioResearch Associates, Brown Deer, WI) was cleared for marketing by the FDA through the 510(k) process. The intended use of the device is to record and display sounds and vibrations from the TMJ and to aid clinicians in the analysis of joint sound and vibrations.

#### Related Protocols:

Transcutaneous Electrical Nerve Stimulation (TENS)

Intra-articular Hyaluronan Injections for Osteoarthritis

Low-Level Laser Therapy

Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT)

### Corporate Medical Guideline

The following *diagnostic procedures* may be considered **medically necessary** in the diagnosis of TMJ dysfunction:

- Diagnostic X-ray, tomograms, and arthrograms;
- Computed tomography (CT) scan or magnetic resonance imaging (MRI) (in general, CT scans and MRIs are reserved for pre-surgical evaluations);
- Cephalograms (X-rays of jaws and skull);
- Pantograms (X-rays of maxilla and mandible).

Cephalograms and pantograms should be reviewed on an individual basis.

The following *diagnostic procedures* are considered **investigational** in the diagnosis of TMJ dysfunction:

- Electromyography (EMG), including surface EMG;
- Kinesiography;
- Thermography;
- Neuromuscular junction testing;
- Somatosensory testing;
- Transcranial or lateral skull X-rays;
- Intra-oral tracing or gothic arch tracing (intended to demonstrate deviations in the positioning of the jaws that are associated with TMJ dysfunction);
- Muscle testing;
- Standard dental radiographic procedures;
- Range of motion measurements;
- Computerized mandibular scan (this measures and records muscle activity related to movement and positioning of the mandible and is intended to detect deviations in occlusion and muscle spasms related to TMJ dysfunction);
- Ultrasound imaging/sonogram;
- Arthroscopy of the TMJ for purely diagnostic purposes;
- Joint vibration analysis.

The following *non-surgical treatments* may be considered **medically necessary** in the treatment of TMJ dysfunction:

- Acupuncture;
- Intra-oral removable prosthetic devices/appliances (encompassing fabrication, insertion, and adjustment);
- Pharmacological treatment (such as anti-inflammatory, muscle relaxing, and analgesic medications). **Note:** Refer to Pharmacy Drug Guidelines.

The following *non-surgical treatments* are considered **investigational** in the treatment of TMJ dysfunction:

- Electrogalvanic stimulation;

- Iontophoresis;
- Biofeedback;
- Ultrasound;
- Devices promoted to maintain joint range of motion and to develop muscles involved in jaw function;
- Orthodontic services;
- Dental restorations/prostheses;
- Transcutaneous electrical nerve stimulation (TENS);
- Percutaneous electrical nerve stimulation (PENS);
- Physical therapy, including diathermy, infrared, and heat and cold treatment, and manipulation.

The following *surgical treatments* may be considered **medically necessary** in the treatment of TMJ dysfunction:

- Arthrocentesis;
- Manipulation for reduction of fracture or dislocation of the TMJ;
- Arthroscopic surgery in patients with objectively demonstrated (by physical examination or imaging) internal derangements (displaced discs) or degenerative joint disease who have failed conservative treatment;
- Open surgical procedures (when TMJ dysfunction is the result of congenital anomalies, trauma, or disease in patients who have failed conservative treatment) including, but not limited to, arthroplasties; condylectomies; meniscus or disc plication and disc removal.

### Medicare Advantage

The above applies with these exceptions:

Oral occlusal appliances used to treat temporomandibular joint (TMJ) disorders are considered dental-related items by Medicare and are **non covered** for Medicare Advantage.

Cervical traction (pneumatic, not for mandible) may be considered **medically necessary** for TMJ dysfunction if the member has tried other treatment first and understands and tolerates it.

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Services that are the subject of a clinical trial do not meet our Technology Assessment Protocol criteria and are considered investigational. *For explanation of experimental and investigational, please refer to the Technology Assessment Protocol.*

It is expected that only appropriate and medically necessary services will be rendered. We reserve the right to conduct prepayment and postpayment reviews to assess the medical appropriateness of the above-referenced procedures. **Some of this Protocol may not pertain to the patients you provide care to, as it may relate to products that are not available in your geographic area.**

### References

We are not responsible for the continuing viability of web site addresses that may be listed in any references below.

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