

# Temporomandibular Disorders



INDEPENDENT CARE HEALTH PLAN

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## Medicare Advantage Medical Coverage Policy

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#### Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

## Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

## Related Documents

Please refer to [CMS website](#) for the most current applicable National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA)/CMS Online Manual System/Transmittals.

Type	Title	ID Number	Jurisdiction Medicare Administrative	Applicable States/Territories
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			Contractors (MACs)	
Internet-Only Manuals (IOMs)	Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15	<a href="#">§150.1 Treatment of Temporomandibular Joint (TMJ) Syndrome</a>		
NCD	Thermography	<a href="#">220.11</a>		
LCD LCA	Cosmetic and Reconstructive Surgery  Billing and Coding: Oral Maxillofacial Prosthesis  Billing and Coding: Cosmetic and Reconstructive Surgery (effective 10/1/23)	<a href="#">L33428</a>  <a href="#">A53497</a>  <a href="#">A56658</a>	JJ - Palmetto GBA (Part A/B MAC)  JM - Palmetto GBA (Part A/B MAC)	AL, GA, TN  NC, SC, VA, WV
LCD LCA	Facial Prostheses	<a href="#">L33738</a> <a href="#">A52463</a>	DME A - Noridian Healthcare Solutions, LLC (DME MAC)  DME B - CGS Administrators, LLC (DME MAC)  DME C - CGS Administrators, LLC (DME MAC)  DME D - Noridian Healthcare Solutions, LLC (DME MAC)	CT, DE, DC, ME, MD, MA, NH, NJ, NY, PA, RI, VT  IL, IN, KY, MI, MN, OH, WI  AL, AR, CO, FL, GA, LA, MS, NM, NC, OK, SC, TN, TX, VA, WV, PR, U.S. VI  AK, AZ, CA, HI, ID, IA, KS, MO, MT, NE, NV, ND, OR, SD, UT, WA,
LCD LCA	Ultrasound, Soft Tissues of the Head and Neck	<a href="#">L34027</a> <a href="#">A57029</a>	JN - First Coast Service Options, Inc. (Part A/B MAC)	FL, PR, U.S. VI

## Description

Temporomandibular joint (TMJ) or temporomandibular disorders (TMD) are collective terms for conditions which cause pain and dysfunction in the masticatory muscles and the jaw joint. These conditions include, but may not be limited to:

- Arthritis
- Complications following radiation for head and neck cancer
- Internal joint derangement

Evaluation for TMJ/TMD often begins with physical examination, but may also involve muscle testing, radiographic imaging or range of motion measurements.

Surgical treatments include, but may not be limited to:

- **Arthrocentesis** (joint aspiration) – Minimally invasive procedure that involves inserting a small needle into the joint to irrigate fluid and remove debris
- **Arthroplasty** – Restores range of motion by repair or replacement of the joint; replacement involves partial or total grafts or implants. Examples of US Food & Drug Administration (FDA) approved prosthetic joint replacement devices include, but may not be limited to: TMJ Concepts Patient-Fitted TMJ Reconstruction Prosthesis System, TMJ Fossa-Eminence Prosthesis System and Zimmer Biomet Total Mandibular Joint Replacement System.
- **Arthroscopy** – An endoscope is placed inside the joint for diagnostic purposes and/or to remove any inflamed tissue or adjust parts of the jaw that are misaligned
- **Arthrotomy** – May encompass a range of surgical procedures including debridement or disc repair, repositioning or replacement
- **Condylectomy** – Complete removal of jaw condyle
- **Condylotomy** – Surgical division the jaw condyle
- **Coronoidectomy** – Removal of the anterior part of the upper ramus of the mandible

There are other treatments and devices that are not widely used or generally accepted for the treatment of TMJ/TMD which include, but may not be limited to:

- **Intra-aural devices** (eg, TMJ NextGeneration) – Treats the TMJ/TMD pain with an insert placed in the ear canal, which is near the temporomandibular joint

- **Iontophoresis** – Uses an electrical current to deliver a medication through the skin or mucosa over the TMJ/TMD
- **Jaw mobility stretching devices** (eg, Dynasplint System, OraStretch Press Jaw Motion Rehab System, TheraBite Jaw Motion Rehabilitation System) – Handheld unit designed to stretch or exercise an individual's jaw
- **Oral splints**- Removable occlusal orthotic appliance therapy that maintains current bite or position of the jaw or teeth and is not utilized as an interim restorative support, such as oral surgical splint

## Coverage Determination

*iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.*

*In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria:*

### **EVALUATION**

**Diagnostic testing for TMJ/TMD** will be considered medically reasonable and necessary when using the following modalities:

- Examination including a history, physical examination, muscle testing, range of motion measurements and psychological evaluation as necessary;

**AND** one of the following:

- Computed tomography (CT); **OR**
- Magnetic resonance imaging (MRI); **OR**
- Radiographic imaging; **OR**
- Ultrasonography <sup>10, 26</sup>

### **General Criteria for TMJ/TMD Surgery**

**Surgical treatment of TMJ/TMD** will be considered medically reasonable and necessary when when **ALL** of the following criteria are met:

- Internal joint derangement or degenerative joint disease that has been confirmed by MRI or CT; **AND**

- Symptoms persist despite documentation of compliance with at least 3 months of conservative treatments under the direction of a healthcare professional with one or more of the following:
  - Behavioral therapy; **OR**
  - Medications (eg, analgesics, muscle relaxants or nonsteroidal anti-inflammatory drugs [NSAIDs]) when medically appropriate and not contraindicated; **OR**
  - Physical therapy <sup>10,26</sup>

**AND** one of the following surgical procedures <sup>10</sup>:

- Arthrocentesis; **OR**
- Arthroscopy; **OR**
- Condylectomy; **OR**
- Coronoidectomy; **OR**
- Mandibular condylotomy; **OR**
- Arthrotomy
  - Debridement; **OR**
  - Disc repair, repositioning or removal (with or without replacement); **OR**
- Arthroplasty
  - Partial or total joint reconstruction by allogeneic graft or autogenous graft (alloplastic implants are not generally indicated for initial surgical treatment)<sup>10</sup>; **OR**
  - Partial or total joint replacement using a FDA-approved prosthesis may be indicated when **ANY** of the following criteria are met <sup>10</sup>:
    - Failed alloplastic joint reconstruction; **OR**
    - Failed TMJ tissue graft reconstruction; **OR**
    - Inflammatory or immunological responses (eg, end-stage deterioration, inflammatory arthritis) involving the TMJ; **OR**
    - Loss of occlusal relationship and/or vertical mandibular height due to trauma, bone resorption, pathological lesion or developmental abnormality of the TMJ <sup>28,29,30</sup>; **OR**

- Recurrent bony and/or fibrous ankylosis of the TMJ

Documentation of further conservative treatment is not required for joint reconstruction utilizing a prosthetic device if there has been a previously failed alloplastic joint or TMJ tissue graft reconstruction.

*The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.*

## Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

The following services/items will not be considered medically reasonable and necessary:

- Computerized mandibular scan; **OR**
- Dental procedures for TMJ/TMD such as crowns, dental implants, dental restorations, extraction of wisdom teeth, fixed or removable partial dentures, full dentures, occlusal analysis and adjustment, onlays or orthodontics; **OR**
- Intra-aural devices (eg, TMJ NextGeneration); **OR**
- Iontophoresis; **OR**
- Jaw mobility mechanical stretching device (eg, Dynasplint System, OraStretch Press Jaw Motion Rehab System, TheraBite Jaw Motion Rehabilitation System); **OR**
- Kinesiography; **OR**
- Thermography

These treatments and services fall within the Medicare program's statutory exclusion that prohibits payment for items and services that have not been demonstrated to be reasonable and necessary for the diagnosis and treatment of illness or injury (§1862(a)(1) of the Act). Other services and appliances used to treat TMJ fall within the Medicare program's statutory exclusion at 1862(a)(12), which prohibits payment.

## Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	
20561	Needle insertion(s) without injection(s); 3 or more muscles	
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	
20910	Cartilage graft; costochondral	
20999	Unlisted procedure, musculoskeletal system, general	
21010	Arthrotomy, temporomandibular joint	
21050	Condylectomy, temporomandibular joint (separate procedure)	
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	
21070	Coronoidectomy (separate procedure)	
21085	Impression and custom preparation; oral surgical splint	
21116	Injection procedure for temporomandibular joint arthrography	
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	
21299	Unlisted craniofacial and maxillofacial procedure	
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	
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	
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	
93740	Temperature gradient studies	
<b>CPT® Category III Code(s)</b>	<b>Description</b>	<b>Comments</b>
No code(s) identified		
<b>HCPCS Code(s)</b>	<b>Description</b>	<b>Comments</b>
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment	
E1700	Jaw motion rehabilitation system	
E1701	Replacement cushions for jaw motion rehabilitation system, package of 6	
E1702	Replacement measuring scales for jaw motion rehabilitation system, package of 200	

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**Change Summary**