TREATMENT FOR TEMPOROMANDIBULAR DISORDER (TMD)

Description: Temporomandibular Disorder (TMD) may be the result of congenital and developmental anomalies; fractures and dislocations resulting from trauma, internal derangement, or ankylosis (stiffening or fixation of a joint); or arthritic and neoplastic diseases. Symptoms attributed to TMD are varied and include, but are not limited to, clicking sounds in the jaw; headaches; closing or locking of the jaw due to muscle spasms (trismus) or displaced disc; pain in the ears, neck arms, and spine; and tinnitus.

At present, there is no widely accepted, standard test available to correctly diagnose TMD. Health care providers generally evaluate the patient’s description of symptoms, take a detailed medical and dental history, and examine problem areas, including the head, neck, face, and jaw. Imaging studies such as x-rays, arthrograms, cephalograms (x-rays of the jaws and skull), or pantograms (x-rays of the maxilla and mandible) may be recommended. Computed tomography (CT) and magnetic resonance imaging (MRI) are generally reserved for pre-surgical evaluation.

According to the National Institute of Dental and Craniofacial Research, experts strongly recommend initial use of the most conservative, reversible treatments possible. Such treatments do not invade the tissues of the face, jaw, or joint, or cause permanent changes in the structure or position of the jaw or teeth.

Policy: The following non-surgical treatments may be considered MEDICALLY NECESSARY in the treatment of temporomandibular disorder:

- Removable, intraoral appliances providing full-occlusal coverage;
- Pharmacological treatment (such as anti-inflammatory, muscle relaxing, and analgesic medications);
- Physical therapy (includes modalities such as ultrasound, heat and cold treatments, iontophoresis, and manipulation);
• Biofeedback;
• Transcutaneous electrical nerve stimulation (TENS);
• Behavioral/psychological therapy (i.e., relaxation training, cognitive behavioral therapies); and
• Self-management instruction

The following **non-surgical treatments** are considered **INVESTIGATIVE** in the treatment of temporomandibular disorder:
• Electrogalvanic stimulation;
• Prolotherapy; and
• Nociceptive Trigeminal Inhibition – tension suppression system (NTI-tss)

The following **surgical treatments** may be considered **MEDICALLY NECESSARY** in the treatment of temporomandibular disorder:
• Arthroscopic surgery in patients with objectively demonstrated (by physical examination and imaging) internal derangements or degenerative joint disease who have persistent TMJ pain and where conservative treatment has failed (e.g., orthotics/splints, analgesics, heat, muscle relaxants, physical therapy, jaw exercises, anti-inflammatory agents).
• Manipulation for reduction of fracture or dislocation of the TMJ;
• Arthrocentesis;
• Open surgical procedures including, but not limited to, arthroplasties; condylectomies; meniscus or disc plication and disc removal when TMJ dysfunction is the result of congenital anomalies, trauma, or disease in patients where conservative treatment has failed

The following **surgical treatment** is considered **INVESTIGATIVE** in the treatment of Temporomandibular disorder:
• Arthroscopy of the temporomandibular joint for purely diagnostic purposes.

**Coverage:**
Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member’s summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.
Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding:

The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT:

20605 Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)
21010 Arthrotomy, temporomandibular joint
21050 Condylectomy, temporomandibular joint (separate procedure)
21060 Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21070 Coronoidectomy (separate procedure)
21089 Unlisted maxillofacial prosthetic procedure
21110 Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
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
21480 Closed treatment of temporomandibular dislocation; initial or subsequent
21485 Closed treatment of temporomandibular dislocation; complicated (e.g., recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21490 Open treatment of temporomandibular dislocation
29800 Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804 Arthroscopy, temporomandibular joint, surgical
70328 Radiologic examination, temporomandibular joint, open and closed mouth; unilateral
70330 Radiologic examination, temporomandibular joint, open and closed mouth; bilateral
70332 Temporomandibular joint arthrography, radiological supervision and interpretation
HCPCS:
D7810 Open reduction of dislocation
D7820 Closed reduction of dislocation
D7830 Manipulation under anesthesia
D7840 Condylectomy
D7850 Surgical discectomy; with/without implant
D7852 Disc repair
D7854 Synovectomy
D7856 Myotomy
D7858 Joint reconstruction
D7860 Arthrotomy
D7865 Arthroplasty
D7871 Nonarthroscopic lysis and lavage
D7872 Arthroscopy, diagnosis, with or without biopsy
D7873 Arthroscopy, surgical: lavage and lysis of adhesions
D7874 Arthroscopy, surgical: disc repositioning and stabilization
D7875 Arthroscopy, surgical: synovectomy
D7876 Arthroscopy, surgical: discectomy
D7877 Arthroscopy, surgical: debridement
D7880 Occlusal orthotic appliance
D7899 Unspecified TMD therapy, by report
D9940 Occlusal guards, by report
S8262 Mandibular orthopedic repositioning device, each

Policy History:
Developed October 25, 1985

Most recent history:
Reviewed November 9, 2011
Reviewed November 14, 2012
Reviewed November 13, 2013
Reviewed October 8, 2014

Cross Reference:
Orthognathic Surgery, IV-16
Surface Electromyography (SEMG), VII-10

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