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## Subject: Diagnosis and Treatment of Temporomandibular Joint Disorder

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

[Position Statement](#)

[Billing/Coding](#)

[Reimbursement](#)

[Program Exceptions](#)

[Definitions](#)

[Related Guidelines](#)

[Other](#)

[References](#)

[Updates](#)

### **DESCRIPTION:**

Temporomandibular joint disorder (TMJD) refers to a group of disorders characterized by pain in the temporomandibular joint and surrounding tissues. Initial conservative therapy is generally recommended; there are also a variety of nonsurgical and surgical treatment possibilities for those whose symptoms persist.

### **POSITION STATEMENT:**

**NOTE:** The following services are covered according to the member's/subscriber's contract benefits. Member's/subscriber's contract benefits may have limitations, exclusion, or criteria applicable to TMJ services.

The following procedures **meet the definition of medical necessity** in the treatment of TMJ dysfunction:

#### **Diagnostic Services:**

- Diagnostic x-ray, tomograms, and arthrograms
- Computed tomography (CT) scan or magnetic resonance imaging (MRI) (in general, CT scans and MRIs are reserved for pre-surgical evaluations)
- Cephalograms (x-rays of the jaws and skull)
- Pantograms (x-rays of the maxilla and mandible)

#### **Non-Surgical Treatments:**

- Intra-oral removable devices/appliances (encompassing fabrication, insertion and adjustment)

- Pharmacological treatment (anti-inflammatory, muscle relaxing and analgesic medications)

**NOTE:** Orthodontic and restorative services such as crowns, bridges, and restoration of teeth are considered dental services that are subject to coverage available through dental benefits.

**Surgical Treatments:**

- Arthrocentesis
- Manipulation for reduction of fracture or dislocation of the TMJ
- Arthroscopic surgery in individuals with:
  - Internal derangement (displaced discs) demonstrated by physical examination or imaging, **OR**
  - Degenerative joint disease when conservative (non-surgical) treatment has failed
- Open surgical procedures (when TMJD results from congenital anomalies, trauma, or disease in those who have failed conservative non-surgical treatment) including, but not limited to:
  - Arthroplasty
  - Condylectomy
  - Meniscus or disc plication
  - Disc removal

The following diagnostic procedures are considered **experimental or investigational** in the diagnosis of TMJ dysfunction:

- Electromyography [EMG], including surface EMG
- Kinesiography
- Thermography
- Neuromuscular junction testing
- Somatosensory testing
- Transcranial or lateral skull x-rays; intraoral tracing or gnathic arch tracing (intended to demonstrate deviations in the positioning of the jaw that are associated with TMJD)
- Muscle testing
- Standard dental radiographic procedures
- Range of motion measurements
- Computerized mandibular scan (measures and records muscle activity related to movement and positioning of the mandible and is intended to detect deviations in occlusion and muscle spasms related to TMJD)
- Ultrasound imaging/sonogram
- Arthroscopy of the TMJ solely for diagnostic purposes
- Joint vibration analysis

The following non-surgical treatments are considered **experimental or investigational** in the treatment of TMJD:

- Electrogalvanic stimulation

- Iontophoresis
- Biofeedback
- Ultrasound
- Devices promoted to maintain joint range of motion and to develop muscles involved in jaw function (including jaw motion rehabilitation devices such as TheraBite® System)
- Dynamic low-load prolonged duration stretch (LLPS) (e.g., Dynasplint® System)
- Orthodontic services
- Dental restorations/prostheses
- Percutaneous electrical nerve stimulation (PENS)
- [Occlusal adjustment](#) of the teeth
- Acupuncture
- Hyaluronic acid
- Platelet concentrates

### **BILLING/CODING INFORMATION:**

The following codes may be used to describe services relating to TMJ dysfunction:

#### **CPT Coding:**

20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa), without ultrasound guidance
21010	Arthrotomy, temporomandibular joint
21050	Condylectomy, temporomandibular joint
21060	Meniscectomy, partial or complete, temporomandibular joint
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (i.e., general or monitored anesthesia care)
21116	Injection procedure for temporomandibular joint arthrography
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
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy
29804	Arthroscopy, temporomandibular joint, surgical

## HCPCS Coding:

E1700	Jaw motion rehabilitation system <b>(investigational)</b>
E1701	Replacement cushions for jaw motion rehabilitation system, package of six <b>(investigational)</b>
E1702	Replacement measuring scales for jaw motion rehabilitation system, package of 200 <b>(investigational)</b>

## REIMBURSEMENT INFORMATION:

Refer to section entitled [POSITION STATEMENT](#).

## LOINC Codes:

The following information may be required documentation to support medical necessity: physician history and physical, physician progress notes, treatment plan, radiology report(s), and surgical report (if applicable).

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Attending physician visit note	18733-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Treatment plan	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Radiology report	18726-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Physician operative report	28573-4	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

## PROGRAM EXCEPTIONS:

**Federal Employee Plan (FEP):** Follow FEP guidelines.

**State Account Organization (SAO):** Follow SAO guidelines.

**Medicare Advantage Products:** No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline review date.

## **DEFINITIONS:**

**Ankylosis:** stiffness or fixation in a joint caused by disease, injury or surgery.

**Joint vibration analysis:** sounds and vibrations from the TMJ are recorded and displayed for analysis by clinicians; a diagnostic tool.

**Occlusal adjustment:** selective grinding of occlusal surfaces of the teeth to eliminate premature contacts and occlusal interferences.

## **RELATED GUIDELINES:**

**[Orthognathic Surgery, 02-12000-17](#)**

## **OTHER:**

### **Mandated Coverage:**

#### **Florida statutes, Chapter 641, Section 31094**

No health maintenance contract or policy which provides coverage for any diagnostic or surgical procedure involving bones or joints of the skeleton shall discriminate against coverage for any similar diagnostic or surgical procedure involving bones or joints of the jaw and facial region, if, under accepted medical standards, such procedure or surgery is medically necessary to treat conditions caused by congenital or developmental deformity, disease, or injury.

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### **COMMITTEE APPROVAL:**

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 04/22/21.

### **GUIDELINE UPDATE INFORMATION:**

04/15/02	Medical Coverage Guideline Reformatted and revised to include additional coding information and coverage criteria.
10/01/02	Local codes removed.
10/15/02	Revised reimbursement statement regarding orthotic device study models
01/01/03	HCPCS coding update.
02/15/03	Revision of MCG consisting of added descriptive information to clarify orthognathic surgery and arthroplasty of the TMJ.
04/15/03	Revision of MCG consisting of the addition of G0283.
02/15/05	Scheduled review and revision of MCG; consisting of updated references.
01/01/06	Annual HCPCS coding update consisting of the revision of 97024.
02/15/07	Scheduled review and revision of MCG; consisting of updated references.
06/15/07	Reformatted guideline; references updated.
01/01/08	Annual HCPCS coding update consisting of the addition of 21073.
01/21/08	Updated Program Exceptions.
04/21/09	Updated program exception statement, added 70336, 70450, 70460, 70470, 70486, 70487, and 70488.

05/21/09	Removed Federal Employee Plan (FEP) from Florida Blue Radiology Management program exception statement. Added FEP program exception statement: FEP is excluded from the National Imaging Associates (NIA) review; follow FEP guidelines.
07/01/09	Updated Florida Blue Radiology Management program exception; added BlueSelect.
10/15/09	Scheduled review; no change in position statement. Revise description section. Update references.
01/01/10	Annual HCPCS coding update: revise descriptors for codes 97032 & 97110. Revised Florida Blue Radiology Management program exception section, and updated the references.
03/15/11	Revision; formatting changes.
09/15/11	Revision; formatting changes.
01/01/12	Annual HCPCS coding update. Revised 70355 descriptor.
05/15/14	Revision; updated description section. Revised position statement, CPT coding, HCPCS coding, reimbursement section, program exceptions, definitions and related guidelines section. Updated references and reformatted guideline.
01/01/15	Annual CPT/HCPCS update. Revised 20605 descriptor.
07/01/15	Quarterly CPT/HCPCS update. Deleted code S8262.
10/15/19	Scheduled review. Maintained position statement. Revised title, description, reimbursement section, and program exceptions. Updated references.
05/15/21	Scheduled review. Revised description. Maintained position statement and updated references.