

POLICY TITLE	TEMPOROMANDIBULAR JOINT DYSFUNCTION (TMJ)
POLICY NUMBER	MP-2.062

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**I. POLICY**

The following diagnostic procedures may be considered **medically necessary** in the diagnosis of Temporomandibular Joint Dysfunction (TMJ):

- 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 jaw and skull);
- Pantograms (X-rays of maxilla and mandible).

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

- Electromyography (EMG), including surface EMG;
- Kinseigraphy;
- Thermography
- Neuromuscular junction testing;
- Somatosensory testing;
- Transcranial or lateral skull X-rays; Intra-oral tracing or gnathic arch tracing (intended to demonstrate deviations in the positioning of the jaws that are associated with TMJ dysfunction);
- Muscle testing;
- Standard dental radiographic procedures;
- Range-of-motion measurements;
- Computerized mandibular scan (this 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 TMJ dysfunction);
- Ultrasound imaging/sonogram;
- Arthroscopy of the TMJ for purely diagnostic purposes;
- Joint vibration analysis.

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The procedures listed above are all considered **investigational**, as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with these procedures.

The following non-surgical treatments may be considered **medically necessary** in the treatment of TMJ dysfunction:

- Intra-oral removable prosthetic devices/appliances (encompassing fabrication, insertion, and adjustment);
- Pharmacological treatment (such as anti-inflammatory, muscle relaxing, and analgesic medications).

The following non-surgical treatments are considered **investigational** in the treatment of TMJ dysfunction:

- Electrogalvanic stimulation;
- Iontophoresis;
- Biofeedback;
- Ultrasound;
- Devices to maintain joint range of motion and to develop muscles involved in jaw function;
- Orthodontic services;
- Dental restorations/prostheses;
- Transcutaneous electrical nerve stimulation (TENS);
- Percutaneous electrical nerve stimulation (PENS);
- Acupuncture;
- Low-level laser therapy;
- Hyaluronic acid.

The treatments listed above are all considered **investigational**, as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with these treatments.

The following surgical treatments may be considered **medically necessary** in the treatment of TMJ dysfunction:

- Arthrocentesis;
- Manipulation for reduction of fracture or dislocation of the TMJ;
- Arthroscopic surgery in patients with objectively demonstrated (by physical examination or imaging) internal derangements (displaced discs) or degenerative joint disease who have failed conservative treatment;
- Open surgical procedures (when TMJ dysfunction is the result of congenital anomalies, trauma, or disease in patients who have failed conservative treatment) including, but not limited to, arthroplasties, condylectomies; meniscus or disc plication and disc removal.

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*Cross-references:*

**MP-1.097** Low Level Laser Therapy

**MP-2.064** Biofeedback and Neurofeedback Therapy

**MP-6.020** Transcutaneous Electrical Nerve Stimulation

**MP-6.050** Percutaneous Electrical Nerve Stimulation and Percutaneous Neuromodulation Therapy

**II. PRODUCT VARIATIONS**

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This policy is only applicable to certain programs and products administered by Capital BlueCross please see additional information below, and subject to benefit variations as discussed in Section VI below.

**FEP PPO:** Refer to FEP Medical Policy Manual, MP 2.01.21 Temporomandibular Joint Disorder. The FEP Medical Policy manual can be found at <https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies>.

**All plans** – Refer to the member’s Certificate of Coverage for variations of coverage for services related to TMJ.

**III. DESCRIPTION/BACKGROUND**

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**Temporomandibular Joint Disorder**

Temporomandibular joint disorder (TMJD), also known as temporomandibular joint syndrome, refers to a cluster of problems associated with the temporomandibular joint and musculoskeletal structures. The etiology of TMJD remains unclear and is believed to be multifactorial. TMJD is divided into two main categories: articular disorders (eg, ankylosis, congenital or developmental disorders, disc derangement disorders, fractures, inflammatory disorders, osteoarthritis, and joint dislocation) and masticatory muscle disorders (eg, myofascial pain, myofibrotic contracture, myospasm, and neoplasia).

**Diagnosis**

In the clinical setting, TMJD is often a diagnosis of exclusion and involves physical examination, patient interview, and a review of dental records. Diagnostic testing and radiologic imaging are generally only recommended for patients with severe and chronic symptoms. Diagnostic criteria for TMJD have been developed and validated for use in both clinical and research settings.

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Symptoms attributed to TMJD vary and include, but are not limited to, clicking sounds in the jaw; headaches; closing or locking of the jaw due to muscle spasms (trismus) or displaced disc; pain in the ears, neck, arms, and spine; tinnitus; and bruxism (clenching or grinding of the teeth).

**Treatment**

For many patients, symptoms of TMJD are short-term and self-limiting. Conservative treatments (eg, eating soft foods, rest, heat, ice, avoiding extreme jaw movements) and anti-inflammatory medication are recommended before considering more invasive and/or permanent therapies (eg, surgery).

Note that low-level laser therapy for TMJD is addressed in evidence review MP 1.097.

**Regulatory Status**

Since 1981, several muscle-monitoring devices have been cleared for marketing by the U.S. Food and Drug Administration through the 510(k) process. Some examples are the K6-I Diagnostic System (Myotronics), the BioEMG III™ (Bio-Research Associates), M-Scan™ (Bio-Research Associates), and the GrindCare Measure (Medotech A/S). These devices aid clinicians in the analysis of joint sound, vibrations, and muscle contractions when diagnosing and evaluating TMJD. Food and Drug Administration product code: KZM.

**Table 1. Muscle-Monitoring Devices Cleared by the U.S. Food and Drug Administration**

<b>Devices</b>	<b>Manufacturer</b>	<b>Date Cleared</b>	<b>510(k) No.</b>	<b>Indication</b>
<b>K6-I Diagnostic System</b>	Myotronics, Inc.	Jun 1994	K922456	Electromyography
<b>BioEMG III™</b>	Bio-Research Associates, Inc.	Feb 2009	K082927	Electromyography, Joint Vibration Recording
<b>M-Scan™</b>	Bio-Research Associates	Jul 2013	K130158	Electromyography
<b>GrindCare Measure</b>	Medotech A/S	Apr 2012	K113677	Electromyography, Nocturnal Bruxism
<b>TEETHAN 2.0</b>	BTS S.P.A.	Dec 2016	K161716	Electromyography
<b>GrindCare System</b>	Sunstar Suisse S.A.	Sep 2017	K163448	Electromyography, Sleep Bruxism

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**IV. RATIONALE**

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**SUMMARY OF EVIDENCE**

For individuals who have suspected TMJD who receive ultrasound, surface electromyography, or joint vibration analysis, the evidence includes systematic reviews of diagnostic test studies. Relevant outcomes are test accuracy, test validity, and other performance measures. None of the systematic reviews found that these diagnostic techniques accurately identify patients with TMJD and many of the included studies had methodologic limitations. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have a confirmed diagnosis of TMJD who receive intraoral devices or appliances or pharmacologic treatment, the evidence includes randomized controlled trials (RCTs) and systematic reviews of RCTs. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. A systematic review of intraoral appliances (44 studies) and meta-analyses of subsets of these studies have found a significant benefit of intraoral appliances compared with control interventions. Other systematic reviews found a significant benefit of several pharmacologic treatments (e.g., analgesics, muscle relaxants, and anti-inflammatory medications [vs placebo]). The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals who have a confirmed diagnosis of TMJD who receive acupuncture, biofeedback, transcutaneous electrical nerve stimulation, orthodontic services, or hyaluronic acid, the evidence includes RCTs, systematic reviews of these RCTs, and observational studies. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. The systematic reviews did not find that the above technologies improved pain and functional outcomes significantly more than control treatments. Moreover, many individual studies were small and/or had methodologic limitations. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have a confirmed diagnosis of TMJD, who receive arthrocentesis or arthroscopy, the evidence includes RCTs and systematic reviews of RCTs. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. Only 1 review, which included 3 RCTs, compared arthrocentesis or arthroscopy with nonsurgical interventions for TMJD. Pooled analyses of the RCTs found that arthrocentesis and arthroscopy resulted in superior pain reduction than control interventions. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

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**V. DEFINITIONS**

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ANOMALY refers to a deviation from normal.

CONGENITAL refers to something, which is present at birth.

TINNITUS is a subjective ringing, buzzing, or hissing sound in the ear. For some patients, this causes only minor irritation; for others, it is disabling.

**VI. BENEFIT VARIATIONS**

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The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits and which require preauthorization. There are different benefit plan designs in each product administered by Capital BlueCross. Members and providers should consult the member's health benefit plan for information or contact Capital BlueCross for benefit information.

**VII. DISCLAIMER**

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*Capital BlueCross's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital BlueCross' Provider Services or Member Services. Capital BlueCross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.*

**VIII. CODING INFORMATION**

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**Note:** This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

**Investigational; therefore, not covered for the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMJ):**

# MEDICAL POLICY

<b>POLICY TITLE</b>	<b>TEMPOROMANDIBULAR JOINT DYSFUNCTION (TMJ)</b>
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CPT Codes®								
29800	64450	64999	90901	93740	95851	95927	95937	97014
97032	97033	97035	97810	97811	97813	97814		

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HCPCS Codes	Description
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)
D0210	Intraoral - complete series of radiographic images; A radiographic survey of the whole mouth, usually consisting of 14-22 periapical and posterior bitewing images intended to display the crowns and roots of all teeth, periapical areas and alveolar bone.
D0386	Maxillofacial ultrasound image capture
D0370	Maxillofacial ultrasound capture and interpretation
D5934	Mandibular resection prosthesis with guide flange
D5935	Mandibular resection prosthesis without guide flange
D7872	Arthroscopy - diagnosis, with or without biopsy
D8690	Orthodontic treatment (alternative billing to a contract fee)
D8999	Unspecified orthodontic procedure, by report
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
E0746	Electromyography (EMG), biofeedback device
E1700	Jaw motion rehabilitation system
E1701	Replacement cushions for jaw motion rehabilitation system, package of 6
E1702	Replacement measuring scales for jaw motion rehabilitation system, package of 200
J7320	Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg
J7321	Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose
J7322	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose
J7328	Hyaluronan or derivative, for intra-articular injection, 0.1 mg
S3900	Surface electromyography (EMG)
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes

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**Covered when medically necessary for the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMJ):**

<b>CPT Codes®</b>								
20605	20606	21010	21050	21060	21070	21116	21240	21242
21243	21480	21485	21490	29804	64400	70100	70110	70328
70330	70332	70336	70350	70355	70486	70487	70488	76100

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<b>HCPCS Codes</b>	<b>Description</b>
D0320	Temporomandibular joint arthrogram, including injection
D0321	Other temporomandibular joint radiographic images, by report
D0322	Tomographic survey
D0330	Panoramic radiographic image
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures
D0384	Cone beam CT image capture for TMJ series including two or more exposures
D7810	Open reduction of dislocation
D7820	Closed reduction of dislocation
D7840	Condylectomy
D7850	Surgical discectomy, with/without implant
D7852	Disc repair
D7854	Synovectomy
D7856	Myotomy
D7858	Joint reconstruction
D7860	Arthrotomy
D7865	Arthroplasty
D7870	Arthrocentesis
D7874	Arthroscopy - surgical: disc repositioning and stabilization
D7876	Arthroscopy - surgical: discectomy
D7880	Occlusal orthotic device, by report
D7881	Occlusal orthotic device adjustment

<b>ICD-10-CM Diagnosis Codes</b>	<b>Description</b>
M26.00	Unspecified anomaly of jaw size
M26.01	Maxillary hyperplasia
M26.02	Maxillary hypoplasia



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M26.03	Mandibular hyperplasia
M26.04	Mandibular hypoplasia
M26.05	Macrogenia
M26.06	Microgenia
M26.07	Excessive tuberosity of jaw
M26.09	Other specified anomalies of jaw size
M26.10	Unspecified anomaly of jaw-cranial base relationship
M26.11	Maxillary asymmetry
M26.12	Other jaw asymmetry
M26.19	Other specified anomalies of jaw-cranial base relationship
M26.50	Dentofacial functional abnormalities, unspecified
M26.51	Abnormal jaw closure
M26.52	Limited mandibular range of motion
M26.53	Deviation in opening and closing of the mandible
M26.54	Insufficient anterior guidance
M26.55	Centric occlusion maximum intercuspation discrepancy
M26.56	Non-working side interference
M26.57	Lack of posterior occlusal support
M26.59	Other dentofacial functional abnormalities
M26.601	Right temporomandibular joint disorder, unspecified
M26.602	Left temporomandibular joint disorder, unspecified
M26.603	Bilateral temporomandibular joint disorder, unspecified
M26.609	Unspecified temporomandibular joint disorder, unspecified side
M26.611	Adhesions and ankylosis of right temporomandibular joint
M26.612	Adhesions and ankylosis of left temporomandibular joint
M26.613	Adhesions and ankylosis of bilateral temporomandibular joint
M26.619	Adhesions and ankylosis of temporomandibular joint, unspecified side
M26.621	Arthralgia of right temporomandibular joint
M26.622	Arthralgia of left temporomandibular joint
M26.623	Arthralgia of bilateral temporomandibular joint
M26.629	Arthralgia of temporomandibular joint, unspecified side
M26.631	Articular disc disorder of right temporomandibular joint
M26.632	Articular disc disorder of left temporomandibular joint
M26.633	Articular disc disorder of bilateral temporomandibular joint
M26.639	Articular disc disorder of temporomandibular joint, unspecified side
M26.641	Arthritis of Temporomandibular Joint
M26.642	Arthritis of Left Temporomandibular Joint
M26.643	Arthritis of Bilateral Temporomandibular Joint
M26.649	Arthritis of Unspecified Temporomandibular Joint
M26.65	Arthropathy of Temporomandibular Joint

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M26.651	Arthropathy of Right Temporomandibular Joint
M26.652	Arthropathy of Left Temporomandibular Joint
M26.653	Arthropathy of Bilateral Temporomandibular Joint
M26.659	Arthropathy of Unspecified Temporomandibular Joint
M26.69	Other specified disorders of temporomandibular joint
M79.11	Myalgia of mastication muscle
S03.01XA	Dislocation of jaw, right side, initial encounter
S03.01XD	Dislocation of jaw, right side, subsequent encounter
S03.01XS	Dislocation of jaw, right side, sequela
S03.02XA	Dislocation of jaw, left side, initial encounter
S03.02XD	Dislocation of jaw, left side, subsequent encounter
S03.02XS	Dislocation of jaw, left side, sequela
S03.03XA	Dislocation of jaw, bilateral, initial encounter
S03.03XD	Dislocation of jaw, bilateral, subsequent encounter
S03.03XS	Dislocation of jaw, bilateral, sequela

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**X. POLICY HISTORY**

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<b>MP 2.062</b>	<b>CAC 11/30/04</b>
	<b>CAC 9/13/05</b>
	<b>CAC 11/29/05</b>
	<b>CAC 1/30/07</b>
	<b>CAC 3/25/08</b>
	<b>CAC 5/26/09</b>
	<b>CAC 11/30/10</b> Added acupuncture as investigational. Revised policy statement for physical medicine and TENS from medically necessary to investigational (consistent with BCBSA) Adopt BCBSA.
	<b>CAC 4/24/12</b> Consensus review. No changes, references updated.
	<b>CAC 10/30/12</b> Minor revision. Low-level laser therapy and hyaluronic acid added as investigational non-surgical treatments for treatment of TMJ. References updated. Codes reviewed 10/1/12
	<b>CAC 11/26/13</b> Consensus review. Joint vibration analysis added as an investigational diagnostic procedure. In the statement on medically necessary treatments, intra-oral reversible prosthetic devices changed to intra-oral removable prosthetic devices for clarification only. FEP variation revised to refer to the FEP manual. Rationale added.
	<b>CAC 11/25/14</b> Consensus review. No change to policy statements. References and rationale updated. Coding reviewed and updated 11/12/14
	<b>07/01/15-</b> S8262 removed from policy as a deleted code.
	<b>CAC 1/26/16</b> Minor revision. Bullet point on physical therapy removed from investigational statement on nonsurgical treatments. Rationale and reference updated. Medicare variation removed. Coding reviewed.
	<b>6/6/2016</b> Coding updated
	<b>Admin Update 11/9/16</b> Variation Reformatting
	<b>Admin Update 1/1/17</b> New diagnosis codes added effective 10/1/2016. New codes J7320, J7322 added and end dated code Q9980 removed effective 1/1/17.
<b>CAC 5/23/17</b> Minor revision. Policy statement revisions are as follows: <ul style="list-style-type: none"> <li>• Ultrasound imaging/sonogram added to the list of diagnostic procedures considered investigational in the diagnosis of TMJ dysfunction (2<sup>nd</sup> policy statement 11<sup>th</sup> bullet).</li> <li>• Therapacer 2000 removed as an example of a device used to maintain joint ROM and develop jaw muscle function (4<sup>th</sup> policy statement 5<sup>th</sup> bullet).</li> <li>• Investigational statement added after the 4<sup>th</sup> policy statement.</li> </ul> Medicare variation to LCD 33823 added. Cross References, Description/Background, Regulatory Status, Rationale and Reference sections updated. Coding Reviewed.	

## MEDICAL POLICY

<b>POLICY TITLE</b>	<b>TEMPOROMANDIBULAR JOINT DYSFUNCTION (TMJ)</b>
<b>POLICY NUMBER</b>	<b>MP-2.062</b>

	<b>Admin Update 1/1/18:</b> Updated J7321 and J7328 descriptions effective 1/1/18. Medicare variations removed from Commercial Policies.
	<b>Admin Update 3/13/18</b> Coding reviewed and updated.
	<b>10/1/18 Admin Update:</b> New ICD-10 code added effective 10/1/18
	<b>3/5/19 Consensus review.</b> No change to policy statements. Background and references updated. Rationale condensed.
	<b>3/18/20 Consensus review.</b> No change to policy statement. References updated. Coding reviewed.
	<b>8/31/2020 Admin Update.</b> New ICD 10 codes M26.652, M26.653 and M26.659 added.
	<b>9/1/20 Admin Update.</b> New ICD 10 codes M26.64, M26.641, M26.642, M26.643, M26.649, M26.65, M26.651 added.
	<b>3/12/2021 Administrative Update.</b> Revised HCPC code J7321. Effective 4/1/2021

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