

TEMPOROMANDIBULAR JOINT DISORDERS (TMD)

Effective Date: September 1, 2007

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5/20, 5/21, 5/22, 5/23, 5/24

Date Of Origin: September 8, 1988

Status: Current

I. POLICY/CRITERIA

- A. Medical care or services provided to evaluate or treat temporomandibular joint dysfunction or syndrome are a covered benefit.
- B. All care and services, except physician office visits for evaluation and management, are subject to a fifty percent (50%) member copay. Evaluation and management (E&M codes only) in the physician office is subject to the office visit co-pay.
- C. Dental care or dental services for TMD are not a covered benefit.
- D. Limits/Indications

1. Some examples of medical services that ***are covered*** are:

- a. Medical evaluation.
- b. Diagnostic work-up, including arthrograms.
- c. Physical therapy for myofacial pain (myofunctional therapy). Coverage is provided under the limitations of the physical therapy benefit. Coverage for short-term physical therapy is provided when conservative treatment has failed (e.g., change in parafunctional habits, trial of NSAIDs and/or acetaminophen, etc.) and the member has at least two of the following:
 - i. Symptoms of extra-articular pain related to the muscles of the head and neck region, earaches, headaches, masticatory or cervical myalgia
 - ii. Pain with chewing
 - iii. Restricted range of motion
- d. Surgery to the TMJ such as
 - Arthrocentesis
 - Arthroscopy
 - Condylectomy
 - Arthrotomy
 - Coronoidectomy
 - Procedures for recurrent dislocation or fracture

The management and treatment of displaced disks or joint sounds in the absence of pain or loss of function is not covered.

2. Some examples of dental services that are *not covered* are:
 - a. Dental evaluation or work-up.
 - b. Occlusal adjustments and occlusal therapy.
 - c. Oral appliance therapy (bite block or splint).
 - d. Banding for vertical dimension or malocclusion (orthodontia).
 - e. Surgical correction of malocclusion (orthognathic surgery).
Orthognathic surgery may be covered if medically necessary (*See Orthognathic Surgery Policy and plan documents*).
 - f. Dental x-rays.

II. MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the [Priority Health Provider Manual](#).

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS) and/or the Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage*

IV. DESCRIPTION

Temporomandibular disorder(s) (TMD) or temporomandibular joint (TMJ) syndrome is the most common cause of facial pain after toothache.

No unequivocal definition of the disease exists. Despite discrepancies concerning the terminology and definitions, a commonly used classification divides TMD broadly into 2 syndromes: (1) muscle-related TMD (myogenous TMD), sometimes this is called TMD secondary to myofascial pain and dysfunction (MPD), and (2) joint-related (arthrogenous) TMD, that is TMD secondary to true articular disease. The 2 types can be present at the same time, making diagnosis and treatment more challenging.

V. CODING INFORMATION

ICD-10 Codes that apply to this policy:

M26.601 - M26.609	Unspecified temporomandibular joint disorder
M26.611 - M26.619	Adhesions and ankylosis of temporomandibular joint
M26.621 - M26.629	Arthralgia of temporomandibular joint
M26.631 - M26.639	Articular disc disorder of temporomandibular joint
M26.69	Other specified disorders of temporomandibular joint

Services that are subject to TMJ benefit:

Anesthesia
Medication
Imaging
Lab/Path
Physician Services
Therapy
Surgery – including but not limited to:

**Procedures not covered for Priority Health Medicaid*

21010	Arthrotomy, temporomandibular joint
21050	Condylectomy, temporomandibular joint (separate procedure)
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21070	Coronoidectomy (separate procedure)
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)
21085	Impression and custom preparation; oral surgical splint
21110*	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
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
- 21247 Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia)
- 21248 Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial
- 21249 Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete
- 21480 Closed treatment of temporomandibular dislocation; initial or subsequent
- 21485 Closed treatment of temporomandibular dislocation; 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

VI. REFERENCES

- American Association of Oral and Maxillofacial Surgeons. Statement by the American Association of Oral and Maxillofacial Surgeons Concerning the Management of Selected Clinical Conditions and Associated Clinical Procedures Temporomandibular Disorders (2017). Available at https://www.aaoms.org/docs/practice_resources/clinical_resources/tmd_disorders.pdf.
- Cigna, Medical Coverage Policy 0156. [Temporomandibular Joint \(TMJ\) Disorder Surgery](#).

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Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.



**MEDICAL POLICY No.
91353-R7**

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Disorders (TMD)**

The name "Priority Health" and the term "plan" mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.