

Subject: Temporomandibular Disorders
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Description

This document addresses temporomandibular joint (TMJ) and related musculoskeletal structure disorders commonly called temporomandibular disorders (TMD), a collective term for temporomandibular joint dysfunction (TMJD), temporomandibular joint (TMJ) syndrome, and craniomandibular disorder (CMD).

Note: Please refer to the following documents for additional information on related topics:

- CG-ANC-03 Acupuncture
- CG-DME-04 Electrical Nerve Stimulation, Transcutaneous, Percutaneous
- CG-MED-28 Iontophoresis
- CG-MED-65 Manipulation Under Anesthesia
- CG-SURG-84 Mandibular/Maxillary (Orthognathic) Surgery
- DME.00011 Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices
- MED.00002 Selected Sleep Testing Services
- MED.00110 Silver-based Products for Wound and Soft Tissue Applications
- MED.00125 Biofeedback and Neurofeedback
- SURG.00140 Peripheral Nerve Blocks for Treatment of Neuropathic Pain
- SURG.00144 Occipital and Sphenopalatine Ganglion Nerve Block Therapy for the Treatment of Headache and Neuralgia

Note:

- Pharmacologic therapy (that is, analgesics, anti-inflammatory drugs, and muscle relaxants) and therapeutic injections may be addressed in related pharmacy guidelines.
- See the applicable guidelines in use by the member's health plan for criteria addressing behavioral health and physical therapy services used to treat temporomandibular disorders.

Clinical Indications

Medically Necessary:

Intraoral appliances, including but not limited to occlusal splints, bite appliances, and mandibular occlusal repositioning appliances, are considered **medically necessary** for temporomandibular disorders.

The following surgical procedures are considered **medically necessary** for temporomandibular disorders when "Criteria A and B" listed below are met include the following:

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Temporomandibular Disorders

- A. Arthrocentesis; **or**
- B. Arthroscopic surgery; **or**
- C. Manipulation for reduction of fracture or dislocation; **or**
- D. Open surgical procedures, including arthroplasty, condylectomy, modified condylotomy, disc or meniscus plication, and disc removal when the temporomandibular disorder is the result of congenital anomalies, disease, or trauma; **or**
- E. TMJ arthroplasty with prosthetic implants.

Criteria A and B:

- A. Temporomandibular joint internal derangement or other structural joint disorder is documented as evidenced by **BOTH** of the following:
 - 1. Completion of skeletal growth for individuals under age 18 with long bone x-ray or serial cephalometrics showing no change in facial bone relationships over the last 3- to 6- month period (Note: individuals age 18 and older do not require this documentation); **and**
 - 2. Computed tomography (CT), magnetic resonance imaging (MRI), or x-ray of the temporomandibular joint documents joint pathology (for example, arthritis, bone cyst, fracture, meniscal abnormality, or tumors);**and**
- B. Temporomandibular joint pain is due to a maxillary or mandibular skeletal deformity **OR** the individual has a clinically significant functional impairment refractory to at least 6 months of non-surgical treatment that included at least **ONE** of the following:
 - 1. Behavioral therapy; **or**
 - 2. Pharmacologic therapy (that is, analgesics, nonsteroidal anti-inflammatory drugs, muscle relaxants); **or**
 - 3. Physical therapy; **or**
 - 4. Reversible, removable, intraoral appliances such as removable splints; **or**
 - 5. Therapeutic injections.

Not Medically Necessary:

The following nonsurgical treatments are considered **not medically necessary** for temporomandibular disorders include, but are not limited to, the following:

- A. Electrogalvanic stimulation (EGS); **or**
- B. Jaw motion rehabilitation systems; **or**
- C. Occlusal equilibration, bite adjustment, irreversible occlusion therapy.

Surgical procedures for temporomandibular disorders are considered **not medically necessary** when the above criteria are not met.

The following diagnostic tests and procedures are considered **not medically necessary** when used to diagnose or evaluate temporomandibular disorders:

- A. Computerized mandibular scan (intended to document deviations in occlusion and muscle spasm by recording muscle activity related to mandibular movement or positioning); **or**
- B. Intra-oral tracing or gothic arch tracing (intended to document deviations in jaw positioning); **or**
- C. Electromyography (including percutaneous or surface electrode methods); **or**
- D. Kinesiography; **or**

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Temporomandibular Disorders

- E. Laryngeal function studies; **or**
- F. Rhinomanometry; **or**
- G. Somatosensory testing/neuromuscular junction testing; **or**
- H. Swallowing studies or tests; **or**
- I. Thermography.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

When services are Medically Necessary:

HCPCS

D7880 Occlusal orthotic device, by report [when specified as removable TMJ splints, mandibular occlusal repositioning appliances]

ICD-10 Diagnosis

M26.601-M26.69 Temporomandibular joint disorders

When services may be Medically Necessary when criteria are met:

CPT

- Including, but not limited to, the following:*
- 20605 Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance [when specified as temporomandibular joint aspiration]
 - 20606 Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting [when specified as temporomandibular joint aspiration]
 - 21010 Arthrotomy, temporomandibular joint
 - 21050 Condylectomy, temporomandibular joint (separate procedure)
 - 21060 Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
 - 21073 Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)
 - 21110 Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
 - 21116 Injection procedure for temporomandibular joint arthrography
 - 21210 Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
 - 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

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Temporomandibular Disorders

29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	Arthroscopy, temporomandibular joint, surgical

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
D7870	Arthrocentesis
D7871	Nonarthroscopic lysis and lavage
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
D7899	Unspecified TMD therapy, by report

ICD-10 Procedure

0RBC0ZZ	Excision of right temporomandibular joint, open approach
0RBC3ZZ	Excision of right temporomandibular joint, percutaneous approach
0RBC4ZZ	Excision of right temporomandibular joint, percutaneous endoscopic approach
0RBD0ZZ	Excision of left temporomandibular joint, open approach
0RBD3ZZ	Excision of left temporomandibular joint, percutaneous approach
0RBD4ZZ	Excision of left temporomandibular joint, percutaneous endoscopic approach
0RQC0ZZ-0RQC4ZZ	Repair right temporomandibular joint [includes codes 0RQC0ZZ, 0RQC3ZZ, 0RQC4ZZ]
0RQD0ZZ-0RQD4ZZ	Repair left temporomandibular joint [includes codes 0RQD0ZZ, 0RQD3ZZ, 0RQD4ZZ]
0RSC04Z-0RSCXZZ	Reposition right temporomandibular joint [includes codes 0RSC04Z, 0RSC0ZZ, 0RSC34Z, 0RSC3ZZ, 0RSC44Z, 0RSC4ZZ, 0RSCX4Z, 0RSCXZZ]
0RSD04Z-0RSDXZZ	Reposition left temporomandibular joint [includes codes 0RSD04Z, 0RSD0ZZ, 0RSD34Z, 0RSD3ZZ, 0RSD44Z, 0RSD4ZZ, 0RSDX4Z, 0RSDXZZ]
0RUC07Z-0RUC4KZ	Supplement right temporomandibular joint [includes codes [0RUC07Z, 0RUC0JZ, 0RUC0KZ, 0RUC37Z, 0RUC3JZ, 0RUC3KZ, 0RUC47Z, 0RUC4JZ, 0RUC4KZ]
0RUD07Z-0RUD4KZ	Supplement left temporomandibular joint [includes codes 0RUD07Z, 0RUD0JZ, 0RUD0KZ, 0RUD37Z, 0RUD3JZ, 0RUD3KZ, 0RUD47Z, 0RUD4JZ, 0RUD4KZ]

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Temporomandibular Disorders

ICD-10 Diagnosis

G44.89	Other headache syndrome
M19.09	Primary osteoarthritis, other specified site
M19.91	Primary osteoarthritis, unspecified site
M26.50-M26.59	Dentofacial functional abnormalities
M26.601-M26.69	Temporomandibular joint disorders
M79.10-M79.12	Myalgia, unspecified; mastication muscle; auxiliary muscles, head and neck
S03.00XA-S03.03XS	Dislocation of jaw

When services are Not Medically Necessary:

For the procedure and diagnosis codes listed above when criteria are not met.

When services are also Not Medically Necessary:

For the diagnosis codes listed above for TMD and related diagnoses, for the following procedure codes; or when the code describes a procedure designated in the Clinical Indications section as not medically necessary.

HCPCS

D9950	Occlusion analysis- mounted case
D9951	Occlusal adjustment- limited
D9952	Occlusal adjustment- complete
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

Discussion/General Information

Temporomandibular disorders (TMD) is a collective term for temporomandibular joint dysfunction (TMJD), temporomandibular joint (TMJ) syndromes, and craniomandibular disorder (CMD), that includes a variety of medical and dental conditions involving the masticatory muscles and the temporomandibular joint, as well as contiguous tissue components. The prevalence of TMJD is in the range of 5 to 12% (NIDCR, 2018a). The incidence is higher in younger individuals and in women (NIDCR, 2018). Although some cases can be linked to physical trauma or disease conditions, in most cases the cause is unknown.

The most frequent presenting symptom associated with TMD is pain, usually localized to the muscles of mastication, the preauricular area, and/or the TMJ. This pain may be related to trauma, (such as a blow to the face), inflammatory or degenerative arthritis, or may be due to the mandible being pushed back towards the ears whenever the individual chews or swallows. Sometimes, muscles around the TMJ used for chewing can go into spasm, causing head and neck pain and difficulty opening the mouth normally. Other common complaints reported by individuals include earache, headache, and facial pain. Individuals may also have limited or asymmetric jaw movement and joint sounds that are usually described as clicking, popping, grating, or crepitus in the TMJ.

Conservative therapy is the mainstay in treating TMD. This therapy may include behavioral change, medical therapy (e.g., oral medications for pain, anti-inflammatory injections, and reversible, removable, intraoral dental splints [also called occlusal orthotics or occlusal splints]). Surgical treatments, often irreversible, may be

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Temporomandibular Disorders

recommended for difficult or unresponsive cases. There are no standards to identify people who would most likely benefit from surgery. A review of available published evidence regarding the safety and efficacy of various medical and surgical treatment modalities for TMJ revealed inconsistent methodologies in study design and significant variation of improved clinical outcomes (Al-Moraissi, 2017; Bouchard, 2017; Nandhini, 2018; Schiffman, 2007; Tatli, 2017; Truelove, 2006; Zhang, 2020).

In 2014, Schiffman and colleagues found that, although the Research Diagnostic Criteria for Temporomandibular Disorders (RDC/TMD) Axis I diagnostic algorithms have been reliable, they were below the target sensitivity of greater than or equal to 0.70 and specificity of greater than or equal to 0.95. This empirical finding prompted a revision. The newly recommended Diagnostic Criteria for TMD (DC/TMD) Axis I include both a valid screening protocol for detecting any pain-related TMD, as well as valid diagnostic criteria for differentiating the most common pain-related TMD (sensitivity greater than or equal to 0.86, specificity greater than or equal to 0.98). The authors stated:

TMD is the second most common musculoskeletal condition (after chronic low back pain) resulting in pain and disability... Taken together, a new dual-axis Diagnostic Criteria for TMD (DC/TMD) will provide evidence-based criteria for the clinician to use when assessing patients, and will facilitate communication regarding consultations, referrals, and prognosis.

In 2017, the American Academy of Oral and Maxillofacial Surgeons (AAOMS) issued Parameters of Care (6th edition) which stated the following:

Temporomandibular joint (TMJ) surgery is indicated for the treatment of a wide range of pathologic conditions, including developmental and acquired deformities, internal derangements, arthritis, functional abnormalities, ankylosis, and infection...Surgical intervention for internal derangement is indicated only when nonsurgical therapy has been ineffective and pain and/or dysfunction are moderate to severe. Surgery is not indicated for asymptomatic or minimally symptomatic patients. Surgery also is not indicated for preventive reasons in patients without pain and with satisfactory function. Pretreatment therapeutic goals are determined individually for each patient.

The National Institute of Dental and Craniofacial Research (2018b) states the following on temporomandibular joint and muscle disorders:

Because more studies are needed on the safety and effectiveness of most treatments for jaw joint and muscle disorders, experts strongly recommend using the most conservative, reversible treatments possible. Conservative treatments do not invade the tissues of the face, jaw, or joint, or involve surgery. Reversible treatments do not cause permanent changes in the structure or position of the jaw or teeth. Even when TMJ disorders have become persistent, most patients still do not need aggressive types of treatment. Because the most common jaw joint and muscle problems are temporary and do not get worse, simple treatment may be all that is necessary to relieve discomfort. Short term use of over-the-counter pain medicines or nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen; the use of a stabilization splint, or bite guard, that fits over upper or lower teeth may provide relief. If a stabilization splint is recommended, it should be used only for a short time and should not cause permanent changes in bite. Studies of their effectiveness in providing pain relief have been inconclusive. Surgical treatments are

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Temporomandibular Disorders

controversial, often irreversible, and should be avoided where possible. There have been no long-term clinical trials to study the safety and effectiveness of surgical treatments for TMJ disorders. Additionally, surgical replacement of jaw joints with artificial implants may cause severe pain and permanent jaw damage. Some of these devices may fail to function properly or may break apart in the jaw over time (NIDCR, 2018).

Several devices have obtained pre-market approval or clearance from the U.S. Food and Drug Administration (FDA) for the surgical treatment of TMD. The FDA-approved labeling for these devices has similar indications. However, the published evidence evaluating clinical outcomes of these devices is limited and clinical utility has not been empirically established.

Definitions

Analgesics: Medications that provide pain relief.

Arthroplasty: Surgery to relieve pain and restore range of motion by realigning or reconstructing a joint.

Cranio-mandibular disorder (CMD): A dental term used to describe diseases or disorders of the muscles of the head and neck, with special reference to the masticatory (chewing) muscles.

Disc: Shortened terminology for an intervertebral disc or a TMJ disc; a disk-shaped piece of specialized tissue that separates the bones and provides a cushion between the bones.

Mandible: Bone of the lower jaw.

Meniscus: A cartilage pad between the two joint surfaces within the TMJ, acting as a smooth surface for the joint to move on.

Modified condylotomy: An extra-articular surgical procedure used to manage TMJ dysfunction. The primary purpose of the procedure is to increase joint space by allowing the mandibular condyle to move inferiorly with respect to both the articular disc and eminence.

Occlusal orthotic device: A dental term used to describe a reversible, removable intraoral appliance, such as a splint.

Orthodontics: The specialty of dentistry dealing with the prevention and correction of abnormally positioned or aligned teeth.

Temporal bone: A large, irregular bone situated at the base and side of the skull; connected with the mandible via the TMJ.

Temporomandibular joint (TMJ): Joint that hinges the mandible to the temporal bone of the skull; one of the most frequently used joints in the entire body, moving whenever a person eats, drinks, or talks.

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Peer Reviewed Publications:

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Temporomandibular Disorders

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Index

- Arthrocentesis, TMJ Dysfunction
- Arthroscopy, TMJ Dysfunction
- Patient-Fitted TMJ Reconstruction Prosthesis
- Temporomandibular Joint
- TMJ
- TMJ Concepts Patient-Fitted TMJ Reconstruction Prosthesis
- TMJ Fossa-Eminence Prosthesis System

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Temporomandibular Disorders

TMJ Fossa-Eminence Prosthesis System™
 TMJ Patient Specific Fossa-Eminence Prosthesis System™
 Total Temporomandibular Joint (TMJ) Replacement System (Biomet Microfixation).
 TMJ Partial Temporomandibular Joint Replacement System,
 Total Temporomandibular Joint (TMJ) Replacement System

The use of specific product names is illustrative only. It is not intended to be a recommendation of one product over another, and is not intended to represent a complete listing of all products available.

History

Status	Date	Action
Revised	11/10/2022	Medical Policy & Technology Assessment Committee (MPTAC) review. Moved content related to iontophoresis to CG-MED-28. Removed content from MN and NMN statements that are addressed in other documents. Updated formatting in Clinical Indications section. Updated Description, Discussion, References and Index sections. Updated Coding section, removed 97033, D9130, D9920 no longer addressed.
Reviewed	2/17/2022	MPTAC review. Updated References sections.
Revised	02/11/2021	MPTAC review. Added “or’s” to list of surgical procedures in medically necessary statement. Edited criterion B in medically necessary statement on surgical procedures for clarification. Modified ‘not medically necessary’ statement on surgical procedures to include “when the above criteria are not met”. Discussion/General Information and References sections updated. Reformatted Coding section.
	10/01/2020	Updated Coding section with 10/01/2020 ICD-10-CM changes; added M19.09.
Revised	02/20/2020	MPTAC review. Pharmacologic therapy and therapeutic injections removed from medically necessary statement on nonsurgical treatments. Intra-articular injections of hyaluronic acid removed from not medically necessary statement. Discussion/General Information and References sections updated.
	10/01/2019	Updated Coding section to correct ICD-10-CM diagnosis codes S03.00XA-S03.03XS.
Revised	03/21/2019	MPTAC review. Clarified MN and NMN criteria and removed requirement for FDA approval. Description, Discussion/General Information, and References sections updated. Updated Coding section; removed D9940 deleted 12/31/2018; added 97033, D9130, D9920.
	09/20/2018	Updated Coding section with 10/01/2018 ICD-10-CM diagnosis code changes; added M79.10-M79.12 replacing M79.1.
Reviewed	03/22/2018	MPTAC review. The document header wording updated from “Current Effective Date” to “Publish Date.” Discussion/General Information and References sections updated.

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Temporomandibular Disorders

Revised	05/04/2017	MPTAC review. Modified condylotomy was added to the surgical procedures for TMD considered medically necessary when criteria are met. References and Coding sections were updated.
Reviewed	11/03/2016	MPTAC review. Updated the formatting of the Clinical Indications section. The Discussion section and References were updated.
	10/01/2016	Updated coding section with 10/01/2016 ICD-10-CM changes.
Reviewed	11/05/2015	MPTAC review. References were updated. Removed ICD-9 codes from Coding section.
	07/01/2015	Updated Coding section with 07/01/2015 HCPCS changes; removed S8262 deleted 06/30/2015.
Reviewed	11/13/2014	MPTAC review. Discussion and References sections were updated. Updated Coding section with 01/01/2015 CPT changes.
Reviewed	11/14/2013	MPTAC review. Discussion section and References were updated.
Reviewed	11/08/2012	MPTAC review. References were updated.
Reviewed	11/17/2011	MPTAC review. Discussion and References were updated.
Revised	11/18/2010	MPTAC review. Revised Subject of document to: Temporomandibular Disorders. Clarified wording throughout the Clinical Indications, changing ‘temporomandibular dysfunction’ to ‘temporomandibular disorders.’ Revised medically necessary criteria for surgical intervention specific to the age requirement for documented radiograph proof of completion of skeletal growth as follows: “Completion of skeletal growth for individuals under age 18 with long bone x-ray or serial cephalometrics showing no change in facial bone relationships over the last three to six month period (Note: individuals age 18 and older do not require this documentation).” Alphabetized, formatted and reordered document Clinical Indications without additional revisions to the document criteria. Updated Description, Coding, Discussion, Definitions, and References.
	10/01/2010	Updated Coding section with 10/01/2010 ICD-9 changes.
Reviewed	11/19/2009	MPTAC review. Updated References and Coding.
Reviewed	11/20/2008	MPTAC review. Updated Discussion and References.
Reviewed	11/29/2007	MPTAC review. Updated References and Coding to include 01/01/2008 CPT changes.
Reviewed	12/07/2006	MPTAC review. Updated References.
Revised	12/01/2005	MPTAC review. Revision based on Pre-merger Anthem and Pre-merger WellPoint Harmonization.

Pre-Merger Organizations	Last Review Date	Document Number	Title
Anthem, Inc.	N/A	N/A	N/A
Anthem Northeast (Maine)	None	BD	TMJ (Temporomandibular Joint Syndrome) Benefit Detail
Anthem Midwest	08/06/2004	MA-037	Temporomandibular Joint Dysfunction (TMD), Temporomandibular Joint

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WellPoint Health Networks, Inc. 09/23/2004

Clinical
Guideline

Syndrome (TMJ, Craniomandibular
Disorder (CMD)
Temporomandibular Joint Arthroplasty

Historical

Federal and State law, as well as contract language including definitions and specific coverage provisions/exclusions, and Medical Policy take precedence over Clinical UM Guidelines and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Clinical UM Guidelines, which address medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Clinical UM Guidelines periodically. Clinical UM guidelines are used when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether or not to adopt a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the back of the member's card.

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