# Temporomandibular Joint Disorders

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**Policy**

Evolent Health considers **Temporomandibular Joint (TMJ) Disorders** medically necessary for the following indications:

Moderate to severe pain presented as TMJ pain, preauricular pain, referred ear pain, or masticatory muscle pain

a) Disabling joint function characterized by:
   - Restricted range of jaw motion
   - Excessive range of jaw motion
   - Joint noises (clicking, popping, and crepitation) associated with pain
   - Abnormal masticatory function (e.g. painful chewing)

b) Imaging evidence of joint derangement or disease

**Therapeutic Management:**

1. Coverage for Nonsurgical Management:
   a) Medical visits
   b) Diagnostic x-rays/imaging studies (radiographs, panoramic radiographic imaging, cephalometic radiographic images, arthrogram, MRI and/or CT)
   c) Pharmacological treatment for pain – usually pain is relieved with over-the-counter non-steroidal anti-inflammatory drugs (NSAIDs) or other pain medications
   d) Arthrocentesis
   e) TMJ joint injections – intracapsular diagnostic and therapeutic injections or injections of anesthetic agents into the trigeminal nerve are limited to once per course of treatment

*Note: Documentation must indicate patient education related to stress reduction, dietary recommendations, jaw rest and modification of jaw habits.*

2. Surgical treatment is indicated with **at least two** of the following:
   a) Earaches, headaches, masticatory or cervical myalgias refractory to medical treatment
   b) Difficulty chewing
   c) Restricted range of motion, manifested by **any one** of the following:
      i. Interincisal opening of less than 35 mm, or
      ii. Lateral excursive movement of less than 4 mm (side-to-side movement), or
      iii. Protrusive excursive movement of less than 4 mm (front-to-back motion), or
      iv. Deviation on opening of greater than 5 mm, or

*Note: Surgical intervention is rarely required in the treatment of TMJ disorders. Prior to performing surgical treatment documentation in the medical record must support that*

*treatment with conventional non-surgical therapy for six months has not resulted in adequate improvement.*

Covered Surgical treatment includes the following:

a) Arthroscopic surgery
b) Arthrotomy or arthroplasty
c) Disc repair procedures
d) Diskectomy without or with replacement
e) Articular surface recontouring (condylectomy and eminectomy or eminoplasty)
f) Removal of failed implants
g) Mandibular condylotomy
h) Partial or total joint reconstruction
i) Condylectomy for DJD (partial or complete)
j) Orthognathic surgery – for correction of jaw deformities could also be done as an adjunct to definitive joint treatment when related to deformities resulting in TMJ dysfunction

*Note: All procedures to treat TMJ dislocations must be accompanied with a diagnosis of dislocation.*

**Limitations**

The following services for TMJ disorders are ineligible or not covered for payment under this policy:

a) Oral appliances/splints and dental prostheses (stabilization splints) including the Therabite Jaw Motion Rehabilitation system or orthodontic treatment including irreversible occlusal therapy
b) Physical Therapy
c) Continuous Passive Motion (CPM) therapy
d) Range of motion measurements
e) Biofeedback
f) Botulinum toxin (type A or Type B)
g) Alloplastic joint implants
h) Acupuncture
i) Cognitive behavioral therapy
j) Pulsed radiofrequency energy - Energex
k) Electromyography
l) Kinesiography
m) Lateral skull X-rays
n) Neuromuscular junction testing
o) Nuclear medicine studies
p) Somatosensory testing

q) Sonogram
r) Transcranial X-rays
s) Ultrasonic Doppler auscultation

**Background**

TMJ disorders are associated with the temporomandibular joint on the left and right side of the head that is involved in the movement of the jaw. TMJ disorders affect approximately between 3%-5% of the U.S. population and are typically displayed as a form of arthritis as a result of deterioration of the soft tissue and bone or displacement of the articular disc. Typical symptoms associated with TMJ disorders include joint pain, ear pain, headaches, and restricted range of motion of the jaw as well as difficulty chewing and clicking of the jaw. Diagnosis of TMJ disorders are commonly based on patient symptoms and history, physical examination, and imaging studies of the joint to indicate derangement or disease. Conservative treatment for TMJ disorders include physical therapy, anti-inflammatory drugs, muscle relaxants, analgesics, behavior/diet change and removable oral appliances. If those treatments are ineffective, more invasive treatments such as surgical procedures are available.

| **CPT Codes / HCPCS Codes / ICD-10 Codes** | |
|---|---|
| Code | Description |
| **Medical CPT Codes** | |
| 20605 | Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (e.g., temporomandibular acromioclavicular, wrist, elbow or ankle, olecranon bursa) |
| 21116 | Injection procedure for temporomandibular joint arthrography |
| 21480 – 21490 | Manipulation (open or closed) for a dislocation of the temporomandibular joint |
| 64400 – 64402 | Injection, anesthetic agent (trigeminal nerve, facial nerve) |
| 70328 - 70330 | Diagnostic x-rays (TMJ joint open, closed, unilateral, bilateral) |
| 70336 | Magnetic Resonance Imaging (MRI) |
| 70450 - 70470 | Computer Tomography (head/brain with or without contrast) |
| 70486 - 704888 | Computer Tomography (maxillofacial area with or without contrast) |
| **Surgical CPT Codes** | |
| 21010 | Arthrotomy (temporomandibular joint) |
| 21050 | Total condylectomy (temporomandibular joint) |
| 21060 | Meniscectomy (partial or complete, temporomandibular joint) |

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| 21073 | Manipulation of temporomandibular joint(s); temporomandibular joint therapeutic, requiring an anesthesia service (general or monitored anesthesia care) |
| 21240 | Arthroplasty, temporomandibular joint with or without autograft |
| 21242 | Arthroplasty, temporomandibular joint with allograft |
| 21243 | Arthroplasty, temporomandibular joint with prosthetic joint replacement |
| 29800 | Arthroscopic procedures of the temporomandibular joint, diagnostic arthroscopy |
| 29804 | Therapeutic arthroscopy, temporomandibular joint, surgical |
| 70332 | Arthrography – temporomandibular joint radiological supervision & interpretation |
| 70350 | Cephalograms, orthodontic |
| 70355 | Orthopantogram |
| **ICD-10 Codes** | |
| M26.60-M26.69 | Temporomandibular joint disorders |
| S02.400A-S02.402S | Fracture of malar or maxillary |
| S02.600A-S02.69XS | Fractures of mandible |
| S03.0XXA-S03.0XXS | Dislocation of jaw |

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