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Developed By: Medical Criteria Committee	



Approved: **Robert Neal Mills, MD**

Date: 07/28/11

Description:

Temporomandibular joint (TMJ) dysfunction is the term used to describe various functional and structural disorders of the temporomandibular joints and muscles. These disorders are often the result of trauma, developmental anomalies, disc dysfunction, neuromuscular disorder, condylar displacement, stress, malocclusion, arthritis or ankylosis.

Symptoms attributed to TMJ include, but are not limited to: pain in the temporomandibular joint or masticatory muscles, painful clicking or popping sounds in the jaw, restricted movement or locking of the jaw, muscles spasms, earache, and tinnitus.

Criteria:

Treatment of temporomandibular joint (TMJ) dysfunction may be a limited or excluded benefit under some ODS medical plans. Refer to the applicable plan benefit wording to determine benefit availability and the terms and conditions of coverage.

Treatment of TMJ will be covered to plan limitations when the following criteria are met:

- I. Non-surgical treatment (physical therapy, custom intra-oral prosthetic devices/splints) will be covered when at least **two** of the following symptoms are present:
 - A. Extra-articular pain related to muscles of the head and neck region, or earaches, headaches, masticatory or cervical myalgias
 - B. Painful chewing
 - C. Restricted range of motion
 - D. Failure to respond to conservative treatment, such as removal of precipitating activities, analgesics, soft diet and proper chewing techniques
- II. Surgical treatment of the temporomandibular joint, including but not limited to arthrocentesis, arthroscopy, arthrotomy and condylotomy will be covered when **ALL** of the following criteria are met:
 - A. Symptoms are not resolved with conservative treatment, such as physical therapy, analgesics and TMJ orthotic/splint; and
 - B. MRI or other radiologic studies document disc displacement, moderate to marked disc thickening, or degenerative osseous changes; and
 - C. Underlying orthodontic disorders have been ruled out
- III. Arthroplasty/TMJ reconstruction may be considered on a case-by-case basis for FDA approved prostheses only.
- IV. The following TMJ treatments will **NOT** be covered. This includes but is not limited to:
 - A. Bite (occlusal) adjustment/equilibration
 - B. Crowns, bridges, amalgams, etc. to restore tooth alignment or to balance the bite
 - C. Orthodontia
 - D. Appliances strictly for the treatment of bruxism (grinding of the teeth)
 - E. Botox injections
 - F. Continuous passive motion (CPM)

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G. Orthognathic surgery – this is typically a plan exclusion. Refer to member handbook for specific benefits.

Information to be Submitted with Pre-Authorization Request:

Clinical records from the treating physician/dentist documenting TMJ symptoms, radiographic study results and previous treatment tried.

CPT/HCPC Codes/Billing information

These codes may not be all inclusive

Codes	Description
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)
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
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia)
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	Arthroscopy, temporomandibular joint, surgical

References:

- Brennan PA, Ilankovan V. Arthrocentesis for temporomandibular joint pain dysfunction syndrome. J Oral Maxillofac Surg. 2006 Jun;64(6):949-51.
- Christensen RW. TMJ partial joint replacement prospective study. Final PMA post-approval study report. Clinical Protocol TMJ-96-001. Golden, CO: TMJ Implants, Inc.; December 24, 2008.
- Conti PC, dos Santo CN, Kogawa EM, et al. The treatment of painful temporomandibular joint clicking with oral splints: a randomized clinical trial. J Am Dent Assoc. 2006 Aug;137(8):1108-14.
- Emshoff R, Bösch R, Pümpel E, et al. Low-level laser therapy for treatment of temporomandibular joint pain: A double-blind and placebo-controlled trial. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 2008;105(4):452-456.
- Iwase H, Sasaki T, Asakura S, et al. Characterization of patients with disc displacement without reduction unresponsive to nonsurgical treatment: a preliminary study. J Oral Maxillofac Surg. 2005 Aug;63(8):1115-22.
- Iwase H, Sasaki T, Asakura S, et al. Characterization of patients with disc displacement without reduction unresponsive to nonsurgical treatment: a preliminary study. J Oral Maxillofac Surg. 2005 Aug;63(8):1115-22.
- JADA, July 1996; 127(7):1093-8.
- Johansson C, Samuelsson N, Dahlstrom L. Utilization of pharmaceuticals among patients

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with temporomandibular disorders: a controlled study. Acta Odontol Scand. 2006 Jun;64(3):187-92.

- Limchaichana N, Petersson A, Rohlin M. The efficacy of magnetic resonance imaging in the diagnosis of degenerative and inflammatory temporomandibular joint disorders: A systematic literature review. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 2006;102(4):521-536.
- McKenna SJ. Modified mandibular condylotomy. Oral Maxillofacial Surg Clin N Am. 2006;18(3):369-381.
- Mercuri LG, Edibam NR, Giobbie-Hurder A. Fourteen-year follow-up of a patient-fitted total temporomandibular joint reconstruction system. J Oral Maxillofac Surg. 2007 Jun;65(6):1140-8.
- Slavkin, H, DDS, NIDCR Director 1995-2000, A Lifetime of Motion: Temporomandibular Joints,
- Universe of devised used in the diagnosis and/or treatment of temporomandibular joint disorders and related myofacial pain dysfunction. Accessed July 25, 2011 available at URL address at: www.fda.gov/cdrh/fr/tmj.html.
- Venezian GC, da Silva MA, Mazzetto RG, Mazzetto MO. Low level laser effects on pain to palpation and electromyographic activity in TMD patients: A double-blind, randomized, placebo-controlled study. Cranio. 2010;28(2):84-91.
- Wolford LM, Dingwerth DJ, Talwar RM, Pitta MC. Comparison of 2 temporomandibular joint total joint prosthesis systems. J Oral Maxillofac Surg. 2003 Jun;61(6):685-90.
- Wolford LM. Factors to consider in joint prosthesis systems. Proc (Bayl Univ Med Cent). 2006;19(3):232-238. Accessed July 25, 2011 at: <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1484531>.
- Yun PY, Kim YK. The role of facial trauma as a possible etiologic factor in temporomandibular joint disorder. J Oral Maxillofac Surg. 2005 Nov;63(11):1576-83.

Physician Advisors

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