Clinical Coverage Guidelines: Temporomandibular Joint (TMJ) Disorder Treatment

Current Effective Date: 11/01/12
Original Effective Date: 01/01/09
Policy Number: OCA: 3.968
Product Applicability:
- MassHealth
- Commonwealth Care
- Commercial

Summary: The Plan considers treatment of temporomandibular joint (TMJ) disorders medically necessary only when the disorders are caused by or result in a specific medical condition. Examples of specific medical conditions include but are not limited to jaw fractures or dislocations and degenerative arthritis.

Description of Item or Service:
Temporomandibular Joint (TMJ) Disorder: Also known as myofascial pain dysfunction and Costen’s syndrome, this is a group of complex disorders of the temporomandibular joint(s) causing pain and dysfunction of the jaw joint and muscles that control jaw movement. Treatment of TMJ disorder ranges from conservative to surgical, and the symptoms of TMJ disorder may include:

- Biting or chewing difficulty or discomfort
- Clicking sound while chewing or opening the mouth
- Dull, aching pain in the face
- Earache
- Grating sensation while chewing
- Headache
- Jaw pain or tenderness of the jaw
- Reduced ability to open or close the mouth

Clinical Guideline Statement:
The Plan requires prior authorization for the treatment of TMJ disorders and the treatment may be considered medically necessary when the following criteria are met:

1. The Plan considers treatment of TMJ disorders medically necessary only when the disorders are caused by or result in a specific medical condition. TMJ syndrome is not considered a specific medical condition. Examples of specific medical conditions include but are not limited to jaw fractures or dislocations and...
degenerative arthritis. The medical condition must be proven to exist by diagnostic x-rays or other generally accepted diagnostic procedures.

2. Non-surgical conservative treatments may be considered medically necessary for TMJ disorders that are caused by or result in a medical condition include but are not limited to the following:
   - Pharmacologic therapy such as anti-inflammatory, muscle relaxants and analgesics
   - Physical therapy
   - Mandibular orthopedic repositioning appliances (MORA)
   - Therapeutic injections

3. Surgical treatments may be considered medically necessary for TMJ disorders that are caused by or result in a medical condition when non-surgical treatments have been tried and failed and when there is continuing pain and functional disability. Prior to any surgical intervention there must be radiological documentation of meniscus displacement. Surgical treatments include but are not limited to the following:
   - Arthrocentesis;
   - Manipulation for reduction of fracture or dislocation;
   - Arthroscopic surgery;
   - Open surgical procedures include but are not limited to: arthroplasty, condylectomy, meniscus or disc plication, and disc removal;
   - TMJ arthroplasty with FDA approved prosthetic implants only;
   - Intraoral vertical ramus osteotomy (IVRO) to correct internal derangements

Definition:
Temporomandibular Joint (TMJ): The area directly in front of the ear on either side of the head where the upper jaw (maxilla) and the lower jaw (mandible) meet. The joints are complex and are composed of muscles, tendons, and bones and are used whenever a person chews, talks and yawns.

Applicable Coding:
Applicable coding is listed below, subject to codes being active on the date of service. Because the American Medical Association (AMA), Centers for Medicare & Medicaid Services (CMS), and the U.S. Department of Health and Human Services may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes may not be all inclusive. These codes are not intended to be used for coverage determinations.
This guideline provides information on BMC HealthNet Plan claims adjudication processing guidelines. The use of this guideline is not a guarantee of payment and will not determine how a specific claim(s) will be paid. Reimbursement is based on member benefits and eligibility, medical necessity review, where applicable, coordination of benefits, adherence to Plan policies, clinical coding criteria, and the BMC HealthNet Plan agreement with the rendering or dispensing provider. Reimbursement policies may be amended at BMC HealthNet Plan’s discretion. BMC HealthNet Plan will always use the most recent CPT and HCPCS coding guidelines. All Plan policies are developed in accordance with state, federal and accrediting organization guidelines and requirements, including NCQA.

<table>
<thead>
<tr>
<th>ICD-9-CM Codes</th>
<th>Description - Treatment for any of the following diagnosis codes require prior-authorization:</th>
</tr>
</thead>
<tbody>
<tr>
<td>524.60</td>
<td>Temporomandibular joint disorders, unspecified Temporomandibular joint-pain-dysfunction syndrome [TMJ]</td>
</tr>
<tr>
<td>524.61</td>
<td>Adhesions and ankylosis (bony or fibrous)</td>
</tr>
<tr>
<td>524.62</td>
<td>Arthralgia of temporomandibular joint</td>
</tr>
<tr>
<td>524.63</td>
<td>Articular disc disorder (reducing or nonreducing)</td>
</tr>
<tr>
<td>524.64</td>
<td>Temporomandibular joint sounds on opening and/or closing the jaw</td>
</tr>
<tr>
<td>524.69</td>
<td>Other specified temporomandibular joint disorders</td>
</tr>
</tbody>
</table>

**Limitations:**
The following services are **NOT** covered:
- Treatment of TMJ disorders that are not proven to be caused by or to result in a specific medical condition
- Treatment for TMJ syndrome
- Appliances, other than a mandibular orthopedic repositioning appliance (MORA)
- Services, procedures, or supplies to adjust the height of teeth or in any other way restore occlusion, such as crowns, bridges or braces
- Ultrasonic doppler auscultation for diagnosing disorders of the temporomandibular joint

**Clinical Background Information:**
TMJ disorder, also known as myofascial pain dysfunction and Costen’s syndrome, is a group of complex disorders of the temporomandibular joint(s) causing pain and dysfunction of the jaw joint and muscles that control jaw movement. TMJ disorders generally fall into three categories: myofascial pain, internal derangement of the joint and degenerative arthritis. Myofascial pain is the most common TMJ disorder and involves discomfort or pain in the muscles that control jaw function. Internal derangement of the joint involves a displaced disc, dislocated jaw or injury to the condyle. Degenerative arthritis refers to a group of inflammatory degenerative joint disorders that can affect the temporomandibular joints. Often there is no known cause for TMJ disorders and the progression is unclear. Symptoms worsen and ease over time. Causes of TMJ disorders are unclear but trauma to the jaw or temporomandibular joint causing fractures or dislocations and degenerative arthritis can contribute to the development of TMJ disorders.

Treatments range from conservative to surgical and depend upon the severity of the disorder. First line therapy includes ice packs, avoidance of extreme jaw movements such as chewing gum and eating hard foods; medications such as analgesics, anti-inflammatories and muscle relaxants; gentle stretching exercises, physical therapy, mandibular orthopedic repositioning appliances and therapeutic injections. Some
irreversible treatments have not been proven to be effective and may even worsen the problem. These may include orthodontics to change the bite, crown and bridge work, grinding the teeth and repositioning splints. Surgical treatments are used as a last resort when conservative measures have failed. Examples of surgical treatments include arthrocentesis, manipulation for reduction of fracture or dislocation, arthroscopic surgery, condylectomy, meniscus or disc plication, disc removal, and TMJ arthroplasty with prosthetic implants.

**References:**

**Legal and Regulatory**

Contract between the Commonwealth Health Insurance Connector Authority and Boston Medical Center Health Plan, Inc.

Contract between the Massachusetts Executive Office of Health and Human Services (EOHHS) and Boston Medical Center Health Plan, Inc.

Evidence of Coverage, effective August 1, 2012, Form No. BMCHP-CChoice2012ver.2

Evidence of Coverage, effective July 1, 2012, Form No. BMCHP-CC-10-Rev

**Other**


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07/01/12: Annual review, references updated, revised language in the Applicable Coding section, and deleted four-digit diagnosis code 524.6.

**Last Review Date:**
07/01/12

**Next Review Date:**
07/01/13

**Approval Dates:**
**Regulatory Approval:** N/A

**Internal Approval:**
09/09/08: MPCTAC
09/30/08: UMC
10/22/08: QIC
09/22/09: MPCTAC
10/28/09: QIC
09/15/10: MPCTAC
11/22/10: QIC
09/21/11: MPCTAC
10/26/11: QIC
07/18/12: MPCTAC
08/22/12: QIC

**Authorizing Entity:**
QIC

**IMPORTANT NOTE:** Not all services are covered for all products or employer groups. This medical policy expresses the Plan's determination of whether certain services or supplies are medically necessary, experimental or investigational or cosmetic. The Plan has reached these conclusions based upon the regulatory status of the technology and a review of clinical studies published in peer-reviewed medical literature. Even though this policy may indicate that a particular service or supply is considered covered or not covered, this conclusion is not based upon the terms of a member’s particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all services that are determined to be medically necessary will necessarily be covered services under the terms of a member’s benefit plan. Members and their providers need to consult the applicable benefit plan document (e.g., Evidence of Coverage) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this medical policy and the benefit plan document, the provisions of the benefit plan document will govern. In addition, this policy and the benefit plan document are subject to applicable state and federal laws that may mandate coverage for certain services and supplies.