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WELL SENSE HEALTH PLAN

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Medical Policy

Temporomandibular Joint Disorder Treatment

Policy Number: OCA 3.968
Version Number: 20
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Product Applicability	☒ **All Plan+ Products**
WellSense Health Plan	**Boston Medical Center HealthNet Plan**
☒ NH Medicaid	☒ MassHealth
☒ NH Medicare Advantage	☒ Qualified Health Plans/ConnectorCare/Employer Choice Direct
	☒ Senior Care Options

+ Note: Disclaimer and audit information is located at the end of this document.

Policy Summary

The Plan considers medical and/or surgical (non-dental) treatment of a temporomandibular joint (TMJ) disorder to be **medically necessary ONLY** when the disorder is caused by, or results from a **specific medical condition**. Examples of specific medical conditions include jaw fractures and/or dislocations and degenerative arthritis. Prior authorization is required. All services provided by non-participating providers (including initial evaluations) require prior authorization.

It will be determined during the Plan's prior authorization process if the treatment of a TMJ disorder is considered medically necessary for the requested indication (and must be related to a specific medical condition). The Plan's *Medically Necessary* medical policy, policy number OCA 3.14, includes the product-specific definitions of medically necessary treatment and the Plan's *Experimental and Investigational Treatment* medical policy, policy number OCA 3.12, specifies the product-specific definitions of experimental or investigational treatment.

Separate coverage is outlined in the member's benefit documents for dental services (if dental services are covered for the Plan member). This medical policy ONLY includes guidelines for TMJ disorders

related to a **medical condition** for medical and/or surgical (non-dental) treatment. TMJ syndrome is generally treated by a dentist. **Verify the individual's dental coverage (if dental coverage is available through the Plan or with another dental insurance carrier) to determine if the treatment of TMJ syndrome or a TMJ disorder NOT related to a medical condition is a covered dental service for the individual.**

Clinical Criteria

The Plan considers the treatment of a TMJ disorder medically necessary **ONLY** when the disorder is caused by or results in a specific **medical condition** for medical and/or surgical (non-dental) treatment and the applicable medical criteria are met in item A or item B and documented in the member's medical record:

A. **Initial Medical Evaluation**:

1. Prior authorization is **NOT** required for the **initial medical evaluation** to identify the underlying **medical condition** causing the TMJ disorder when conducted by a participating provider who services as the treating physician or a licensed independent practitioner practicing within the scope of the practitioner's license (i.e., nurse practitioner or physician assistant) to diagnosis the medical condition when BOTH criteria are met in items a and b:

    a. Initial medical evaluation is part of a new patient office visit conducted by a participating provider (and is billed as such with the appropriate CPT code and diagnosis code); AND

    b. The new patient office visit is conducted by a participating provider who is a specialist with the expertise to evaluate the symptoms of TMJ disorders related to jaw fracture, dislocation of jaw, and/or degenerative arthritis and renders a diagnosis (as specified in the Applicable Coding section of this policy and item B1 of this Clinical Criteria section); OR

2. Prior authorization is **REQUIRED** for the initial medical evaluation for a TMJ disorder when the service is conducted by a non-participating provider or a participating provider without the expertise to evaluation the symptoms of TMJ disorders related to jaw fracture, dislocation of jaw, and/or degenerative arthritis.

B. **Treatment After the Initial Evaluation**:

Medical and/or surgical (non-dental) treatment for a TMJ disorder **after the initial evaluation** REQUIRES prior authorization. The TMJ disorder must be related to a **medical condition** and meet ALL of the following criteria listed below in items 1 through 3:

1. Specific **medical condition** eligible for treatment includes at least ONE (1) of the following conditions in item a or item b:

a. Jaw fracture or jaw dislocation (i.e., current fracture or acute dislocation for a member at any age); OR

b. Degenerative arthritis;∞ AND

∞ Note: Plan Medical Director Review is required for the surgical treatment of a TMJ disorder related to a chronic rheumatologic disease (e.g., juvenile idiopathic arthritis) for a pediatric member under the age of 18 on the date of service.

2. The medical condition is confirmed by diagnostic x-rays or other generally accepted diagnostic procedures used to diagnose a jaw fracture, jaw dislocation, and/or degenerative arthritis, including but not limited to a computed tomography (CT) scan, magnetic resonance imaging (MRI), cephalogram (x-rays of jaws and skull), pantogram (x-rays of maxilla and mandible), tomograms or arthrograms; AND

3. Based on the treatment plan determined by the treating provider, the TMJ disorder is related to a **medical condition** and requires medical and/or surgical (non-dental) treatment. ONE of the following criteria is met in item a or item b:

a. **Criteria for Non-Surgical Treatment**:

The criteria for non-surgical treatment (excluding dental services) are applicable ONLY when non-surgical treatment is requested and the non-surgical treatment is clinically appropriate for an adult member or pediatric member, as determined by the treating provider. (Some medical conditions such as fractures would not require first-line, conservative/non-surgical treatment.) Covered first-line conservative treatment may include diet and behavior modification and ONE (1) of more of the following treatments listed in items (1) through (4):

(1) Pharmacologic therapy such as anti-inflammatory, muscle relaxants, and/or analgesics; OR

(2) Occupational therapy□ and/or physical therapy□ (excluding therapeutic treatment modalities listed in the Limitations and Exclusion section; OR

(3) Use of mandibular orthopedic repositioning appliances (MORA); OR

(4) Therapeutic injections (e.g. local anesthetic or corticosteroids); OR

b. **Criteria for Surgical Treatment**:

The criteria for surgical treatment are applicable ONLY when surgical treatment is requested and is clinically appropriate for the member, as determined by the treating provider. According to the American Association of Oral and Maxillofacial Surgeons

(AAOMS), the Oral and Maxillofacial Surgeon must provide both normal functioning anatomy and an environment in which normal growth may occur for any operative procedure on the temporomandibular joint of growing child regardless of the underlying medical condition (e.g., tumor, traumatic defect, developmental defect). AAOMS recommends the use of autogenous donor sites with growth potent (e.g., costochondral grafts); the use of allogenic materials should be carefully considered in children. Surgical treatment is covered when the TMJ disorder is related to a **medical condition** and ALL of the following criteria are met in items (1) through (5):

(1) Failure of non-surgical, conservative treatments (as specified above in item a) or conservative treatment is not indicated for treatment (e.g., fractures or dislocations) or is contraindicated for the member's medical condition, as determined by the treating provider; AND

(2) Continuing pain and functional disability (such as facial or pre-auricular pain, significant intermittent or persistent limitation in jaw mobility, or joint locking, popping, or crepitus); AND

(3) Meniscus displacement documented on imaging; AND

(4) When the TMJ disorder is related to a chronic rheumatologic disease, the member is age 18 or older on the date of the surgical treatment;∞ AND

∞ Note: Plan Medical Director review is required for the surgical treatment of a TMJ disorder related to a chronic rheumatologic disease (e.g., juvenile idiopathic arthritis) for a pediatric member under the age of 18 on the date of service.

(5) ANY of the following criteria is met in items (a) through (f):

(a) Arthrocentesis (e.g., for acute closed lock); OR

(b) Arthroscopic surgery (e.g., for arthritis); OR

(c) Intraoral vertical ramus osteotomy (IVRO) to correct internal derangements; OR

(d) Manipulation for reduction of fracture or dislocation; OR

(e) Open surgical procedure such as arthroplasty, condylectomy, meniscus or disc plication, or disc removal; OR

(f) TMJ arthroplasty will be performed with an FDA-approved prosthetic implant (only) according to the FDA-approved indication for the implantation.

Limitations and Exclusions

Limitations include ANY of the following conditions listed in items 1 through 3:

1. Plan Medical Director is required for treatment of a TMJ disorder when Plan criteria are NOT met and/or the disorder may be caused by a **medical condition** other than a jaw fracture, jaw dislocation, and/or degenerative arthritis (e.g., systemic sclerosis with maxillofacial manifestations, history of previous TMJ fracture and/or TMJ dislocation). **The treatment of TMJ disorders or TMJ syndrome NOT related to a medical condition would be considered a dental service rather than a medical benefit.**

2. Plan Medical Director Review is required to determine the medical necessity of surgical treatment for a TMJ disorder related to a chronic rheumatologic disease (e.g., juvenile idiopathic arthritis) for a pediatric member **under the age of 18** on the date of service. All applicable Plan criteria must be met.

3. ANY of the following services listed in items a through v is considered NOT medically necessary for the assessment and/or treatment of TMJ disorders or other TMJ-related indications:

    a. Treatment of a TMJ disorder that is NOT proven to be caused by or to result in a specific medical condition (including but not limited to common TMJ disorders such as internal derangement and/or myofascial pain which are NOT caused by a medical condition); OR

    b. Treatment for TMJ syndrome (generally treated by a dentist; OR

    c. Acupuncture± (unless a covered benefit for the member for the specified indication); OR

    d. Arthroscopy of the TMJ for diagnostic purposes only; OR

    e. Biofeedback; OR

    f. Dental or orthodontic services (including restorations, prostheses procedures, radiographic images, oral/facial photographic images, supplies) for TMJ-related indications and/or to adjust the height of teeth or other way restore occlusion, such as crowns, bridges, braces; OR

    g. Devices/appliances such as mechanical stretching devices or devices to maintain range of motion, gain increased range of motion, and/or improve functioning of the TMJ, including but not limited to continuous passive motion (CPM) devices, passive rehabilitation therapy devices, mandibular orthopedic repositioning appliances (MORA); OR

    h. Dry needling alone or in combination with a stretching regimen used to reduce pain and increase range of motion (ROM) in patients with TMJ pain; OR

i. Electrical stimulation techniques, including but not limited to ANY of the following treatments listed in items (1) through (5):

   (1) Electrogalvanic stimulation; OR

   (2) Microcurrent electrical therapy (MET); OR

   (3) Percutaneous electrical stimulation (PENS); OR

   (4) Percutaneous neuromodulation therapy (e.g., the Percutaneous Neuromodulation Therapy™ by Vertis Neurosciences system or the Deepwave® Percutaneous Neuromodulation Pain Therapy System by Biowave Corp.); OR

   (5) Transcutaneous electrical nerve stimulation (TENS); OR

j. Electromyography (EMG); OR

k. Intra-articular injection of hyaluronic acid (viscosupplementation); OR

l. Iontophoresis using electricity to enhance the percutaneous absorption of a drug or chemical ions; drugs used for iontophoresis to treat TMJ include lidocaine hydrochloride (a positive ion forming drug) and dexamethasone sodium phosphate (a negative ion forming drug); OR

m. Jaw tracking devices, computerized jaw tracking technologies, and associated jaw tracking services which includes the use of one or more technologies/services that include but are not limited to transcutaneous electrical nerve stimulation (TENS), 3D imaging/computerized mandibular scans, kinesiography, magnetic recording devices, electronic motion recording methods, and/or range of motion measurements); OR

n. Kinesiography; OR

o. Laser therapy; OR

p. Neuromuscular junction studies, range of motion measurements, and/or muscle testing; OR

q. Phonophoresis using ultrasound to enhance the delivery of topically applied drugs; OR

r. Somatosensory testing (also known as somatosensory evoked potentials test, SEPs, or SSEPs); OR

s. Thermography (including digital infrared thermal imaging, magnetic resonance thermography and temperature gradient studies); OR

t. Transcranial or lateral skull x-rays; OR

u. Ultrasonic Doppler auscultation/ultrasound imaging/sonogram for diagnosing disorders of the temporomandibular joint; OR

v. The use of a TMJ arthroplasty implant that is NOT FDA approved or the device is NOT used according to for the specified FDA-approved indication.

Variations

The Plan uses guidance from the Centers for Medicare & Medicaid Services (CMS) for medical necessity and coverage determinations for WellSense Medicare Advantage HMO members, including but not limited to national coverage determinations (NCDs), local coverage determinations (LCDs), local coverage articles (LCAs), and documentation included in Medicare manuals. At the time of the Plan's most recent policy review, no applicable clinical guidelines were found from CMS specifically for temporomandibular joint disorder, but CMS guidelines do exist for services that may be used for the diagnosis or treatment of TMJ. Verify CMS criteria in effect for the requested service on the date of the prior authorization request for a WellSense Medicare Advantage HMO member. When there is no guidance from CMS for the requested service for the specified indication on the date of the prior authorization request, Plan-adopted clinical review criteria will be used to determine the medical necessity of the service.

Applicable Coding

The Plan uses and adopts up-to-date Current Procedural Terminology (CPT) codes from the American Medical Association (AMA), International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) diagnosis codes developed by the World Health Organization and adapted in the United Stated by the National Center for Health Statistics (NCHS) of the Centers for Disease Control under the U.S. Department of Health and Human Services, and the Health Care Common Procedure Coding System (HCPCS) established and maintained by the Centers for Medicare & Medicaid Services (CMS). Since the AMA, NCHS, and CMS may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes included in this Plan policy is for informational purposes only, may not be all inclusive, and is subject to change without prior notification. Whether a code is listed in the Applicable Coding section of this Plan policy does not constitute or imply member coverage or provider reimbursement. Providers are responsible for reporting all services using the most up-to-date industry-standard procedure and diagnosis codes as published by the AMA, NCHS, and CMS at the time of the service.

Providers are responsible for obtaining prior authorization for the services specified in the Clinical Criteria and Limitations and Exclusions sections of this Plan policy, even if an applicable code appropriately describing the service that is the subject of this Plan policy is not included in this Applicable Coding section. Review the Plan's reimbursement policies for Plan billing guidelines. Coverage for services is subject to benefit eligibility under the member's benefit plan in effect at the time of the service. Member benefit documents are available at the following websites:

www.bmchp.org for BMC HealthNet Plan members, www.SeniorsGetMore.org for Senior Care Options members, www.wellsense.org for WellSense New Hampshire Medicaid members, and www.WellSense.org/Medicare for WellSense Medicare Advantage HMO members.

ICD10 Diagnosis Codes	Description: Diagnoses Requiring Prior Authorization for Any Treatment
M26.601	Right temporomandibular joint disorder
M26.602	Left temporomandibular joint disorder
M26.603	Bilateral temporomandibular joint disorder
M26.609	Unspecified temporomandibular joint disorder
M26.611	Adhesions and ankylosis of right temporomandibular joint
M26.612	Adhesions and ankylosis of left temporomandibular joint
M26.613	Adhesions and ankylosis of bilateral temporomandibular joint
M26.619	Adhesions and ankylosis of temporomandibular joint, unspecified side
M26.621	Arthralgia of right temporomandibular joint
M26.622	Arthralgia of left temporomandibular joint
M26.623	Arthralgia of bilateral temporomandibular joint
M26.629	Arthralgia of temporomandibular joint
M26.631	Articular disc disorder of right temporomandibular joint
M26.632	Articular disc disorder of left temporomandibular joint
M26.633	Articular disc disorder of bilateral temporomandibular joint
M26.639	Articular disc disorder of temporomandibular joint, unspecified side
M26.641	Arthritis of right temporomandibular joint
M26.642	Arthritis of left temporomandibular joint
M26.643	Arthritis of bilateral temporomandibular joint
M26.649	Arthritis of unspecified temporomandibular joint
M26.651	Arthropathy of right temporomandibular joint
M26.652	Arthropathy of left temporomandibular joint
M26.653	Arthropathy of bilateral temporomandibular joint
M26.659	Arthropathy of unspecified temporomandibular joint
M26.69	Other specified disorders of temporomandibular joint

References

Abboud WA, Givol N, Yahalom R. Arthroscopic lysis and lavage for internal derangement of the temporomandibular joint. Ann Maxillofac Surg. 2015 Jul-Dec;5(2):158-62. doi: 10.4103/2231-0746.175754. PMID: 26981463.

Abboud WA, Yarom N, Yahalom R, Joachim M, Reiter S, Koren O, Elishoov H. Comparison of two physiotherapy programs for rehabilitation after temporomandibular joint arthroscopy. Int J Oral Maxillofac Surg. 2018 Jun;47(6):755-61. doi: 10.1016/j.ijom.2017.10.019. Epub 2017 Nov 15. PMID: 29150380.

Abboud W, Nadel S, Yarom N, Yahalom R. Arthroscopy of the Temporomandibular Joint for the Treatment of Chronic Closed Lock. Isr Med Assoc J. 2016 Jul; 18(7):397-400. PMID: 28471560.

Abboud W, Yahalom R, Leiba M, Greenberg G, Yarom N. Temporomandibular joint involvement in patients with multiple myeloma-a retrospective study. Int J Oral Maxillofac Surg. 2016 Dec; 45(12):1545-50. doi: 10.1016/j.ijom.2016.06.014. Epub 2016 Jul 1. PMID: 27377681.

Al-Baghdadi M, Durham J, Steele J. Timing interventions in relation to temporomandibular joint closed lock duration: a systematic review of 'locking duration.' J Oral Rehabil. 2014 Jan;41(1):24-58. doi: 10.1111/joor.12126. Epub 2014 Jan 7. PMID: 24393132.

Al-Morass EA. Open versus arthroscopic surgery for the management of internal derangement of the temporomandibular joint: a meta-analysis of the literature. Int J Oral Maxillofac Surg. 2015 Jun;44(6):763-70. doi: 10.1016/j.ijom.2015.01.024. Epub 2015 Feb 18. PMID: 25701306.

The American Academy of Orofacial Pain (AAOP). Orofacial Pain: Guidelines for Assessment, Diagnosis and Management. Fifth Edition. 2013.

American Association of Oral and Maxillofacial Surgeons (AAOMS). Parameters of Care Version 6: Clinical Practice Guidelines for Oral and Maxillofacial Surgery. 2017.

American Dental Association. Clinical Practice Guidelines.

American Society of Temporomandibular Joint Surgeons (ASTMJS). Guidelines.

American Society of Temporomandibular Joint Surgeons (ASTMJS). Guidelines for diagnosis and management of disorders involving the temporomandibular joint and related musculoskeletal structures. Cranio. 2003 Jan;21(1):68-76. PMID: 12555934.

Blasco-Bonora PM, Martín-Pintado-Zugasti A. Effects of myofascial trigger point dry needling in patients with sleep bruxism and temporomandibular disorders: a prospective case series. Acupunct Med. 2017 Mar;35(1):69-74. doi: 10.1136/acupmed-2016-011102. Epub 2016 Oct 3. PMID: 27697769.

Butts R, Dunning J, Pavkovich R, Mettille J, Mourad F. Conservative management of temporomandibular dysfunction: A literature review with implications for clinical practice guidelines (Narrative review part 2). J Bodyw Mov Ther. 2017 Jul; 21(3):541-548. doi: 10.1016/j.jbmt.2017.05.021. Epub 2017 Jun 1. PMID: 28750962.

Centers for Medicare & Medicaid Services (CMS). Manuals. Publication # 100-02. Medicare Benefit Policy Manual.

Centers for Medicare & Medicaid Services (CMS). Manuals. Publication # 100-03. Medicare National Coverage Determinations (NCD) Manual.

Centers for Medicare & Medicaid Services (CMS). Medicare Coverage Database (MCD).

Centers for Medicare & Medicaid Service (CMS). National Coverage Determination (NCD) for Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy 160.7.1. Version 2. 2006 Jun 19.

Centers for Medicare & Medicaid Service (CMS). National Coverage Determination (NCD) for Manipulation 150.1. Effective date not posted.

Centers for Medicare & Medicaid Service (CMS). National Coverage Determination (NCD) for Transcutaneous Electrical Nerve Stimulators (TENS) 280.13. Version 2. 2012 Jun 8.

Centers for Medicare & Medicaid Services (CMS). Transmittals.

Chebbi R, Khalifa HB, Dhidah M. Temporomandibular joint disorder in systemic sclerosis: a case report. Pan Afr Med J. 2016 Nov 16;25:164. doi: 10.11604/pamj.2016.25.164.10432. eCollection 2016. PMID: 28292126.

Chen YW, Chiu YW, Chen CY, Chuang SK. Botulinum toxin therapy for temporomandibular joint disorders: a systematic review of randomized controlled trials. Int J Oral Maxillofac Surg. 2015 Aug;44(8):1018-26. doi: 10.1016/j.ijom.2015.04.003. Epub 2015 Apr 25. PMID: 25920597.

Cömert Kiliç S, Güngörmüs M. Is dextrose prolotherapy superior to placebo for the treatment of temporomandibular joint hypermobility? A randomized clinical trial. Int J Oral Maxillofac Surg. 2016 Jul; 45(7):813-9. doi: 10.1016/j.ijom.2016.01.006. Epub 2016 Feb 2. PMID: 2684679.

Commonwealth of Massachusetts. Division of Insurance (DOI) Bulletins.

Commonwealth of Massachusetts. MassHealth Provider Bulletins.

Commonwealth of Massachusetts. MassHealth Provider Manuals.

Commonwealth of Massachusetts. MassHealth Transmittal Letters.

de Freitas RF, Ferreira MÂ, Barbosa GA, Calderon PS. Counselling and self-management therapies for temporomandibular disorders: a systematic review. J Oral Rehabil. 2013 Nov;40(11):864-74. doi: 10.1111/joor.12098. Epub 2013 Sep 18. PMID: 24102692.

de Leeuw R, Klasser GD. Orofacial Pain: Guidelines for Assessment, Diagnosis, and Management, Fifth Edition. 2013.

Gauer RL, Semidey MJ. Diagnosis and Treatment of Temporomandibular Disorders. Am Fam Physician. 2015 Mar 15; 91(6):378-86. PMID: 25822556.

Gurung T, Singh RK, Mohammad S, Pal US, Mahdi AA, Kumar M. Efficacy of arthrocentesis versus arthrocentesis with sodium hyaluronic acid in temporomandibular joint osteoarthritis: A comparison. Natl J Maxillofac Surg. 2017 Jan-Jun;8(1):41-9. doi: 10.4103/njms.NJMS_84_16. PMID: 28761275.

Hayes. Comparative Effectiveness Review. Comparative Effectiveness Review of Dry Needling for Indications Other than Neck or Trapezius Muscle Pain in Adults. Dallas, TX: Hayes; 2017 Jun 22. Annual Review 2021 Jun 30.

Hayes. Health Technology Assessment. Microcurrent Electrical Therapy for the Treatment Of Musculoskeletal Pain. Dallas, TX: Hayes; 2018 Oct 26. Annual Review 2021 Jan 21.

Huang IY, Chen CM, Kao YH, Chen CM, Wu CW. Management of long-standing mandibular dislocation. Int J Oral Maxillofac Surg. 2011 Aug;40(8):810-4. doi: 10.1016/j.ijom.2011.02.031. Epub 2011 Apr 6. PMID: 21474286.

Huang IY. A simple method to expand the joint space for TMJ surgery. Int J Oral Maxillofac Surg. 2011 Sep;40(9):983-4. doi: 10.1016/j.ijom.2011.04.011. Epub 2011 May 23. PMID: 21602029.

Ivorra-Carbonell L, Montiel-Company JM, Almerich-Silla JM, Paredes-Gallardo V, Bellot-Arcis C. Impact of functional mandibular advancement appliances on the temporomandibular joint - a systematic review. Med Oral Patol Oral Cir Buccal. 2016 Sep; 21(5):e565-72. doi: 10.4317/medoral.21180. PMID: 27475694.

Korkmaz YT, Altıntas NY, Korkmaz FM, Candırlı C, Coskun U, Durmuslar MC. Is Hyaluronic Acid Injection Effective for the Treatment of Temporomandibular Joint Disc Displacement With Reduction? J Oral Maxillofac Surg. 2016 Sep;74(9):1728-40. doi: 10.1016/j.joms.2016.03.005. Epub 2016 Mar 15. PMID: 27058964.

Liu F, Steinkeler A. Epidemiology, diagnosis, and treatment of temporomandibular disorders. Dent Clin North Am. 2013 Jul;57(3):465-79. doi: 10.1016/j.cden.2013.04.006. PMID: 23809304.

MacIntosh RB, Shivapuja PK, Naqvi R. Scleroderma and the temporomandibular joint: reconstruction in 2 variants. J Oral Maxillofac Surg. 2015 Jun;73(6):1199-210. doi: 10.1016/j.joms.2014.12.012. Epub 2014 Dec 17. PMID: 25795177.

Majumdar SK, Krishna S, Chatterjee A, Chakraborty R, Ansari N. Single Injection Technique Prolotherapy for Hypermobility Disorders of TMJ Using 25% Dextrose: A Clinical Study. J Maxillofac Oral Surg. 2017 Jun;16(2):226-30. doi: 10.1007/s12663-016-0944-0. Epub 2016 Jul 25. PMID: 28439165.

Manfredini D. Current Concepts on Temporomandibular Disorders. Quintessence Publishers 2010.

Manfredini D, Favero L, Michieli M, Salmaso L, Cocilovo F, Guarda-Nardini L. An assessment of the usefulness of jaw kinesiography in monitoring temporomandibular disorders: correlation of treatment-related kinesiographic and pain changes in patients receiving temporomandibular joint injections. J Am Dent Assoc. 2013 Apr;144(4):397-405. PMID: 23543694.

Martins WD, Ribas Mde O, Bisinelli J, França BH, Martins G. Recurrent dislocation of the temporomandibular joint: a literature review and two case reports treated with eminectomy. Cranio. 2014 Apr; 32(2):110-7. doi: 10.1179/0886963413Z.00000000017. PMID: 24839722.

Mina R, Melson P, Powell S, Rao M, Hinze C, Passo M, Graham TB, Brunner HI. Effectiveness of dexamethasone iontophoresis for temporomandibular joint involvement in juvenile idiopathic arthritis. Arthritis Care Res (Hoboken). 2011 Nov;63(11):1511-6. doi: 10.1002/acr.20600. PMID: 22034112.

Monje-Gil F, Nitzan D, González-Garcia R. Temporomandibular joint arthrocentesis. Review of the literature. Med Oral Patol Oral Cir Buccal. 2012 July;17(4): e575–81. PMID: 22322493.

New Hampshire Department of Health and Human Services. Billing Manuals.

New Hampshire Department of Health and Human Services. Provider Notices.

Niibo P, Pruunsild C, Voog-Oras Ü, Nikopensius T, Jagomägi T, Saag M. Contemporary management of TMJ involvement in JIA patients and its orofacial consequences. EPMA J. 2016 Jun 2;7:12. doi: 10.1186/s13167-016-0061-7. eCollection 2016. PMID: 27257443.

O'Connor RC, Fawthrop F, Salha R, Sidebottom AJ. Management of the temporomandibular joint in inflammatory arthritis: Involvement of surgical procedures. Eur J Rheumatol. 2017 Jun;4(2):151–6. doi: 10.5152/eurjrheum.2016.035. Epub 2017 Feb 23. PMID: 28638693.

Politi M, Sembronio S, Robiony M, Costa F, Toro C, Undt G. High condylectomy and disc repositioning compared to arthroscopic lysis, lavage, and capsular stretch for the treatment of chronic closed lock of the temporomandibular joint. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 2007 Jan;103(1):27-33. Epub 2006 Jul 27. PMID: 17178490.

Prechel U, Ottl P, Ahlers OM, Neff A. The Treatment of Temporomandibular Joint Dislocation. Dtsch Arztebl Int. 2018 Feb 2; 115(5):59-64. doi: 10.3238/arztebl.2018.0059. PMID: 29439762.

Rigon M, Pereira LM, Bortoluzzi MC, Loguercio AD, Ramos AL, Cardoso JR. Arthroscopy for Temporomandibular Disorders. Cochrane Database Syst Rev. 2011 May 11 ;(5):CD006385. doi: 10.1002/14651858.CD006385.pub2. PMID: 21563153.

Rodrigues-Bigaton D, Dibai Filho AV, Costa AC, Packer AC, de Castro EM. Accuracy and reliability of infrared thermography in the diagnosis of arthralgia in women with temporomandibular disorder. J

Manipulative Physiol Ther. 2013 May;36(4):253-8. doi: 10.1016/j.jmpt.2013.04.006. Epub 2013 May 27. PMID: 23719519.

Rodrigues PC, da Mota AS, Pereira JR, Stuginski-Barbosa J. Management of painful temporomandibular joint clicking with different intraoral devices and counseling: a controlled study. J Appl Oral Sci. 2015 Sep-Oct;23(5):529–35. doi: 10.1590/1678-775720140438. PMCID: PMC4621948.

Schiffman EL, Velly AM, Look JO, Hodges JS, Swift JQ, Decker KL, Anderson QN, Templeton RB, Lenton PA, Kang W, Fricton JR. Effects of four treatment strategies for temporomandibular joint closed lock. Int J Oral Maxillofac Surg. 2014 Feb; 43(2):217-26. doi: 10.1016/j.ijom.2013.07.744. Epub 2013 Sep 14. PMID: 24042068.

Schiffman E, Ohrbach R. Executive summary of the Diagnostic Criteria for Temporomandibular Disorders for clinical and research applications. J Am Dent Assoc. 2016 Jun;147(6):438-45. doi**:** 10.1016/j.adaj.2016.01.007. PMID: 26922248.

Scrivani SJ, Khawaja SN, Bavia PF. Nonsurgical Management of Pediatric Temporomandibular Joint Dysfunction. Oral Maxillofac Surg Clin North Am. 2018 Feb; 30(1):35-45. doi: 10.1016/ j.coms.2017.08.001. PMID: 29153236.

Shukla D, Muthusekhar MR. Efficacy of low-level laser therapy in temporomandibular disorders: A systematic review. Natl J Maxillofac Surg. 2016 Jan-Jun; 7(1): 62–6. doi: 10.4103/0975-5950.196127. PMID: 28163481.

U. S. Food & Drug Administration (FDA). Medical Devices. 510(k) Clearances.

U.S. Food & Drug Administration. 510(k) Summary for the Biowave Deepwave Percutaneous Neuromodulation Pain Therapy System. 2006 Jul 19.

U.S. Food & Drug Administration. 510(k) Summary of Safety and Effectiveness. Vertis Neuroscience, Inc. Percutaneous Neuromodulation Therapy (PNT)™ Control Unit and Accessories. 2002.

U. S. Food & Drug Administration (FDA). Medical Devices. Device Registration and Listing.

Wieckiewicz M, Boening K, Wiland P, Shiau YY, Paradowska-Stolarz A. Reported concepts for the treatment modalities and pain management of temporomandibular disorders. J Headache Pain. 2015;16:106. doi: 10.1186/s10194-015-0586-5. Epub 2015 Dec 7. PMID: 26644030.

Xu GZ, Jia J, Jin L, Li JH, Wang ZY, Cao DY. Low-Level Laser Therapy for Temporomandibular Disorders: A Systematic Review with Meta-Analysis. Pain Res Manag. 2018 May 10;2018:4230583. doi: 10.1155/2018/4230583. eCollection 2018. PMID: 29861802.

Zhang C, Wu JY, Deng DL, He BY, Tao Y, Niu YM, Deng MH. Efficacy of splint therapy for the management of temporomandibular disorders: a meta-analysis. Oncotarget. 2016 Dec 20;7(51):84043-53. doi: 10.18632/oncotarget.13059. PMID: 27823980.

Zhou H, Hu K, Ding Y. Modified dextrose prolotherapy for recurrent temporomandibular joint dislocation. Br J Oral Maxillofac Surg. 2014 Jan;52(1):63-6. doi: 10.1016/j.bjoms.2013.08.018. Epub 2013 Sep 21. PMID: 24064304.

Policy History

Original Approval Date	Original Effective Date* and Version Number	Policy Owner	Original Policy Approved by
Regulatory Approval: N/A Internal Approval: 09/09/08: Medical Policy, Criteria, and Technology Assessment Committee (MPCTAC) 09/30/08: Utilization Management Committee (UMC) 10/22/08: Quality Improvement Committee (QIC)	01/01/09 Version 1	Medical Policy Manager as Chair of MPCTAC	MPCTAC, QIC, and UMC

*Effective Date for the BMC HealthNet Plan Commercial Product: 01/01/12
*Effective Date for the WellSense New Hampshire Medicaid Product: 01/01/13
*Effective Date for the Senior Care Options Product: 01/01/16
*Effective Date for the WellSense Medicare Advantage HMO Product: 01/01/22

Policy Revisions History			
Review Date	**Summary of Revisions**	**Revision Effective Date and Version Number**	**Approved by**
09/22/09	No criteria changes. Updated references.	Version 2	09/22/09: MPCTAC 10/28/09: QIC
09/01/10	No changes to criteria. Updated references and coding.	Version 3	09/15/10: MPCTAC 11/22/10: QIC
09/01/11	Updated limitations and references.	Version 4	09/21/11: MPCTAC 10/26/11: QIC
07/01/12	References updated, revised language in the Applicable Coding section, and deleted four-digit diagnosis code 524.6.	Version 5	07/18/12: MPCTAC 08/22/12: QIC
07/01/13	Review for effective date 11/01/13. Updated references. Added criteria for	11/01/13 Version 6	07/17/13: MPCTAC 08/15/13: QIC

Policy Revisions History			
	medical evaluation of TMJ disorders. Reformatted, revised, and added examples in the Medical Policy Statement section. Added definition for temporomandibular joint syndrome. Deleted duplicate text in Clinical Background Information section.		
07/29/12	Off cycle review for WellSense New Hampshire Medicaid product, revised Description of Item or Service section, reformatted the Medical Policy Statement section, and updated the References section.	Version 7	08/03/12: MPCTAC 09/05/12: QIC
01/30/14	Off cycle review for effective date 04/01/14. Added ICD10 diagnosis code equivalents of existing ICD9 diagnosis codes.	Version 8	01/27/14: MPCTAC 01/30/14: QIC
09/01/14	Review for effective date 01/01/15. Revised language in the Limitations section related to benefit coverage. Revised medical criteria in the Medical Policy Statement and Limitations sections. Updated references.	01/01/15 Version 9	09/17/14: MPCTAC 10/08/14: QIC
09/01/15	Annual review for effective date 01/01/16. Revised the list of applicable products, including removing Commonwealth Care, Commonwealth Choice, and Employer Choice from the list of applicable products because the products are no longer available. Revised criteria in the Medical Policy Statement and Limitations sections. Updated Clinical Background Information and References sections.	01/01/16 Version 10	09/16/15: MPCTAC 10/14/15: QIC
11/25/15	Review for effective date 01/14/16. Revised language in the Applicable Coding section.	01/14/16 Version 11	11/25/15: MPCTAC (electronic vote) 12/09/15: QIC
09/01/16 and 09/28/16	Review for effective date 01/01/17. Removed ICD9 diagnosis codes. Updated Summary, Description of Item or Service, Definitions, Clinical Background Information, References, and Reference to Applicable Laws and	01/01/17 Version 12	09/21/16: MPCTAC 09/30/16: MPCTAC (electronic vote) 10/12/16: QIC

Policy Revisions History			
	Regulations sections. Revised criteria in the Medical Policy Statement and Limitations sections. Administrative changes made to clarify language related to gender.		
12/05/16	Industry-wide changes to applicable ICD-10 diagnosis codes for temporo-mandibular joint disorder effective 01/01/17.	01/01/17 Version 13	Not applicable because industry-wide revisions to ICD-10 diagnosis codes.
09/01/17	Review for effective date 12/01/17. Revised criteria in the Medical Policy Statement and Limitations sections. Updated the Policy Summary, Definitions, References, Other Applicable Policies, and Reference to Applicable Laws and Regulations sections.	12/01/17 Version 14	09/20/17: MPCTAC
09/01/18	Review for effective date 12/01/18. Updated the Clinical Background Information, References, and Other Applicable Policies sections. Criteria revised in the Medical Policy Statement and Limitations sections.	12/01/18 Version 15	09/19/18: MPCTAC
12/01/18	Review for effective date 01/01/19. Administrative change made to the Limitations section (removing the reference to the NH Health Protection Program).	01/01/19 Version 16	12/19/18: MPCTAC
09/01/19	Review for effective date 12/01/19. Administrative changes made to the Policy Summary, Definitions, References, and Reference to Applicable Laws and Regulations sections. Revised criteria in the Limitations section.	12/01/19 Version 17	09/18/19: MPCTAC
07/01/20	Review for effective date 10/01/20 to be consistent with implementation date of industry-wide diagnosis code updates made to the Applicable Coding section. Administrative changes made to the Medical Policy Statement, References, and Other Applicable Policies sections.	10/01/20 Version 18	07/15/20: MPCTAC
08/01/21	Review for effective date 09/01/21.	09/01/21	08/27/21: MPCTAC

Policy Revisions History			
	Administrative changes made to the Policy Summary, Medical Policy Statement, Limitations, and References sections.	Version 19	(electronic vote)
11/01/21	Review for effective date 12/01/21. Adopted new medical policy template; removed administrative sections, the Medical Policy Statement section renamed the Clinical Criteria section, and the Limitations section renamed the Limitations and Exclusions section. Added WellSense Medicare Advantage HMO as an applicable product effective 01/01/22. Administrative changes made to the Policy Summary, Clinical Criteria, Limitations and Exclusions, Applicable Coding, and References sections.	12/01/21 Version 20	11/17/21: MPCTAC

Next Review Date

07/01/22

Authorizing Entity

MPCTAC

Disclaimer Information: [+]

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

[+] *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.