JOHNS HOPKINS HEALTHCARE

Medical Policy: Temporomandibular Disorders (TMD)
Department: Health Services
Lines of Business: EHP, USFHP, PPMCO, ADVANTAGE MD

ACTION:
☐ New Policy Number: ☐ Revising Policy Number: CMS20.01
☐ Superseding Policy Number: ☐ Archiving Policy Number:
☐ Retiring Policy Number:

Effective Date: 11/17/1997
Review Dates: 10/22/03, 03/01/04, 10/22/04, 10/21/05, 10/19/06, 06/25/08, 06/04/09, 04/02/10, 08/23/11, 03/07/14, 12/04/15, 12/01/17

Johns Hopkins HealthCare LLC (JHHC) provides a full spectrum of health care products and services for Employer Health Programs, Priority Partners, Advantage MD, and US Family Health Plan. Each line of business possesses its own unique contract and guidelines which, for benefit and payment purposes, should be consulted to know what benefits are available for reimbursement. Specific contract benefits, guidelines or policies supersede the information outlined in this policy.

POLICY:


For Advantage MD, see Medicare Coverage Database:
Local Coverage Determination (LCD): Oral Maxillofacial Prosthesis (L35047)
Local Coverage Determination (LCD): Therapy and Rehabilitation Services (PT, OT) (L35036)
National Coverage Determination (NCD) for Diathermy Treatment (150.5)
National Coverage Determination (NCD) for Neuromuscular Electrical Stimulation (NMES) (160.12)
National Coverage Determination (NCD) for Electrotherapy for Treatment of Facial Nerve Paralysis (Bell's Palsy) (160.15)
National Coverage Determination (NCD) for Heat Treatment, Including the Use of Diathermy and Ultra-Sound for Pulmonary Conditions (240.3)

I. Diagnostic Evaluation of Temporomandibular Joint Disorder (TMD):
   A. When benefits are provided under the member’s contract, JHHC considers the following medically necessary for the diagnosis of TMD:
      1. A detailed history and physical examination
      2. Diagnostic radiographs, tomograms, and arthrograms
      3. Cephalograms (radiographs of the jaws and skull) if major skeletal problems appear present
      4. Pantograms (radiographs of maxilla and mandible)
      5. CT scan or MRI when ONE of the following criteria is met:
         a. Abnormal panoramic jaw radiograph (e.g., changes in mandibular condyle, OR; glenoid fossa morphology or position, degenerative changes), OR;
         b. Physical exam findings that are atypical (e.g., extreme pain, jaw locking), OR;
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II. Non-Surgical Treatment of TMD
   A. When benefits are provided under the member’s contract, JHHC considers the following non-
surgical treatments medically necessary in the treatment of TMD:
      1. Pharmacological treatment
         a. Non-opiate analgesics and non-steroidal anti-inflammatory drugs
         b. Low dose tricyclic antidepressants
         c. Centrally acting skeletal muscle relaxants
      2. Reversible intra-oral appliances for patients with documented bruxism
      3. Physical therapy
      4. Behavior modification of trigger behaviors (consult behavioral health benefits for specific
         coverage)
      5. Cognitive Behavioral Therapy for patients with co-existing depression and anxiety
         (consult behavioral health benefits for specific coverage)
   B. Unless specific benefits are provided under the member’s contract, JHHC considers the
   following non-surgical treatments experimental and investigational in the treatment of TMD
   for all other indications, as they do not meet Technology Evaluation Criteria (TEC) #2-5.
      1. Botulinum toxin (type A or type B)
      2. Continuous passive motion
      3. Cranial (craniosacral) manipulation
4. Dental restorations/prostheses
5. Diathermy, infrared, and ultrasound treatments
6. Dry needling
7. Hydrotherapy (immersion therapy, whirlpool baths)
8. Hypnosis/relaxation therapy
9. Injection of plasma rich in growth factors
10. Iontophoresis
11. Intra-articular injection of hyaluronic acid (viscosupplementation)
12. Intra-articular injection of platelet-rich plasma
13. Intra-articular injections of rituximab
14. Intraoral appliances for headache or trigeminal neuralgia
15. Irreversible occlusion therapy aimed at modification of the occlusion itself through alteration of the tooth structure or jaw position
16. Ketamine (local/intra-articular administration)
17. Manual therapy
18. Low level (cold) laser myofunctional therapy
19. Myomonitor treatment (J-4, BNS-40, Bio-TENS)
20. Neuromuscular re-education
21. Orthodontic/bite adjustment services and orthodontic fixed appliances
22. Permanent mandibular repositioning (e.g., equilibration, orthodontics)
23. Prophylactic management of TMJ disorder, including occlusal adjustment
24. Radiofrequency generator thermolysis
25. Stem cell therapy
26. Therabite Jaw Motion Rehabilitation System (TRICARE Policy Manual 6010.57-M, February 1, 2008, Oral Surgery: Chapter 4, Section 7.1.)
27. Transcranial direct current stimulation
28. Transcutaneous electrical nerve stimulation (TENS)

III. Surgical Treatment of TMD
A. When benefits are provided under the member’s contract, JHHC considers TMJ surgery medically necessary in cases when ALL of the following criteria are met:
1. There is conclusive evidence that severe pain or functional disability is produced by an intra-capsular condition, confirmed by magnetic resonance imaging (MRI), computed tomography or other imaging, AND;
2. The pain has not responded to compliant nonsurgical management of at least six months duration, AND;
3. Surgery is considered to be the only remaining option (NOTE: In certain cases e.g., bony ankylosis and failed TMJ total joint prosthetic implants) requiring immediate surgical intervention, surgery may be considered medically necessary without prior non-surgical management, AND;
4. The proposed surgery is appropriate to the specifically diagnosed medical condition.
B. Unless specific benefits are provided under the member’s contract, JHHC considers all other surgical treatments experimental and investigational in the treatment of TMD for all other indications, as they do not meet Technology Evaluation Criteria (TEC) #2-5.

**BACKGROUND:**

Temporomandibular Disorders (TMD) involve a collection of medical and dental conditions affecting the temporomandibular joint. This is the joint responsible for jaw movement and allows people to eat/chew, talk, and yawn. The term TMD is used to classify numerous diverse conditions presenting as pain in the face or jaw, joint dysfunction, muscle spasms, headaches, earaches, and tinnitus.

Physicians typically diagnose TMD through an examination of the jaw for pain and by listening to any joint sounds during jaw movement. Clicking and grinding noises can be indicators of a temporomandibular disorder. However, these symptoms may be found in large segments of the general population without evidence of impairment or disorder that requires treatment. Therapy varies considerably among health care professionals. There are few evidence-based scientifically controlled clinical trials for the majority of therapies. In addition, there are no generally accepted, diagnostic standards to correctly diagnose TMD and many of the signs and symptoms attributed to TMD may accompany systemic disorders.

The National Institutes of Health emphasize the importance of two key words in therapy: ‘conservative and reversible.’ Prudence usually dictates that non-surgical therapy is first exhausted prior to any invasive therapies.

**CODING INFORMATION:**

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Note: The following CPT/HCPCS codes are included below for informational purposes. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply member coverage or provider reimbursement. The member’s specific benefit plan determines coverage and referral requirements. All inpatient admissions require pre-authorization.
Compliance with the provision in this policy may be monitored and addressed through post-payment data analysis and/or medical review audits

<table>
<thead>
<tr>
<th>CPT ® CODES</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>21010</td>
<td>Arthrotomy, temporomandibular joint</td>
</tr>
<tr>
<td>21050</td>
<td>Condylectomy, temporomandibular joint (separate procedure)</td>
</tr>
<tr>
<td>21060</td>
<td>Meniscectomy, partial or complete, temporomandibular joint (separate procedure)</td>
</tr>
<tr>
<td>21070</td>
<td>Coronoidectomy (separate procedure)</td>
</tr>
<tr>
<td>21073</td>
<td>Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)</td>
</tr>
<tr>
<td>21079</td>
<td>Impression and custom preparation; interim obturator prosthesis</td>
</tr>
<tr>
<td>21110</td>
<td>Application of interdental fixation device for conditions other than fracture or dislocation, includes removal</td>
</tr>
<tr>
<td>21116</td>
<td>Injection procedure for temporomandibular joint arthrography</td>
</tr>
<tr>
<td>21188</td>
<td>Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)</td>
</tr>
<tr>
<td>21193</td>
<td>Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft</td>
</tr>
<tr>
<td>21194</td>
<td>Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy, with bone graft (includes obtaining graft)</td>
</tr>
<tr>
<td>21195</td>
<td>Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation</td>
</tr>
<tr>
<td>21196</td>
<td>Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation</td>
</tr>
<tr>
<td>21198</td>
<td>Osteotomy, mandible, segmental;</td>
</tr>
<tr>
<td>21240</td>
<td>Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)</td>
</tr>
<tr>
<td>21242</td>
<td>Arthroplasty, temporomandibular joint, with allograft</td>
</tr>
<tr>
<td>21243</td>
<td>Arthroplasty, temporomandibular joint, with prosthetic joint replacement</td>
</tr>
<tr>
<td>29800</td>
<td>Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)</td>
</tr>
<tr>
<td>29804</td>
<td>Arthroscopy, temporomandibular joint, surgical</td>
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## JOHNS HOPKINS HEALTHCARE

**Medical Policy:** Temporomandibular Disorders (TMD)  
**Department:** Health Services  
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<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Reason Not Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>97010</td>
<td>Application of a modality to 1 or more areas; hot or cold packs</td>
<td></td>
</tr>
<tr>
<td>97024</td>
<td>Application of a modality to 1 or more areas; diathermy (e.g., microwave)</td>
<td></td>
</tr>
<tr>
<td>97035</td>
<td>Application of a modality to 1 or more areas; ultrasound, each 15 minutes</td>
<td></td>
</tr>
<tr>
<td>97140</td>
<td>Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes</td>
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The following CPT® and HCPCS CODES are **NOT COVERED** for the diagnosis of TMJ for EHP, PPMCO or USFHP

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>90880</td>
<td>Hypnotherapy</td>
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<tr>
<td>97014</td>
<td>Application of a modality to 1 or more areas; electrical stimulation (unattended)</td>
</tr>
<tr>
<td>97033</td>
<td>Application of a modality to 1 or more areas; iontophoresis, each 15 minutes</td>
</tr>
<tr>
<td>A4595</td>
<td>Electrical stimulator supplies, 2 lead, per month, (e.g. TENS, NMES)</td>
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<tr>
<td>E0720</td>
<td>TENS, two lead, localized stimulation</td>
</tr>
<tr>
<td>E0730</td>
<td>Transcutaneous electrical nerve stimulation device, four or more leads, for multiple nerve</td>
</tr>
<tr>
<td>E0745</td>
<td>Neuromuscular stimulator, electronic shock unit</td>
</tr>
<tr>
<td>E0746</td>
<td>Electromyography (EMG), biofeedback device</td>
</tr>
<tr>
<td>G0283</td>
<td>Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care</td>
</tr>
</tbody>
</table>

### ICD10 CODES ARE FOR INFORMATIONAL PURPOSES ONLY

<table>
<thead>
<tr>
<th>ICD10 Codes</th>
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<tbody>
<tr>
<td>M26.60 – M26.69</td>
<td>Temporomandibular joint disorders</td>
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<tr>
<td>S02.401 – S02.401S</td>
<td>Malar fractures</td>
</tr>
<tr>
<td>S02.402 – S02.402S</td>
<td>Zygomatic fractures</td>
</tr>
<tr>
<td>S02.41 – S02.413S</td>
<td>LeFort fractures</td>
</tr>
</tbody>
</table>

### REVENUE CODES

<table>
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<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0360</td>
<td>Operating Room Services – General</td>
</tr>
<tr>
<td>0490</td>
<td>Ambulatory Surgical Care - General</td>
</tr>
</tbody>
</table>
REFERENCE STATEMENT:

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins HealthCare LLC (JHHC) Medical Policy Team during the development and implementation of this medical policy. Per NCQA standards, the Medical Policy Team will continue to monitor and review any newly published clinical evidence and adjust the references below accordingly if deemed necessary.

REFERENCES:


