Clinical Coverage Guidelines - Temporomandibular Joint (TMJ) Disorder Treatment

Effective Date: 01/01/12  
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 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

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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

Additional Definitions:
**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:
Codes may not be all inclusive as the American Medical Association (AMA) code updates may occur more frequently or at different intervals than policy updates. These codes are not intended to be used for coverage determinations.

<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>524.6</td>
<td>Temporomandibular joint disorders</td>
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<tr>
<td>524.60</td>
<td>Temporomandibular joint disorders, unspecified&lt;br&gt;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>
</tbody>
</table>
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### 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 temporo-mandibular 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-inflammatory 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.

<table>
<thead>
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<th>Code</th>
<th>Description</th>
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<tbody>
<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>
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References:
Legal and Regulatory:
Contract between The Office of Health and Human Services (EOHHS), and Boston Medical Center HealthNet Plan MassHealth

Evidence of Coverage, effective July 1, 2011, Form No. BMCHP-CC-8

Form of Contract between the Commonwealth Health Insurance Connector Authority and Boston Medical Center HealthNet Plan effective July 1, 2011

Other:


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Policy History
Original Effective Date: 01/01/09

Date of Review/Revision:
09/22/09: Annual review, no criteria changes, updated references
09/01/10: Annual review, no changes to criteria, updated references and coding
09/01/11: Annual review, updated limitations and references

Last Review Date
09/01/11

Next Review Date
09/01/12

Approval Dates
Regulatory Approval: N/A
Internal Approval:
09/09/08: MPCTAC
09/30/08: UMC

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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.