



Manual: IU Health Plans
Department: Utilization Management
Policy # MP084
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Health Plans

Medicare Advantage

X Commercial

Temporomandibular Joint Disorders Policy

I. Purpose

Indiana University Health Plans (IU Health Plans) considers clinical indications when making a medical necessity determination for Temporomandibular Joint Disorders.

II. Scope

This policy applies to all Utilization Management staff having decision-making responsibilities where authorization is required for Full-insured plan.

III. Exceptions

The following services for TMJ disorders are ineligible or **not covered** for payment under this policy:

- A. Therabite Jaw Motion Rehabilitation system or orthodontic treatment including irreversible occlusal therapy
- B. Continuous Passive Motion (CPM) therapy
- C. Range of motion measurements
- D. Biofeedback
- E. Alloplastic joint implants
- F. Acupuncture
- G. Cognitive behavioral therapy
- H. Pulsed radiofrequency energy - Energex
- I. Electromyography
- J. Kinesiography
- K. Lateral skull X-rays
- L. Neuromuscular junction testing
- M. Nuclear medicine studies
- N. Somatosensory testing
- O. Sonogram
- P. Transcranial X-rays
- Q. Ultrasonic Doppler auscultation

IV. Definitions

None

V. Policy Statements

IU Health Plans considers Temporomandibular Joint Disorders care medically necessary for moderate to severe pain presented as TMJ pain, preauricular pain, referred ear pain, or masticatory muscle pain as demonstrated by All of the following:

1. Documentation of TMJ disorder to include ALL of the following:
 - A. Disabling joint function characterized by ONE or more of the following:
 1. Restricted range of jaw motion
 2. Excessive range of jaw motion
 3. Joint noises (clicking, popping, and crepitation) associated with pain
 4. Abnormal masticatory function (e.g. painful chewing)
 - B. Imaging evidence of joint derangement or disease
 - C. Documentation of patient education related to
 1. Stress reduction
 2. Dietary recommendations
 3. Jaw rest
 4. Modification of jaw habits
 - D. Type of management to include ONE of the following:
 1. Non-Surgical Management can include ANY of the following:
 - a. Diagnostic x-rays/imaging studies (radiographs, panoramic radiographic imaging, cephalometric radiographic images, arthrogram, MRI and/or CT)
 - b. Pharmacological treatment for pain – usually pain is relieved with over-the-counter non-steroidal anti-inflammatory drugs (NSAIDs) or other pain medications
 - c. Arthrocentesis
 - d. TMJ joint injections – intracapsular diagnostic and therapeutic injections or injections of anesthetic agents into the trigeminal nerve are limited to once per course of treatment
 2. Surgical treatment is indicated with **ALL** of the following:
 - a. Documentation of non-surgical treatment for at least six months that has not resulted in adequate improvement
 - b. Diagnosis of a dislocation
 - c. At least TWO of the following
 1. Earaches, headaches, masticatory or cervical myalgias refractory to medical treatment
 2. Difficulty chewing
 3. Restricted range of motion, manifested by **one or more** of the following:
 - a. Interincisal opening of less than 35 mm
 - b. Lateral excursive movement of less than 4 mm (side-to-side movement)
 - c. Protrusive excursive movement of less than 4 mm (front-to-back motion)
 - d. 21010
 - e. Deviation on opening of greater than 5 mm

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
	Description
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (e.g., temporomandibular acromioclavicular, wrist, elbow or ankle, olecranon bursa)
21010	Arthrotomy, temporomandibular joint
21050	Total condylectomy (temporomandibular joint)
21060	Meniscectomy (partial or complete, temporomandibular joint)
21073	Manipulation of temporomandibular joint(s); temporomandibular joint therapeutic, requiring an anesthesia service (general or monitored anesthesia care)
21116	Injection procedure for temporomandibular joint arthrography
21198	Osteotomy, Mandible Segmental
21209	Osteoplasty, facial bones
21240	Arthroplasty, temporomandibular joint with or without autograft
21242	Arthroplasty, temporomandibular joint with allograft
21243	Arthroplasty, temporomandibular joint with prosthetic joint replacement
21299	Craniofacial and maxillofacial procedures that do not have a specific code.
21480 – 21499	Manipulation (open or closed) for a dislocation of the temporomandibular joint
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	Arthroscopy, temporomandibular joint, surgical
64400 – 64402	Injection, anesthetic agent (trigeminal nerve, facial nerve)
70328 - 70330	Diagnostic x-rays (TMJ joint open, closed, unilateral, bilateral)
70332	Arthrography – temporomandibular joint radiological supervision & interpretation
70336	Magnetic Resonance Imaging (MRI)
70450 - 70470	Computer Tomography (head/brain with or without contrast)
70486 - 70488	Computer Tomography (maxillofacial area with or without contrast)
70350	Cephalograms, orthodontic
70355	Orthopantogram
ICD-10 Codes	
M26.60-M26.69	Temporomandibular joint disorders
S02.400A-S02.402S	Fracture of malar or maxillary
S02.600A-S02.69XS	Fractures of mandible

S03.0XXA-S03.0XXS	Dislocation of jaw
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VI. Procedures

None

VII. References/Citations

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2. Gauer, R. L., & Semidey, M. J. (2015). Diagnosis and treatment of temporomandibular disorders. *American family physician*, 91(6), 378–386. [Diagnosis and treatment of temporomandibular disorders - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/26111111/)
3. Gopi, Indra & Muthukrishnan, Arvind & Maragathavalli, Gopal. (2021). Clinical Practice Guidelines for the Management of Temporomandibular Joint Disorders – A Review. *Journal of Evolution of Medical and Dental Sciences*. [PDF Clinical Practice Guidelines for the Management of Temporomandibular Joint Disorders – A Review \(researchgate.net\)](https://www.researchgate.net/publication/354111111)
4. Hayes Technology Assessment. Botulinum Toxin for treatment of Pain Associated with Temporomandibular Disorders. Reviewed May 10, 2023. [Hayes Knowledge Center | symplr \(hayesinc.com\)](https://www.hayesinc.com/knowledge-center/symplr)
5. List, T., & Jensen, R. H. (2017). Temporomandibular disorders: Old ideas and new concepts. *Cephalalgia : an international journal of headache*, 37(7), 692–704. <https://doi.org/10.1177/0333102416686302>
6. Sousa, B. M., López-Valverde, N., López-Valverde, A., Caramelo, F., Fraile, J. F., Payo, J. H., & Rodrigues, M. J. (2020). Different Treatments in Patients with Temporomandibular Joint Disorders: A Comparative Randomized Study. *Medicina (Kaunas, Lithuania)*, 56(3), 113. <https://doi.org/10.3390/medicina56030113>
7. Wright, E. F., & North, S. L. (2009). Management and treatment of temporomandibular disorders: a clinical perspective. *The Journal of manual & manipulative therapy*, 17(4), 247–254. <https://doi.org/10.1179/106698109791352184>

VIII. Forms/Appendices

None

IX. Responsibility

Medical Director

This Policy is proprietary and confidential. No part of this Policy may be disclosed in any manner to a third party without the prior written consent of IU Health Plans, Inc.