

Medical Policy

Temporomandibular Joint (TMJ) Disorders	
MEDICAL POLICY NUMBER	MED_Clin_Ops_018
CURRENT VERSION EFFECTIVE DATE	January 1, 2024
APPLICABLE PRODUCT AND MARKET	<i>Individual Family Plan:</i> AZ, CO, FL, IL, NC, NE, TN (Policy not applicable in AL, SC, OK) <i>Small Group:</i> All Plans <i>Medicare Advantage:</i> All Plans

Brand New Day/Central Health Medicare Plan develops policies and makes coverage determinations using credible scientific evidence including but not limited to MCG™ Health Guidelines, the ASAM Criteria™, and other third party sources, such as peer-reviewed medical literature generally recognized by the relevant medical community, physician specialty society recommendations, and expert opinion as relevant to supplement those sources. Brand New Day/Central Health Medicare Plan Medical Policies, MCG™ Guidelines, and the ASAM Criteria™ are not intended to be used without the independent clinical judgment of a qualified health care provider considering the individual circumstances of each member's case. The treating health care providers are solely responsible for diagnosis, treatment, and medical advice. Members may contact Brand New Day/Central Health Medicare Plan Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Brand New Day/Central Health Medicare Plan policy may contact the Health Plan. Brand New Day/Central Health Medicare Plan policies and practices are compliant with federal and state requirements, including mental health parity laws.

If there is a difference between this policy and the member specific plan document, the member benefit plan document will govern. For Medicare Advantage members, Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), govern. Refer to the CMS website at <http://www.cms.gov> for additional information.

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PURPOSE

The purpose of this policy is to establish the clinical review criteria that support the determination of medical necessity for Temporomandibular Joint Disorders (TMJ) services.

POLICY/CRITERIA

Temporomandibular Joint Disorder Coverage

Temporomandibular Joint Disorder (TMJ) treatment may be considered for authorization in markets where TMJ is a covered benefit in accordance with the member's Certificate of Coverage. When a plan excludes coverage for TMJ, all services for TMJ are excluded from coverage regardless of whether the underlying cause is due to medical or dental reasons or conditions.

Brand New Day/Central Health Medicare Plan requires prior authorization for the treatment of TMJ disorders. Brand New Day/Central Health Medicare Plan considers authorization for treatment of TMJ disorders eligible when the disorders are caused by or may result in a specific medical condition. . The medical condition must be proven to exist by diagnostic x-

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rays or other generally accepted diagnostic procedures. Examples of specific medical conditions that may be considered for authorization include but are not limited to:

- Jaw fractures or dislocations
- Degenerative arthritis.

Note: TMJ Syndrome is not considered a specific medical condition that is eligible for authorization review.

Temporomandibular Joint Disorder Services

The following TMJ services may be considered for authorization

Diagnostic TMJ Modalities:

- 1) Diagnostic x-ray, tomograms, and arthrograms.
- 2) Cephalograms (x-rays of jaws and skull).
- 3) Computed tomography (CT) scan or magnetic resonance imaging (MRI) for pre-surgical evaluations.

Therapeutic Non-Surgical TMJ Modalities:

- 1) Short term physical therapy, intra-oral removable prosthetic devices/appliances (encompassing fabrication, insertion and adjustment), and arthrocentesis may be authorized when **BOTH** of the following are met:
 - a) Significant clinical symptoms and signs are present, including at least two of the following:
 - i) Extra-articular pain related to muscles of the head and neck region, or earaches,
 - ii) headaches, masticatory or cervical myalgia's,
 - iii) Painful chewing,
 - iv) Restricted range of motion, manifested by one of the following:
 - (1) interincisal opening of less than 35 mm. (greatest distance between front upper teeth and lower front teeth when mouth is wide open) or
 - (2) lateral excursive movement of less than 4 mm. (side to side movement) or
 - (3) protrusive excursive movement of less than 4 mm. (front to back motion) or
 - (4) deviation on opening of greater than 5 mm **AND**
 - b) Symptoms are not resolved by conservative treatment, including **BOTH** of the following:
 - i) Removal of precipitating activities (such as gum chewing or eating hard candies)
 - ii) Pharmacological treatment such as anti-inflammatory or analgesic medications (2-week trial) and 2-week trial of soft diet.

2) Non-Surgical Modalities may include:

- a) TMJ splints / biteplates.
- b) Physical therapy.
- c) Injections of corticosteroids for rheumatoid arthritis-related TMJ disorders.
- d) Intra-oral reversible prosthetic devices/appliances (encompassing fabrication, insertion, and adjustment).
- e) Manipulative Therapy.

Therapeutic Surgical TMJ Modalities

1) TMJ Surgery may be authorized when **ALL** the following criteria are met:

- a) Signs and symptoms not resolved by conservative measures including standard splints (unless contra- indicated, e.g., anterior open bite and some Class III malocclusions), pharmacological treatment and physical therapy (unless contra- indicated)
- b) MRI or other radiology studies document TMJ abnormality noted in Stage III-V below
- c) Underlying orthodontic disorders have been ruled out, or if present, treatment has been implemented (history, physical, and/or laboratory results must be documented with an assessment of the presence or absence of an orthodontic disorder) **AND**

2) Surgical Modalities may include:

- a) Arthrocentesis,
- b) Condylectomy,
- c) Coronoidectomy,
- d) Arthroplasty and Arthrotomy,
- e) Arthroscopic TMJ prosthetic replacement if **ONE** or more of the following conditions is present:
 - i) Inflammatory arthritis involving the TMJ not responsive to other modalities of treatment.
 - ii) Recurrent fibrous and/or bony ankylosis not responsive to other modalities of treatment.
 - iii) Failed tissue graft.
 - iv) Failed alloplastic joint reconstruction **OR**
 - v) Loss of vertical mandibular height and/or occlusal relationship due to bone resorption, trauma, developmental abnormality, or pathologic lesion.

EXCLUSIONS

The following procedures are considered investigational and/or experimental and not considered for authorized:

Diagnostic TMJ Modalities

- 1) Electromyography (EMG), including surface EMG.
- 2) Joint vibration analysis.
- 3) Kinesiography/electrogathograph/jaw tracking.
- 4) Thermography.
- 5) Intra-oral tracing or gothic arch tracing (intended to demonstrate deviations in the positioning of the jaws that are associated with TMJ dysfunction).
- 6) Muscle testing.
- 7) 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).
- 8) Computerized mandibular scan (intended to document deviations in occlusion and muscle spasm by recording muscle activity related to mandibular movement or positioning).
- 9) Somatosensory testing/neuromuscular junction testing.
- 10) Sonogram (ultrasonic Doppler auscultation).
- 11) Standard dental x-rays.
- 12) Thermography.
- 13) Transcranial or lateral skull x-ray.
- 14) Ultrasound imaging/sonogram/ultrasonic Doppler auscultation.
- 15) Arthroscopy of the TMJ for purely diagnostic purposes.
- 16) Bruxism device (e.g. Bruxoff, Grindcare).

Therapeutic TMJ Modalities

- 1) Biofeedback.
- 2) Dental devices for joint range of motion or for development of muscles used in jaw function.
- 3) Dental prostheses (for example, dentures; implants).
- 4) Dental restorations (for example, bridgework; crowns).
- 5) Occlusal equilibration, bite adjustment, irreversible occlusion therapy.
- 6) Orthodontic services such as braces and application of a mandibular advancement repositioning device.
- 7) Dental implants.
- 8) Extraction of wisdom teeth.
- 9) TMJ arthroplasty implants that are not FDA approved.
- 10) Low-level laser therapy.
- 11) Bruxism Monitor.

- 12) Manipulation under anesthesia, outside of dislocation and fracture.
- 13) Dry Needling.
- 14) Trigger point and tender point injections.
- 15) Total joint replacement with the TMJ Fossa-Eminence/Condylar Prosthesis System™
- 16) Partial joint replacement with the TMJ Fossa-Eminence Prosthesis™
- 17) Craniosacral manipulation.
- 18) Low-load prolonged-duration stretch (LLPS) devices.
- 19) Electrogalvanic stimulation.
- 20) Iontophoresis.
- 21) Ultrasound.
- 22) Devices promoted to maintain joint range of motion and to develop muscles involved in jaw function (e.g., Continuous passive motion (CPM) devices, passive rehabilitation therapy devices i.e. Therabite).
- 23) Transcutaneous electrical nerve stimulation (TENS).
- 24) Percutaneous electrical nerve stimulation (PENS).
- 25) Neuromuscular re-education.
- 26) Advanced LightWire Functional (ALF) treatment.
- 27) Nociceptive trigeminal inhibition tension suppression system.
- 28) Acupuncture.
- 29) Intra-articular injection of hyaluronic acid.

BACKGROUND

There are significant basic differences between medical and dental diseases and the amount of tissue damage that will occur in the natural course of these diseases if they are left untreated. Additionally, the medical care and dental care systems are organized differently. Because of these differences medical benefit plans are not designed or operated like dental insurance plans. There are, however, situations where dental services may be covered under a medical plan due to the nature of the disease, condition, procedure or as dictated by benefit plan intent or governmental mandate.

DEFINITIONS

Authorization means decision by Brand New Day/Central Health Medicare Plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary or meets other member contract term. Sometimes called prior authorization, prior approval or precertification. Brand New Day/Central Health Medicare Plan requires preauthorization for certain services before a member receives them, except in an emergency. Authorization is not a promise Brand New Day/Central Health Medicare Plan will cover the cost.

Cephalometrics is the interpretation of lateral skull x-rays taken under standardized conditions. Two of the more popular methods of analysis used in Orthodontology are the Steiner analysis and the McNamara analysis.

- McNamara analysis combines the anterior reference plane with a description of the length of the individual's jaw and the relationship between them.
- Steiner analysis utilizes the SNA angle to assess the anteroposterior position of the maxilla regarding the cranial base. Steiner's Analysis follows the belief that the most important measurements in his analysis were the ANB angle, which is formed by the difference between SNA and SNB angles.

Class I occlusion exists with the teeth in a normal relationship when the mesial-buccal cusp of the maxillary first permanent molar coincides with the buccal groove of the mandibular first molar.

Class II malocclusion occurs when the mandibular teeth are distal or behind the normal relationship with the maxillary teeth. This can be due to a deficiency of the lower jaw or an excess of the upper jaw, and therefore, presents two types:

- Division I exists when the mandibular arch is behind the upper jaw with a consequential protrusion of the upper front teeth.
- Division II exists when the mandibular teeth are behind the upper teeth, with a retrusion of the maxillary front teeth. Both malocclusions have a tendency toward a deep bite because of the uncontrolled migration of the lower front teeth upwards. Commonly referred to as an overbite.

Class III malocclusion occurs when the lower dental arch is in front of the upper dental arch. People with this type of occlusion usually have a strong or protrusive chin, which can be due to either horizontal mandibular excess or horizontal maxillary deficiency. Commonly referred to as an under bite.

Oral surgery involves the correction of conditions of or damage to the mouth, teeth, and jaw. Oral surgery is commonly performed to remove wisdom teeth, prepare the mouth for dentures, repair jaw conditions, and perform more advanced procedures as required after trauma or severe disease damage to the structure of the mouth.

CODING

Applicable CPT codes:

20600, 20605, 20606, 21010, 21050, 21060, 21073, 21076, 21240, 21242, 21243, 29800, 29804, 70250, 70260, 70300 – 70320, 77077, 90875, 90876, 95867, 95868, 95927, 95937, 95851, 97112, 97039, E1700, E1701, E1702, J0702, J2650, J3303.

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POLICY HISTORY

Original Effective Date	February 11, 2020
Revised Date	December 20, 2020 – Small Group added as applicable product March 2, 2021 – Annual review; IL added to Individual Family Plan product; AL, SC, OK noted as policy exclusions March 24, 2022 – Annual review March 1, 2023 - Adopted by MA UM Committee (no policy revisions made) January 1, 2024 - Updated to Brand New Day/Central Health Medicare Plan/Central Health Medicare Plan