MEDICAL POLICY STATEMENT
Georgia Marketplace

Policy Name & Number	Date Effective
Temporomandibular Joint Disorder or Dysfunction (TMJD/TMD) Craniomandibular Jaw Disorder/Non Surgical Treatment GA MP MM-1211	03/01/2022-04/30/2023
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

Table of Contents

A. Subject

Temporomandibular Joint Disorder or Dysfunction (TMJD/TMD) Craniomandibular Jaw Disorder/Non-Surgical Treatment

B. Background

Temporomandibular joint dysfunction (TMJD) or Temporomandibular Joint Disorder (TMD) is a heterogeneous group of musculoskeletal and neuromuscular conditions involving the temporomandibular joint complex, surrounding musculature and osseous components. Although the precise etiology of TMJD is unclear, it is believed to be multifactorial. TMJD disorders are often divided into two main categories: articular disorders and masticatory muscle disorders. These disorders are believed to be the result of either "macro" or "micro" trauma affecting the joint and/or the associated facial musculature.

The diagnosis of TMJD/TMD is largely based on a clinical examination and patient symptomatic survey. Symptoms attributed to TMJD dysfunction are varied and may include clicking sounds in the jaw, headaches, closing or locking of the jaw due to muscle spasms, a displaced disc, tinnitus, bruxism and associated pain in the ears, neck, arm, or spine. Imaging of the temporomandibular joints and associated structures may be necessary to establish the presence or absence of pathology, establish prognosis, stage disease for appropriate treatment and assess response to therapy.

Treatment options vary depending on symptoms. Options include nonsurgical or surgical treatment. There is evidence supporting most patients improve with a combination of noninvasive therapies, including: patient education, self-care, cognitive behavior therapy, pharmacotherapy, physical therapy, and the use of occlusal devices. When symptoms are not resolved through non-invasive therapy, referral to an oral and maxillofacial surgeon is indicated. In a prospective controlled study, Hall et al (2005) compared the outcomes of four surgical treatments (arthroscopy, condylotomy, discectomy and disc repositioning) used for the treatment of TMJD and concluded all four procedures were followed by marked improvements.

Medically necessary services that could be performed by a physician (M.D. or D.O.) but are performed by a dentist are covered if performance of those services is within the scope of the dentist's license, according to state law. Therapy of (TMJD/TMD) varies considerably according to the training, discipline, and experience of the clinician.

C. Definitions

- **Temporomandibular Joint Complex** - The joints connecting the mandible to the temporal bone at the side of the head
- **Temporomandibular Joint (TMJ)** - The connecting hinge mechanism between the base of the skull (temporal bone) and the lower jaw (mandible)
- **Temporomandibular Joint Dysfunction (TMD or TMJD)** - Abnormal functioning of temporomandibular joint; also refers to symptoms arising in other areas secondary to the dysfunction

- **Articular Disorder** - TMJ disorders including: ankylosis, congenital or developmental disorders, disc derangement disorders, fractures, inflammatory disorders, osteoarthritis, and joint dislocation
- **Masticatory Muscle Disorder** - TMJ disorders including myofascial pain, myofibrotic contracture, myospasm and neoplasia
- **Trismus** – Locking of the jaw due to muscle spasms
- **Bruxism** - Clenching or grinding of the teeth
- **Arthrocentesis** - Also known as joint aspiration, is a minimally invasive surgical procedure performed to drain fluid from a joint capsule
- **Arthrography** - A type of imaging used to evaluate and diagnose unexplained pain and joint conditions
- **Arthroplasty** - Surgery to relieve pain and restore range of motion by realigning or reconstructing a joint
- **Arthroscopy** - A surgical procedure used to visualize, diagnose, and treat problems inside a joint
- **Arthrotomy** - Surgical exploration of a joint including inspection the cartilage, intra-articular structures, joint capsule, and ligaments
- **Condyle** - The smooth surface area at the end of a bone forming part of a joint
- **Condylotomy** - Incision or surgical division of a condyle
- **Physical Therapy** - Therapy as defined in this policy may include repetitive active or passive jaw exercises, thermal modalities (hot/cold packs), joint manipulation, vapor coolant spray, stretch technique and electro-galvanic simulation

D. Policy
   I. Clinical Information Documentation Requirements
      A. Prior Authorization (PA) is required for all TMJD/TMD treatment service requests.
      B. CareSource considers non-surgical and surgical treatment of TMJD/TMD and craniomandibular disorders when ALL of the following clinical documentation criteria are included:
         1. Comprehensive clinical office notes identifying ALL of the following:
            a. Diagnosis of a well-defined physical and/or physiological abnormality; (e.g., congenital abnormality, functional, or skeletal impairments) resulting in a medical condition that has required or will require TMJD/TMD treatment;
            b. Notation that the documented physical and/or physiological abnormality has resulted in a functional deficit or impairment;
            c. Notation that the functional deficit or impairment is recurrent or persistent in nature; and
            d. Notation regarding the degree to which the abnormality is causing impairment.
            e. Documentation of prior medical and surgical treatment.
         2. Applicable TMJD radiological films and/or reports such as AP radiograph, panoramic radiograph, CT scans and/or MRI.
         3. Completion and results of blood tests and laboratory studies as applicable, if systemic illness is suspected.

4. Completion and results of a psychological evaluation, if applicable
5. Treating clinician's plan of care, including treatment objectives, and expected outcome for the improvement of the functional deficit.

II. Diagnostic Procedures
   A. CareSource considers the following modalities medically necessary for diagnostic testing for TMJ/TMD:
      1. Examination including Physical and Psychological evaluation (as applicable)
      2. Imaging that may include the following:
         a. Radiologic examination (i.e. plain films, x- ray series)
         b. Ultrasound OR
         c. CT/MRI Scan for presurgical exam based on our vendor management requirements
            Note: CT Scan and MRI require prior authorization review by CareSource's imaging management vendor and are subject to the vendor review criteria.
      3. Laboratory Studies and Blood Tests may be performed if systemic illness is suspected to be the cause of the temporomandibular disorder
         Note: Laboratory Studies may require prior authorization review by CareSource's laboratory vendor and are subject to the vendor review criteria.
      4. Joint Arthrography may be considered when the patient history and physical examination findings indicate joint trauma and/or suspected pathology; and confirmation of the suspected structures involved is needed; and cannot be made from standard imaging.

III. Non-surgical Treatment
   A. CareSource considers appliance therapy (such as an occlusal orthotic device), physical therapy, masticatory muscle and temporomandibular joint injections, and trigger point injections as medically necessary when significant clinical symptoms and signs are present, including at least TWO or more of the following:
      1. Extra-articular pain related to muscles of the head and neck region, such as: earaches, headaches, masticatory, or cervical myalgia's;
      2. Painful chewing (not dental pathology related);
      3. Restricted range of motion, manifested by ONE of the following:
         a. Interincisal opening of less than 35 mm (greatest distance between front upper teeth and lower front teeth when mouth is wide open); OR
         b. Lateral excursive movement (side to side movement) of less than 35 mm; OR
         c. Protrusive excursive movement (front to back motion) of less than 4 mm; OR
         d. Deviation on opening of greater than 5 mm; AND
         e. Symptoms are not resolved by conservative treatment, such as: removal of precipitating activities (i.e. gum chewing, eating hard candies); pharmacological treatment (such as anti-inflammatory or analgesic medications); or change of textural diet change.

Note: Physical therapy of necessary frequency and duration may be limited to a multiple modality benefit when more than one therapeutic treatment is rendered on the same date of service.

IV. Exclusions

A. CareSource considers the following experimental and investigational for diagnosis and treatment of Temporomandibular Joint Disorder (TMJD) and Craniomandibular Jaw Disorder (TMJ) due to insufficient evidence of efficacy and therefore not a covered benefit (this list is not all-inclusive):

1. Standard dental radiographic procedures
2. Hydrotherapy (immersion therapy, whirlpool baths)
3. Iontophoresis
4. Orthodontic/bite adjustment services and orthodontic fixed appliances
5. Biofeedback

Note: It will be determined during the Plan's prior authorization process if the treatment of a TMJ disorder is considered medically necessary for the requested indication (and must be related to a specific medical condition).

E. Conditions of Coverage

NA

F. Related Policies/Rules

Surgical Treatment of TMJ please see MCG criteria
A-0492 Temporomandibular Joint Arthroscopy
A-0521 Temporomandibular Joint Modified Condylotomy
A-0522 Temporomandibular Joint Arthrotomy
A-0523 Temporomandibular Joint Arthroplasty

G. Review/Revision History

	DATE	ACTION
Date Issued	12/15/2021	New policy. Approved at PGC.
Date Revised		
Date Effective	03/01/2022	
Date Archived	04/30/2023	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. American Association for Dental Research (AADR). (2007; Revised 2016). Policy statement: Temporomandibular joint disorders (TMD). Retrieved January 5, 2021 from www.aadronline.org.
2. Schiffman, E., & Ohrback, R. (2016). Executive summary of the diagnostic criteria for

temporomandibular disorders (DC/TMD) for clinical and research applications. Journal of the American Dental Association, 147 (6), 438-445. (Level 2 evidence).
3. American Society of Temporomandibular Joint Surgeons. Guidelines for Diagnosis and Management of Disorders Involving the Temporomandibular Joint and Related Musculoskeletal Structures. Retrieved January 7, 2021 from www.astmjs.org.
4. Gauer RL, Semidey MJ. Diagnosis and treatment of temporomandibular disorders. Am Fam Physician. 2015 Mar 15;91(6):378-86. PMID: 25822556.
5. Talmaceanu D, Lenghel LM, Bolog N, et al. Imaging modalities for temporomandibular joint disorders: an update. Clujul Med. 2018;91(3):280-287. doi:10.15386/cjmed-970.
6. MCG Care Guidelines for Temporomandibular Joint Disorder (25th Edition, 2021).

This guideline contains custom content that has been modified from the standard care guidelines and has not been reviewed or approved by MCG Health, LLC.

Independent medical review –12/03/2021