



Medicare Part C Medical Coverage Policy

Temporomandibular Joint Surgery

Origination: September 8, 1988

Review Date: March 22, 2024

Next Review: March 2025

****** This policy was implemented in the absence of National Coverage Determinations (NCD) or Local Coverage Determinations (LCD) coverage criteria. This policy applies to all Blue Medicare HMO, Blue Medicare PPO, Blue Medicare Rx members, and members of any third-party Medicare plans supported by Blue Cross NC through administrative or operational services. ******

DESCRIPTION OF PROCEDURE OR SERVICE

The temporomandibular joints connect the lower jaw (mandible) to the temporal bones of the skull. Temporomandibular Joint Disease/Disorder (TMJ, TMD) refers to a spectrum of conditions, ranging from benign clicking with movement of the joint, to rheumatoid or degenerative arthritis, to internal derangement of the articular cartilage.

Symptoms vary but revolve around pain in the joint that may include myalgias, pain referred to the ear or other regions of the head or locking of the jaw due to muscle spasms. In extreme cases, the member may not be able to open his/her mouth sufficiently to eat. TMJ/TMD may be secondary to a variety of disorders including traumatic injury, habitual disuse of the joints, arthritis (rheumatoid or degenerative), etc. Symptoms may come from myofascial pain, internal derangement of the joint, or from the arthritis process. The symptom complex may progress to migraine and other craniofacial pain syndromes.

Therapies for correcting the dysfunction or the pain may include conservative measures or surgery. Conservative measures customarily include intra-oral appliances, physical therapy and pharmacologic pain control. Surgical procedures range from arthrocentesis (least invasive), arthroscopy (may include lavage, lysis of adhesions, instillation of medication, debridement and/or anterolateral capsular release), or arthrotomy (which may include arthroplasty; condylectomy; meniscus or disc plication and disc removal, and as a last resort, joint reconstruction using autogenous or alloplastic materials).

POLICY STATEMENT

Coverage will be provided for TMJ surgery when it is determined to be medically necessary, as outlined in the below guidelines and medical criteria.

BENEFIT APPLICATION

Please refer to the member's individual Evidence of Coverage (EOC) for benefit determination. Coverage will be approved according to the EOC limitations if the criteria are met.

Coverage decisions will be made in accordance with:

- The Centers for Medicare & Medicaid Services (CMS) National Coverage Determination (NCD);
- General coverage guidelines included in Original Medicare manuals unless superseded by operational policy letters or regulations; and
- Written coverage decisions of local Medicare carriers and intermediaries with jurisdiction for claims in the geographic area in which services are covered.

Benefit payments are subject to contractual obligations of the Plan. If there is a conflict between the general policy guidelines contained in the Medical Coverage Policy Manual and the terms of the member's particular Evidence of Coverage (EOC), the EOC always governs the determination of benefits.

INDICATIONS FOR COVERAGE

Preauthorization by the Plan is required for TMJ/TMD surgery;

AND

1. Documentation of a treatment plan by the participating physician, contracting oral surgeon or licensed dentist (when under the direction of a contracting MD) that will perform the TMJ/TMD surgery, should be submitted with the initial request;

AND

2. **TMJ Surgery may be approved for members who meet initial criteria for referral after conservative treatment by a dentist or oral surgeon with physical therapy, splints, and other modalities and meet all of the following criteria:**
 - a. Hard-copy documentation of all conservative treatment is required to process a surgical request

AND

- b. Failure to gain satisfactory improvement in signs/symptoms after conservative measures, as above (non-surgical therapy must have included dietary modification, prescription anti-inflammatory medications, splinting, and physical therapy specifically for TMJ and must be documented by appropriate medical records)

AND

- c. Documented joint abnormality on imaging (radiologist and surgeon agree) consisting of disk displacement, disk thickening, degenerative remodeling of bony surfaces, osteophytes, adhesions, etc.

AND

- d. Continued restriction of jaw opening (interincisal distance <35 mm with max opening)

AND

- e. In members with rheumatoid TMJ disease, a statement by the rheumatologist that the rheumatic condition is under optimal or maximum possible medical control

AND

- f. Absence of underlying orthodontic disorders, or if present, treatment has been implemented over sufficient duration as to be able to judge its effectiveness;

WHEN COVERAGE WILL NOT BE APPROVED

- Treatment when the member's condition does not meet criteria above
- Therapy that is primarily dental in nature (occlusal/facet adjustment, etc.)

- As an adjunct to Orthodontic therapy (braces, banding, etc which are EOC exclusions) that is not medically necessary
- As an adjunct to Orthognathic surgery (EOC exclusion)
- Surgical treatment for Stage I and II TMJD symptoms (see table above) is considered not medically necessary.
- The following surgical treatments are considered investigational in the treatment of TMJ dysfunction:
 - Total joint replacement with the TMJ Fossa-Eminence/Condylar Prosthesis System™
 - Partial joint replacement with the TMJ Fossa-Eminence Prosthesis™ 5.

BILLING/ CODING/PHYSICIAN DOCUMENTATION INFORMATION

This policy may apply to the following codes. Inclusion of a code in the section does not guarantee reimbursement.

Applicable codes: 20605, 20606, 21010, 21050, 21060, 21070, 21073, 21116, 21240, 21242, 21243, 29800, 29804

Note: Codes 21089 and 21299 should not be reported for orthotic to treat temporomandibular joint dysfunction. This is not an appropriate code because an orthotic or splint for treatment of temporomandibular joint disease is not an “unlisted maxillofacial prosthetic procedure.”

The Plan may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

SPECIAL NOTES

- Covered services include clinical evaluation, diagnostic workup (including MRI and arthrograms), physical therapy, pharmacotherapy (if patient has pharmacy benefits), splints, and surgery (e.g., arthroscopy, arthroplasty, arthrocentesis/lavage).

Stage	Clinical	Imaging	Surgical
I Early:	Painless clicking No restricted motion	Minimally displaced disc Normal osseous contours	Normal disc form Slight displacement-passive Incoordination (clicking)
II Early Intermediate:	Occasional painful clicking Intermittent locking Headaches	Early disc deformity and displacement Normal osseous contours	Disc displacement Thickened disc
III Intermediate:	Frequent pain-joint tenderness Headaches Locking-restricted motion- painful chewing	Disc displacement Moderate to marked disc thickening Normal osseous contours	Disc deformed and displaced Variable adhesions No bone changes

IV Intermediate to Late:

Chronic pain
Headache
Restricted motion

Disc displacement
Marked disc thickening
Abnormal bone contours

Degenerative remodeling
of bony surfaces
Osteophytes
Adhesions
Deformed disc without perforation

V Late:

Variable pain
Joint crepitus
Painful function

Disc displacement with
disc perforation and
gross deformity
Degenerative osseous
changes

Gross degenerative changes
of disc and hard tissues
Disc perforation
Multiple adhesions

GLOSSARY OF TERMS

Adhesions: a fibrous band or structure in which parts adhere abnormally; may be referred to as scar tissue.

Alloplastic: pertaining to an inert foreign body used for implantation into tissue. For example, over time a variety of artificial materials have been used to reconstruct the TMJ, including plastics, teflon, silicone, various types of metals, and some combination materials.

Arthrocentesis: the removal of fluid from a joint or bursa.

Arthroscopy: looking into the jaw joint with a special tube that has a light and a lens on the end.

Arthrotomy: surgical incision of a joint.

Autogenous: derived from the same organism, i.e., self-donation, also called autologous.

Condyle: the rounded articular surface at the articular end of a bone.

Crepitus: a crinkly, crackling or grating feeling or sound in the joints, skin or lungs.

Disc: the natural cushion in a joint.

Extra-articular: situated or occurring outside a joint.

Interincisal opening: the greatest distance between the front upper teeth and the front lower teeth when the mouth is open as wide as possible; normal is between 35-45 millimeters.

Internal derangement: problem within the joint itself, such as a disc out of place, rather than a problem in the tissues around the joint.

Lateral excursive movement: side to side motion, moving the jaw to the side.

Malocclusion: abnormalities in the positioning and relationship of teeth. A deviation from normal occlusal relationship.

Mandible: lower jaw bones.

Myofascial: pertaining to or involving the fascia surrounding and associated with muscle tissue.

NSAIDs: non-steroidal anti-inflammatory drugs; medications that treat swelling, inflammation, and pain.

Occlusal splint: a device worn in the mouth that fits over the teeth to help take pressure off the jaw joint.

Occlusion: the contact relationship of the teeth in the maxilla and mandible in a closed position; often called "the bite."

Orthognathic surgery: surgery to reconstruct or change the position of the face and jaw bones and improve the way the teeth fit together.

Osseous: composed of, resembling, or capable of forming bone.

Osteophytes: a bony outgrowth.

Tinnitus: a noise in the ears, as ringing, buzzing, roaring, clicking, etc.

References:

1. BCBSNC Corporate Medical Policy "Temporomandibular Joint Dysfunction (TMJD) Treatment" Effective 10/2011; Accessed via [temporomandibular joint dysfunction \(bluecrossnc.com\)](https://www.bluecrossnc.com) on 02/26/2024.

Medical Coverage Policy: TMJ Surgery

Policy Implementation/Update Information:

Revision Dates: November 1, 2001; December 13, 2001; December 31, 2001; June 22, 2005

May 16, 2007: No criteria changes made; Added staging chart for reference only; Added glossary of terms.

September 2009: Removed occlusal splints from policy- specific to TMJ surgery only; Removed 3-month limit to conservative treatment.

March 2012: No changes to the criteria.

February 9, 2015: Reviewed <http://www.cms.gov> & <http://cgsmedicare.com>; No NCD/LCD guidance for TMJ Surgery; Reviewed Dental Services LCD L31598; Revision Effective 3/13/14; Reviewed BCBS Corporate Medical Policy, Temporomandibular Joint Dysfunction; Reviewed Medicare Benefit Policy manual, Ch. 15 – 150.1. No criteria changes noted.

February 15, 2017: No Criteria Changes noted. Minor Revisions only.

February 20, 2019: No Criteria Changes. Minor Revisions only.

February 17, 2021; Annual Review; No Criteria Updates. Minor Revisions Only.

February 15, 2023; Annual Review; No CMS Updates. Minor Revisions only

Revision Date: November 14, 2023: Added the following statement to the beginning of policy: “This policy was implemented in the absence of National Coverage Determinations (NCD) or Local Coverage Determinations (LCD) coverage criteria.”

Statement added to align with the 2024 CMS Final Rule.

Revision Date: March 22, 2024: Annual Review. Added verbiage to reflect the corporate policy. Removed code 21089.

Approval Dates:

Medical Coverage Policy Committee: March 22, 2024

Physician Advisory Group/UM Committee: May 21, 2024

Policy Owner: Beth Sell, BSN, RN, CCM, CPC-A
Medical Policy Coordinator