GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Temporomandibular joint disorders, commonly known as TMJ, are painful conditions that affect the articular joint and muscles that comprise the jaw. According to some estimates, the condition may affect as many as 10 million Americans. The symptoms associated with TMJ include pain in the chewing muscles; radiating pain involving the face, jaw, and neck; jaw stiffness; and/or locking or clicking/popping sounds while opening the mouth or chewing. Symptoms can be temporary, occurring only occasionally, or can become more chronic in nature.

The following three conditions are the most typical disorders of TMJ and associated muscles:
- Arthritis – Degenerative or inflammatory joint disorders that can affect the TMJ.
- Internal derangement – Involves a displaced disc, dislocated jaw or injury to the condyle.
- Myofascial pain – Also called myofascial pain and dysfunction.

For many patients, symptoms of TMJ dysfunction are short-term and self-limiting. Conservative treatments such as eating soft foods, rest, heat, ice, and avoiding extreme jaw movements, and anti-inflammatory medication, are recommended prior to consideration of more invasive and/or permanent therapies such as surgery.

POLICY
Treatment of temporomandibular joint (TMJ) disorders does not require prior authorization when determined to be medically necessary as the medical criteria and guidelines shown below are met.

Refer to related policies:
- PG0226 Orthognathic Surgery
- PG0382 Acupuncture
- PG0422 Manipulation Under Anesthesia

HMO, PPO, Individual Marketplace, Elite, Advantage
Treatment of temporomandibular joint (TMJ) disorder is generally excluded by contract. Please refer to the member’s individual certificate.

Many medical plans do not cover orthodontic treatment provided as an adjunct to temporomandibular joint (TMJ) disorder surgery, because such treatment is considered dental in nature and, therefore, not covered under the medical benefit.

COVER
Nonsurgical treatments considered medically necessary for temporomandibular disorders include the following:
1. Reversible, removable, intraoral appliances such as removable splints
2. Pharmacologic therapy (that is, analgesics, anti-inflammatory drugs, and muscle relaxants)
3. Physical therapy
4. Therapeutic injections

Surgical procedures considered medically necessary for temporomandibular disorders when ALL criteria listed below are met:
1. Arthrocentesis
2. Arthroscopic surgery
3. 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
4. TMJ arthroplasty with prosthetic implants may be considered for U.S. Food and Drug Administration (FDA) approved prostheses only
Criteria for medical necessity of surgical procedures listed above:

1. Temporomandibular joint internal derangement or other structural joint disorder is documented as evidenced by BOTH of the following:
   a. 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)
   b. 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)

2. Temporomandibular joint pain or a clinically significant functional impairment, NOT due to a maxillary/manibular skeletal deformity and refractory to at least six months of non-surgical treatment to include at least ONE of the following:
   a. Behavioral therapy
   b. Pharmacologic therapy (that is, analgesics, nonsteroidal anti-inflammatory drugs, muscle relaxants)
   c. Physical therapy
   d. Reversible, removable, intraoral appliances such as removable splints
   e. Therapeutic injections

NON-COVERED
Nonsurgical treatments considered not medically necessary for temporomandibular disorders include, but are not limited to, the following:

1. Acupuncture
2. Biofeedback
3. Botulinum Toxin (eg, Botox) injections
4. Dental prostheses (for example, dentures; implants)
5. Dry needling
6. Dental restorations (for example, bridgework; crowns)
7. Electrostalvanic stimulation (EGS)
8. Intra-articular injection of hyaluronic acid (viscosupplementation)
9. Iontophoresis
10. Jaw Motion Rehabilitation
11. Manipulation under anesthesia
12. Occlusal equilibration, bite adjustment, irreversible occlusion therapy
13. Orthodontic services such as braces and application of a mandibular advancement repositioning device

Surgical procedures considered not medically necessary for temporomandibular disorders include, but are not limited to, the following:

1. Dental implants
2. Dental restorations
3. Extraction of wisdom teeth
4. Orthodontic services
5. TMJ arthroplasty implants that are not FDA approved

Diagnostic testing procedures considered not medically necessary when used to diagnose or evaluate temporomandibular disorders include, but are not limited to, the following:

1. Computerized mandibular scan (intended to document deviations in occlusion and muscle spasm by recording muscle activity related to mandibular movement or positioning)
2. Electromyography (including percutaneous or surface electrode methods)
3. Kinesiography
4. Somatosensory testing/neuromuscular junction testing
5. Standard dental radiographic procedures
6. Thermography
7. Transcranial or lateral skull x-ray
8. Ultrasonography

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>20605</td>
<td>Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist,</td>
</tr>
</tbody>
</table>
elbow, or ankle, olecranon bursa); without ultrasound guidance

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>20606</td>
<td>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</td>
</tr>
<tr>
<td>21010</td>
<td>Arthroscopy, temporomandibular joint</td>
</tr>
<tr>
<td>21050</td>
<td>Condylar, temporomandibular joint (separate procedure)</td>
</tr>
<tr>
<td>21060</td>
<td>Meniscectomy, partial or complete, temporomandibular joint (separate procedure)</td>
</tr>
<tr>
<td>21073</td>
<td>Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)</td>
</tr>
<tr>
<td>21110</td>
<td>Application of interdental fixation device for conditions other than fracture or dislocation, includes removal</td>
</tr>
<tr>
<td>21116</td>
<td>Injection procedure for temporomandibular joint arthrography</td>
</tr>
<tr>
<td>21240</td>
<td>Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)</td>
</tr>
<tr>
<td>21242</td>
<td>Arthroplasty, temporomandibular joint, with allograft</td>
</tr>
<tr>
<td>21243</td>
<td>Arthroplasty, temporomandibular joint, with prosthetic joint replacement</td>
</tr>
<tr>
<td>29800</td>
<td>Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)</td>
</tr>
<tr>
<td>29804</td>
<td>Arthroscopy, temporomandibular joint, surgical</td>
</tr>
</tbody>
</table>

**HCPCS CODES**
- 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                                                            |

**ICD-10-CM CODES**
- M26.601-M26.609 | Temporomandibular joint disorders                                                        |
- S02.400+ - S02.413+ | Fracture of mandible, closed or open, or malar and maxillary bones closed or open         |
- S02.600+ - S02.69x+  | Dislocation of jaw (closed or open)                                                       |
- S03.00x - S03.02x+  | Dislocation of jaw (closed or open)                                                       |

**TAWG REVIEW DATES:** 04/26/2018

**REVISION HISTORY EXPLANATION**
- **04/26/18:** Treatment of temporomandibular joint (TMJ) disorders does not require prior authorization when determined to be medically necessary as the medical criteria and guidelines are met. Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
- **06/12/18:** Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

**REFERENCES/RESOURCES**
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid [http://jfs.ohio.gov/](http://jfs.ohio.gov/)
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.