



MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	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
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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 product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • If a Medicare 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.

POLICY STATEMENT

- I. Imaging studies to evaluate temporomandibular joint (TMJ) disease are considered **medically appropriate**.
- II. Coverage for non-operative medical interventions such as physical therapy, pharmacologic therapy and counseling are considered **medically appropriate**.
- 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 considered **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 the 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 (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.

Medical Policy: TEMPOROMANDIBULAR JOINT (TMJ) DISEASE

Policy Number: 11.01.17

Page: 2 of 4

II. Coverage for all services related to TMJ disorder 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.

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, including ringing, buzzing, and congestion; neck and shoulder pain; clicking or grating noises of the joint with movement; and 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.*

CPT Codes

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

Medical Policy: TEMPOROMANDIBULAR JOINT (TMJ) DISEASE**Policy Number: 11.01.17****Page: 3 of 4**

Code	Description
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
70330	bilateral
70332	Temporomandibular joint arthrography, radiological supervision and interpretation
70336	Magnetic resonance (eg, 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)

REFERENCES

Armijo-Olivo S, et al. Effectiveness of manual therapy and therapeutic exercise for temporomandibular disorders: systematic review and meta-analysis. Phys Ther 2016 Jan;96(1):9-25.

BlueCross BlueShield Association. Temporomandibular joint dysfunction. Medical Policy Reference Manual Policy #2.01.21. 2019 Feb 14.

Calixtre LB, et al. Manual therapy for the management of pain and limited range of motion in subjects with signs and symptoms of temporomandibular disorder: a systematic review of randomised controlled trials. J Oral Rehabil 2015 Nov;42(11):847-61.

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.

de Freitas RF, et al. Counselling and self-management therapies for temporomandibular disorders: a systematic review. J Oral Rehabil 2013 Nov;40(11):864-74.

de Souza RF, et al. Interventions for the management of temporomandibular joint osteoarthritis. Cochrane Database Systematic Reviews 2012; Issue 4. Art. No.: CD007261.

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

Keenan JR. Unclear results for the use of botulinum toxin therapy for TMD pain. Evid Based Dent 2015 Dec;16(4):122.

Kotiranta U, et al. Tailored treatments in temporomandibular disorders: where are we now? A systematic qualitative literature review. J Oral Facial Pain Headache 2014 Winter;28(1):28-37.

Medical Policy: TEMPOROMANDIBULAR JOINT (TMJ) DISEASE

Policy Number: 11.01.17

Page: 4 of 4

Li C, et al. Osteoarthritic changes after superior and inferior joint space injection of hyaluronic acid for the treatment of temporomandibular joint osteoarthritis with anterior disc displacement without reduction: a cone-beam computed tomographic evaluation. J Oral Maxillofac Surg 2015 Feb;73(2):232-44.

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.

Luther F, Layton S, McDonald F. WITHDRAWN: Orthodontics for treating temporomandibular joint (TMJ) disorders. Cochrane Database Syst Rev. Jan 07 2016(1):CD006541.

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 2014 Jul 10 [<http://www.nidcr.nih.gov/OralHealth/Topics/TMJ/>] accessed 11/7/19.

National Institutes of Health, National Institute of Dental and Craniofacial Research. TMJ disorders. NIH publication no. 13-3487. 2013 Aug [<http://www.nidcr.nih.gov/oralhealth/Topics/TMJ/TMJDisorders.htm>] accessed 11/7/19.

Schiffman E, et al; International RDC/TMD Consortium Network, International Association for Dental Research; Orofacial Pain Special Interest Group, International Association for the Study of Pain. Diagnostic Criteria for Temporomandibular Disorders (DC/TMD) for Clinical and Research Applications: recommendations of the International RDC/TMD Consortium Network* and Orofacial Pain Special Interest Group. J Oral Facial Pain Headache 2014 Winter;28(1):6-27. Update J Am Dent Assoc. Jun 2016;147(6):438-445.

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.

Zhang Y, et al. Hypnosis/Relaxation therapy for temporomandibular disorders: a systematic review and meta-analysis of randomized controlled trials. J Oral Facial Pain Headache 2015 Spring;29(2):115-25.

*Key Article

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>.