

Temporomandibular Joint (TMJ) Disorder – Appliances and Injections

Policy Number: **M111219185**
Effective Date: **3/1/2012**
Sponsoring Department: **Health Care Services**
Impacted Department(s): **Health Care Services**

Type of Policy: Internal External

Data Classification: Confidential Restricted Public

Applies to (Line of Business):

- Corporate (All)
- State Products, if yes which plan(s): MediSource; MediSource Connect; Child Health Plus Essential Plan
- Medicare, if yes, which plan(s): MAPD; PDP; ISNP; CSNP
- Commercial, if yes, which type: Large Group; Small Group; Individual
- Self-Funded Services (*Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.*)

Excluded Products within the Selected Lines of Business (LOB)

Applicable to Vendors? Yes No

Purpose and Applicability:

To set forth the indications for coverage regarding management of **Temporomandibular Joint (TMJ)** disorders utilizing appliances and injections.

Policy:

Commercial, Self-Funded and Medicare Advantage:

When conservative modalities such as self-care measures, including soft food choices and exercises, over the counter or prescription pain medication or muscle relaxants, and physical therapy do not relieve the symptoms the following interventions may be utilized:

1. Intra-Oral Appliances:

Two common types of intra-oral appliances are:

- Stabilization splints, which provide joint stabilization, reduction of pressure within the joint and relaxation of the jaw muscles;
- Anterior positioning appliances, also called orthotic repositioning appliances, which are used for acute joint pain, painful crepitus, or acute limitation of motion due to anterior disc displacement.

Note: Oral occlusal appliances used to treat temporomandibular joint (TMJ) disorders are considered dental-related items by Medicare and are non-covered for Medicare Advantage in accordance with the Independent Health Medicare Advantage Evidence of Coverage.

2. Trigger Point Injections:

TMJ may be treated by trigger point injections when non-invasive treatments have failed.

Exclusions:

Coverage for dental-related services as they are applicable to the signs and symptoms of TMJ is not provided under the medical contract.

MediSource, MediSource Connect, Child Health Plus and Essential Plan:

MediSource and MediSource Connect do not cover routine services for the treatment of TMJ (for example appliance therapy). Routine services for treatment of temporomandibular joint, myofascial pain and related disorders are generally considered beyond the scope of the program.

Reimbursement for temporomandibular joint dysfunctions will be permitted only in the specific conditions wherein a definitive diagnosis corroborates necessary treatment.

Occlusal orthotic appliances are covered only when performed in conjunction with a covered surgical procedure. Occlusal orthotic appliances not covered are “night guards”, “occlusal guards”, bruxism appliances, or other TMJ appliances.

Child Health Plus does not cover routine services for the treatment of TMJ (for example appliance therapy).

Essential Plan covers nonsurgical medical procedures for temporomandibular joint disorders utilizing the criteria above.

General Background:

The symptoms of TMJ may be various and cover a broad range of characteristics. For many people with TMJ the cause is unknown and/or not well proven. What is known is that many TMJ related symptoms are caused by the effects of physical stress on the structures around the joint. These structures include:

- Cartilage disk at the joint,
- Muscles of the jaw, face and neck,
- Nearby ligaments, blood vessels and nerves and
- Teeth

Often, presenting symptoms are simply sounds of clicking, popping or grating sounds which occur with jaw movement. Treatment may not be needed if this is the only symptom. Other symptoms include but are not limited to:

- Headaches,
- Locking of the jaw due to muscle spasms (trismus) or displaced disc,
- Pain in the ears, neck, arms or spine,
- Tinnitus and/or clenching or grinding of the teeth.

Pain in the muscles of the jaw often prompts evaluation and treatment. Difficulty in opening or closing the jaw is common.

Diagnosis:

Diagnosis is often suspected and can be established during a history and physical exam. X-rays are used to identify underlying osteoarthritis or other bony abnormalities. Other specialists may be utilized to rule out infections or nerve-related disorders.

Noninvasive Conservative Therapies:

Many cases of TMJ are self-limiting and respond to simple measures. Initial treatment of symptomatic TMJ may include the following:

- Eating soft foods,
- Applying heat or ice, and/or
- Avoiding extreme jaw movements such as wide yawning or gum chewing.

Other conservative pharmacological measures include:

- Non-steroidal anti-inflammatory drugs (NSAIDS)
- Muscle relaxants
- Narcotic pain relievers (opiates)
- Low dose anti-depressants

The use of specific physical therapy visits includes modalities such as active/passive jaw movement (also known as Jaw Motion Rehabilitation), application of heat or ice and vapocoolant sprays followed by gentle stretching.

An evaluation of the peer-reviewed scientific literature, including but not limited to subscription materials, has provided Independent Health the basis for its medical necessity coverage outlined above.

Pre-Authorization Required? Yes No

Pre-authorization is not required at the present time. Criteria above will be utilized upon retro-review.

Definitions

Temporomandibular joint (TMJ) consists of two bilateral synovial joints joined by the mandibular condyles that fit into the glenoid fossa of the temporal bones. These joints are on both sides of the head just in front of the ears.

TMJ disorder describes medical and dental conditions affecting the functioning of the joint and/or the muscle masticators.

TMJ syndrome describes the group of signs and symptoms that occur together and characterize the particular abnormality of temporomandibular joint disorder. TMJ is divided into the following categories: myo-fascial pain dysfunction, internal derangement (ID) and degenerative joint disease (DJD).

References

Related Policies, Processes and Other Documents

N/A

Non-Regulatory references

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Hayes, Inc., Health Technology Brief; Temporomandibular Joint (TMJ) Reconstruction with the Patient-Fitted TMJ Reconstruction Prosthesis (TMJ Concepts); Lansdale PA: July 2006.

Hayes, Inc., Medical Technology Directory Report; Passive Rehabilitation Therapy for Mandibular Hypomobility; Lansdale, PA: September 2002.

Ingawalé S, Goswami T. Temporomandibular joint: disorders, treatments, and biomechanics. Ann Biomed Eng. 2009 May;37(5):976-96.

Mehta NR, Keith D. Temporomandibular disorders in adults. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on May 10, 2023.)

Regulatory References

Centers for Medicare and Medicaid (CMS) [web site]. Medicare Benefit Policy Manual Chapter 150–150.1 -. Covered Medical and Other Health Services. Updated Rev. 11905, 03-16-23. Available at:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf>

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New York State Department of Health, Division of Managed Care Response to Coverage Question (CovQuest). CHP – 00040. April 11, 2006.

New York State Department of Health [web site]. New York State Medicaid Program Dental Policy and Procedure Manual. Version 2023. Available at:
https://www.emedny.org/ProviderManuals/Dental/PDFS/Dental_Policy_and_Procedure_Manual.pdf
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This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes No

Revision Date	Owner	Notes
1/1/2024	Health Care Services	Revised
7/1/2023	Health Care Services	Reviewed
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7/1/2021	Health Care Services	Reviewed
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6/1/2016	Medical Management	Revised
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