Health Alliance™

Medical Policy & Procedure

Policy Name:	Medical Policy: Temporomandibular Joint (TMJ) Services	Policy #:	MP-126

Policy Information	
Owner Department:	Medical UM & Systems Department
Owner:	Assigned Medical Director

If there is a discrepancy between a medical policy and a patient's policy or plan document/summary plan description, the policy or plan document/summary plan descriptions provisions and limitations will govern the determination of benefits.

Purpose of the Policy

To make utilization decisions, Health Alliance uses written criteria based on sound clinical evidence for appropriately applying the criteria.

Statement of the Policy

To apply objective and evidence-based criteria when determining the medical appropriateness of health care services.

NOTE: Please refer to plan documents for prior authorization status/necessity.

Essential Health Benefits

APPLIES TO ILLINOIS, IOWA, AND NEBRASKA:

The Affordable Care Act (ACA) requires coverage of a minimal set of benefits known as Essential Health Benefits (EHB). Temporomandibular joint services for TM Joint Pain - Dysfunction Syndrome and Intra-articular TM joint disorders - are considered an EHB for members enrolled in Small Group Plans that renew on or after January 1, 2014 or 2014 Individual Plans. Coverage is in effect January 1, 2014. Plans that do not currently include this coverage are Small Group HMO Plans renewing prior to January 1, 2014, Large Group HMO Plans, and members renewing on 2013 Individual HMO Plans.

Preauthorization is required from eviCore for any advanced imaging of the temporomandibular joint.

NOTE: Please refer to the member's Plan File to determine eligibility for this requirement.

Interpretations

1. Temporomandibular joint pain-dysfunction syndrome (TMJ-PDS)

1.1 TMJ-PDS is defined as a dysfunction of the masticatory apparatus related to spasm of the muscles of mastication precipitated by occlusal disharmony or alteration in vertical dimension of the jaws and exacerbated by emotional stress; characterized by pain in the preauricular region, muscle tenderness, popping noise in the temporomandibular joint, and limitation of jaw motion. Pain in the temporomandibular area can also be caused by intra-articular disease within the joint capsule, e.g. degenerative arthritis, mandibular disc disease.

1.1.1 Depending upon member's plan benefits: Diagnostic X-rays - a single panoramic X-ray of the jaws is covered for the initial evaluation of TMJ disorders. Current literature does not show that additional x-rays (including Cone Beam CT, cephalometric x-rays, tomograms, submental vertex radiographs) are medically necessary in evaluating persons with TMD unless surgery is being considered, and do not result in better, reproducible outcomes during the initial screening or when fabricating of a TMJ oral splint. Additional TMJ imaging with computed tomography (CT) or magnetic resonance imaging (MRI) and Cone Beam CT (Request with CPT® 70486, CPT® 70487, CPT® 70488, CPT® 70480, CPT® 70482) is only covered when used in conjunction with anticipated surgical management in most cases and **requires prior authorization with eviCore**.

1.1.2 **Specific TMJ intra-articular procedures are adjudicated in InterQual as below:**

- Arthroplasty, Temporomandibular Joint (TMJ) – In-Patient CPT 21240, 21242, 21243
- Discectomy, Temporomandibular Joint (TMJ) – In-Patient CPT 21060 Reconstruction—In-Patient CPT 21193-96, 21244-49, 21255
- Arthroscopy, Temporomandibular Joint (TMJ) – Out-Patient CPT 29800, 29804

1.1.3 Services, supplies, oral appliances and treatment of TMJ-PDS may or may not be covered depending on the member's specific plan benefit. Refer to member's benefit plan document for coverage details.

2. Medicare Advantage Criteria details:

2.1 For specific criteria and coverage information, please refer to the Medicare Benefit Policy Manual *100-02, Section 150.1*.

2.2 Search CPT codes on the Medicare website for any possible LCDs/LCAs or updates. MCD Search (cms.gov)

CPT Codes	
IMAGING CODES	
70355	Orthopantogram (e.g., panoramic x-ray)
70480	Computed tomography, orbit, sell, or posterior fossa or outer, middle, or inner ear; without contrast material
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material(s) and further sections
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
76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation [ultrasonography of temporomandibular joints]
INTRA-ARTICULAR PROCEDURE CODES	
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194	Reconstruction of mandibular rami, vertical, C or L osteotomy; with bone graft (includes obtaining graft)
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation

21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
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
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial macrosomia)
21248	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial
21249	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	Arthroscopy, temporomandibular joint, surgical
THERAPIES	
90832 – 90840	Psychotherapy
90901	Biofeedback training by any modality
97010	Application of a modality to 1 or more areas, hot or cold packs
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion, flexibility
97124	Massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
97530	Therapeutic activities, direct (one-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes

Providers are required to indicate the diagnosis and procedure codes when requesting review of coverage.

References

1. Scrivani SJ. Temporomandibular Disorders in Adults. In: UpToDate, Post TW (Ed), Waltham, MA, (Accessed on Oct. 3, 2018.)
2. Definition from the Department of Medical Oncology, University of Newcastle upon Tyne. Copyright 1997–2002. Cited in On-line Medical Dictionary, March 2000

History

Created Date:	02/05/03

Effective Date:	04/23/03		
Next Review Date:	12/12/2026		
Revision Date:	03/24/04	04/30/03	04/30/04
	01/12/11	01/11/12	12/12/12
	12/11/13 – Add coverage for EHB-mandated beneficiaries		11/27/14
	12/23/15	12/13/16	12/13/17
	10/31/18 – MDC-Added language to clarify basic imaging and pointing advanced imaging to eviCore; various TMJ procedures pointing to InterQual.		
	11/08/19 – MDC-Annual review, no changes.		
	12/15/20 – MDC-Annual review, minor revisions related to eviCore for advanced imaging.		
	12/21/21 – MDC-Annual review, no changes, CPT codes added.		
	01/17/23 – MDC-Annual review, no changes.		
	02/20/24 – MDC-Annual review, no changes.		
	01/21/25 – MDC-Annual review, Commercial: minor language addition to facilitate InterQual policy search and Medicare Advantage: no changes.		
	12/08/25 – MDC-Annual review, Commercial: no changes and Medicare Advantage: no changes.		