

## EVH\_MP\_2504.MPC Temporomandibular Disorders

Maryland Physicians Care considers **Temporomandibular Disorders** medically necessary as outlined below.

Temporomandibular disorders include derangement of the temporomandibular joint (TMJ) and pain or dysfunction of the primary muscles of mastication that affect TMJ function, as well as conditions resulting from a direct or indirect trauma to the face and/or neck, <sup>(1)</sup> degenerative joint disease, rheumatoid arthritis, mandibular dislocation, ankyloses, hyper/hypoplasia, condylar osteolysis and fractures and are characterized by the following <sup>(2,3)</sup>:

- Unilateral or bilateral pain, with or without joint noises (clicking, popping, and crepitation)
  - Pain is continuous or intermittent, increases with joint function (i.e. chewing), and is localized to the joint
  - Associated symptoms may include headache, otalgia, neck pain, tinnitus, dizziness, or hearing changes
- Masticatory muscle tenderness (masseter, temporalis, pterygoids)
- Hypo (restricted) or hyper (excessive) mandibular mobility, including:
  - Maximal opening < 30–35 mm
  - Lateral deviation, slow or staggered motion
  - Locking or catching sensations
- Signs of malocclusion or functional mechanical deviation
- Imaging evidence of joint derangement or disease
- Diagnostic laboratory testing (i.e., a rheumatoid panel)

### Nonsurgical Management

Coverage for Nonsurgical Management includes <sup>(2-4)</sup>:

- Medical visits (i.e., initial evaluation, follow-up visits for conservative therapy monitoring, counseling/education visits, etc.)
- Diagnostic x-rays/imaging studies (radiographs, panoramic radiographic imaging, cephalometric radiographic images, arthrogram, MRI and/or CT)
- Pharmacological treatment for pain – usually pain is relieved with over-the-counter non-steroidal anti-inflammatory drugs (NSAIDs) or other pain medications
- Arthrocentesis
- Physical therapy modalities <sup>(2,3)</sup>
- Orthotic/occlusal appliances (splints)

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- 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 member education related to stress reduction, dietary recommendations, jaw rest and modification of jaw habits or elimination of any other contributing factors.

### Surgical Management

Surgical intervention is only medically necessary when treatment with conventional non-surgical therapy for six months has not resulted in adequate improvement. Coverage for surgical management is indicated with **at least two** of the following <sup>(2-5)</sup>:

- Earaches, headaches, masticatory or cervical myalgias refractory to medical treatment
- Difficulty chewing
- Abnormal range of motion manifested by **any one** of the following <sup>(6,7)</sup>:
  - Interincisal opening < 35 mm, or
  - Lateral excursive movement < 7mm

Covered surgical treatment includes the following <sup>(2,4)</sup>:

- Arthroscopic surgery
- Arthrotomy or arthroplasty
- Disc repair procedures
- Discectomy without or with replacement
- Articular surface recontouring (condylectomy and eminectomy or eminoplasty)
- Removal of failed implants
- Mandibular condylotomy
- Partial or total joint reconstruction
- Condylectomy for DJD (partial or complete)
- 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 Temporomandibular Disorders are ineligible or not covered for payment under this policy:

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- Oral appliances/splints and dental prostheses (stabilization splints) including the Therabite Jaw Motion Rehabilitation system or orthodontic treatment including irreversible occlusal therapy <sup>(3)</sup>
- Physical Therapy <sup>(3)</sup>
- Continuous Passive Motion (CPM) therapy
- Range of motion measurements
- Biofeedback
- Botulinum toxin (type A or Type B) <sup>(3)</sup>
- Alloplastic joint implants
- Acupuncture <sup>(3)</sup>
- Cognitive behavioral therapy (CBT) <sup>(2,3)</sup>
- Pulsed radiofrequency energy - Energex
- Electromyography (EMG) <sup>(2)</sup>
- Kinesiography
- Lateral skull X-rays
- Neuromuscular junction testing
- Nuclear medicine studies
- Somatosensory testing
- Sonogram <sup>(2)</sup>
- Transcranial X-rays
- Ultrasonic Doppler auscultation

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
<b>Medical CPT Codes</b>	
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting
21116	Injection procedure for temporomandibular joint arthrography
21480	Closed treatment of temporomandibular dislocation; initial or subsequent
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent

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21490	Open treatment of temporomandibular dislocation
64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)
64999	Unlisted procedure, nervous system
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral
70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral
70336	Magnetic Resonance (eg, proton) Imaging, temporomandibular joint(s)
70450	Computed tomography, head or brain; without contrast material
70460	Computed tomography, head or brain; with contrast material(s)
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections
70486	Computed tomography, maxillofacial area; without contrast material
70487	Computed tomography, maxillofacial area; with contrast material(s)
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections
<b>Surgical CPT Codes</b>	
21010	Arthrotomy, temporomandibular joint
21050	Condylectomy, temporomandibular joint (separate procedure)
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)
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
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	Arthroscopy, temporomandibular joint, surgical

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70332	Temporomandibular joint arthrography, radiological supervision and interpretation
70355	Orthopantomogram
<b>ICD-10 Codes</b>	
M26.60	Temporomandibular joint disorder, unspecified
M26.601-M26.69	Temporomandibular joint disorders
S02.400A-S02.402S	Fracture of malar or maxillary
S02.600A-S02.69XS	Fractures of mandible

### Policy History

Date	Summary
February 19, 2026	<ul style="list-style-type: none"> <li>This guideline was renumbered and renamed from MP.016 Temporomandibular Joint Disorders</li> <li>Annual Review – Replaced patient with member in the NOTE on page 1; updated citations and criteria under Indications; updated citations and indications under Nonsurgical Management; updated citations and criteria under Surgical Management; added citations and made minor updates under Limitations; updated description of procedure codes 20605, 70336, 21010, 21050, 21060, 21073, 21240, 21242, 21243, 29800, 29804, 70332, 70355; added Policy History Log; updated References</li> </ul>

### References

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2. American Association of Oral & Maxillofacial Surgeons (AAOMS). Statement by the American Association of Oral and Maxillofacial Surgeons Concerning the Management of Selected Clinical Conditions and Associated Clinical Procedures.; 2024. Accessed January 5, 2026.  
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5. American Association of Oral and Maxillofacial Surgeons (AAOMS). Indications for Orthognathic Surgery.; 2025. Accessed January 5, 2026. <https://aaoms.org/publications/position-papers/clinical-papers/>
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7. Schiffman E, Ohrbach R, Truelove E, et al. 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;28(1):6-27. doi:10.11607/jop.1151

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