Temporomandibular Joint (TMJ) Dysfunction

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Approved By:	Highmark Health Options – Market Leadership
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Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 6

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary temporomandibular joint dysfunction.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children (DHCP) and Diamond State Health Plan Plus members.

Dysfunction of the Temporomandibular Joint (TMJ) – **I**nvolves hard or soft tissues and may be caused by either organic disease or functional joint abnormalities. Symptoms are varied and include, but not limited to, clicking sounds in the jaw, headaches, trismus, and pain in the ears, neck, arms, and spine.

PROCEDURES

A prior authorization may be required.

There are three basic approaches to the treatment of TMJ dysfunction:

MEDICAL-SURGICAL

ANY of the following may be considered medically necessary when a diagnosis of TMJ dysfunction is documented in the medical record.

- Medical Visits; or
- Arthrocentesis; or
- Injections of the joint; or
- Physical medicine (should not exceed four weeks in duration); or
- Transcutaneous electrical nerve stimulation (TENS); or
- Arthroscopic procedures; or
- Diagnostic X-rays taken in conjunction with the treatment of TMJ; or
- Injection of an anesthetic agent into the trigeminal nerve - allow only once per course of treatment; or
- Manipulation for the reduction of a fracture or dislocation the TMJ, or manipulation of the joint under anesthesia.

Cephalograms and pantograms will be reviewed for medical necessity on an individual consideration basis. Diagnostic x-rays taken in conjunction with the treatment of TMJ dysfunction are eligible for reimbursement. Claims reporting such x-rays should be processed under the appropriate diagnostic radiology code (the 70000 series). Specifically excluded from coverage are the dental radiography codes (D0210-D0350).
Services that do not meet the criteria of this policy will be considered not medically necessary.
The following services are considered not medically necessary in the diagnosis of this condition.

- Electromyography (EMG) ; and
- Iontophoresis; and
- Lateral skull x-rays; and
- Neuromuscular junction testing; and
- Somatosensory testing; and
- Nuclear medicine studies; and
- Transcranial x-rays; and
- Ultrasound.

PSYCHIATRIC/PSYCHOLOGICAL

TMJ dysfunction is often a psychosomatic condition, usually resulting from tension or stress. Bruxism is a common tension habit which can lead to TMJ dysfunction Psychiatric/Psychological visits may be considered medically necessary when reported with a diagnosis of TMJ.

TMJ dysfunction may include psychological components such as fear of pain, and depression which may contribute to an exacerbation of symptoms.

Relaxation therapy, electromyographic biofeedback and cognitive behavioral therapy may be considered medically necessary for treatment of TMJ as part of a comprehensive pain management plan.

Relaxation therapy, electromyographic biofeedback, and cognitive behavioral therapy are considered medically necessary in chronic headaches and insomnia, which are frequently associated with TMD/TMJ conditions. The above therapies may be considered medically necessary in treating these conditions as well.

Treatment in multi-disciplinary pain centers may be considered medically necessary in those few individuals who have been unresponsive to fewer comprehensive interventions.

Services that do not meet the criteria of this policy will be considered not medically necessary.

MECHANICAL

Any method to alter occlusion of the teeth is considered a mechanical approach. Frequently, an intraoral appliance will be prescribed. The intraoral appliance (D7880) is excluded from coverage under the medical-surgical programs. Whether performed by a dentist or physician, this approach to the treatment of TMJ dysfunction is not eligible for reimbursement.
The jaw motion rehabilitation system, Therabite, a manual, hand-held, single patient use device may be considered medically necessary.

The following may be considered medically necessary for the assessment or of TMJ dysfunction:

- Arthrogram indicated for pre-surgical evaluation. Arthrogram should not be performed in-addition to an MRI scan; or
- CT scan indicated for hard tissue pre-surgical evaluation; or
- Muscle testing; or
- MRI scan indicated for soft tissue pre-surgical evaluation; or
- Range of motion measurements.

The following services are considered not medically necessary therefore noncovered.

- Kinesiography; and
- Ultrasonic doppler auscultation; and
- Vapo-coolent spray (ethyl chloride).

POST-PAYMENT AUDIT STATEMENT

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

PLACE OF SERVICE: OUTPATIENT

CODING REQUIREMENTS

CPT code	Description
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (i.e., general or monitored anesthesia care).
21480	Closed treatment of temporomandibular dislocation, initial or subsequent.
21485	Closed treatment of temporomandibular dislocation, initial or subsequent complicated (e.g., recurrent requiring intermaxillary fixation or splinting) initial or subsequent.
21490	Open treatment of temporomandibular dislocation.
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure).
29804	Arthroscopy, temporomandibular joint, surgical
64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (i.e., ophthalmic, maxillary, mandibular).
70332	Temporomandibular joint arthrography, radiological supervision and interpretation.
70336	Magnetic resonance (e.g., Proton) imaging, temporomandibular joint(s).
70350	Cephalogram orthodontic.

70355	Orthopantogram (e.g., panoramic x-ray).
70486	Computerized tomography, maxillofacial area; without contrast material.
70487	Computerized tomography, maxillofacial area; with contrast material(s).
70488	Computerized tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections.
E0720	Transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation.
E0730	Transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation.
70250	Radiologic examination, skull; less than four views.
70260	Radiologic examination, skull; complete, minimum of four views.
76536	Ultrasound, soft tissues of head and neck (e.g., thyroid, parathyroid, parotid), real time with image documentation.
78300	Bone and/or joint imaging; limited area.
78305	Bone and/or joint imaging; multiple areas.
95867	Needle electromyography; cranial nerve supplied muscle(s), unilateral.
95868	Needle electromyography; cranial nerve supplied muscle(s), bilateral.
95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs.
95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any one method.
97033	Application of a modality to one or more areas; Iontophoresis, each 15 minutes.
97124	Therapeutic procedure, one or more areas, each 15 minutes; 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.
64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (i.e., ophthalmic, maxillary, mandibular).
70332	Temporomandibular joint arthrography, radiological supervision, and interpretation.

COVERED DIAGNOSIS CODES FOR 29800, 29804, 70332, 70336:

Codes						
M26.601	M26.602	M26.603	M26.609	M26.611	M26.612	M26.613
M26.619	M26.621	M26.622	M26.623	M26.629	M26.631	M26.632
M26.633	M26.639	M26.69				

COVERED DIAGNOSIS CODES FOR 21073 AND 21490:

Codes						
S01.409A	S03.00XA					

NONCOVERED CODES:

CPT code	Description
90901	Biofeedback training by any modality.
97127	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing, and sequencing tasks), direct (one on one) patient contact.
E1700	Jaw motion rehabilitation system.
E1701	Replacement cushions for jaw motion rehabilitation system, pkg of 6.
E1702	Replacement measuring scales for jaw motion rehabilitation system, pkg of 200.
D7880	Occlusal orthotic device, by report.
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine).

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

Reference

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Policy Update History

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