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## Surgical Treatment for Temporomandibular Disorders

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### *Values*

Accountability • Integrity • Service Excellence • Innovation • Collaboration

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#### Abstract Purpose:

Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC's (NHP/NHIC/NHAS/NHTPA) Utilization Management (UM) department, applies review guidelines for determinations involving medical necessity for the surgical treatment of temporomandibular disorders. This policy provides guidance for approving these procedures for NHP/NHIC/NHAS/NHTPA. Please refer to the individual's coverage document for details. The coverage document takes precedence over clinical policy and must be considered first in determining coverage eligibility.

#### Policy Detail:

Refer to the appropriate Certificate of Coverage, Evidence of Coverage, Summary Plan Description, or Individual and Family Plan to determine eligibility and coverage because Employer Group/Plan Sponsor and government contracts may vary. NHIC follows Medicare's National/Local (Wisconsin area) Coverage Determinations for its Medicare Advantage membership.

#### Procedure Detail:

##### I. Description

Temporomandibular disorders (TMD) are a complex set of conditions that affect the temporomandibular joint (TMJ) and surrounding tissues. Symptoms include pain, limited range of motion of the jaw, locking or freezing with jaw motions, and TMJ noises such as clicking, popping and crepitus. Symptoms may resolve spontaneously or with conservative treatments such as a soft chew diet, jaw rest, moist heat, nonsteroidal anti-inflammatory medications (NSAIDs), physical therapy, and/or splints. Failure of conservative management may require the addition of surgical intervention, up to and including joint replacement. When at all possible, it is recommended that TMD be managed through non-surgical treatment.

##### II. Medical Indications/Criteria

Network Health may consider the below TMD surgeries to be medically necessary when the following general medical necessity criteria and the procedure specific criteria below are met.

##### A. General Criteria:

1. There is documentation of persistent pain and/or functional impairment that directly corresponds to an intra-capsular condition; **AND**
2. The intracapsular condition is confirmed by magnetic resonance imaging (MRI) or computed tomography (CT); **AND**

3. The condition has not responded or improved following a six (6) month trial of provider directed nonsurgical management including all the following:
  - i) Diet modification (e.g., soft chew diet)
  - ii) Application of moist heat
  - iii) Nonsteroidal anti-inflammatory (NSAID) medications (unless medically contraindicated)
  - iv) Intraoral appliance (i.e., splint)
  - v) Physical therapy

**B. Surgical Criteria:**

1. Arthrocentesis with insufflation, lysis, and lavage when imaging and clinical examination support the presence of intra-articular pathology such as anchored disc phenomenon (ADP) or disc dislocation, in combination with pain or joint dysfunction.
2. Arthroscopy when the general criteria as outlined above are met in addition to the clinical criteria as outlined in MCG A-0492 (AC) Temporomandibular Joint Arthroscopy.
3. Modified Condylotomy when the general criteria as outlined above are met in addition to the clinical criteria as outlined in MCG A-0521 (AC) Temporomandibular Joint Modified Condylotomy.
4. Arthrotomy when the general criteria as outlined above are met in addition to the clinical criteria as outlined in MCG A-0522 (AC) Temporomandibular Joint Arthrotomy.
5. Arthroplasty, using an FDA approved implant, when the general criteria as outlined above are met in addition to the clinical criteria as outlined in MCG A-0523 (AC) Temporomandibular Joint Arthroplasty.

**Please Note:** If the indications for TMD surgery have been met under MCG A-0523 (AC) Temporomandibular Joint Arthroplasty and surgery is indicated for tumor removal and need for joint reconstruction, surgery may be considered medically necessary without failure of a six (6) month trial of provider directed conservative therapy.

**III. Coverage**

- A. NHP/NHAS may extend coverage for TMD surgical procedures as medically necessary for the indications as noted in this policy.
- B. NHIC follows CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) for application to its Medicare Advantage membership.
- C. Surgical splints/prosthesis are considered a covered benefit for individuals meeting surgical criteria as outlined above during the postoperative period if documentation supports that they are medically necessary for stabilization during healing.

**IV. Limitations/Exclusions:**

- A. Network Health considers TMD surgery not medically necessary for indications noted above when the criteria as described are not met.
- B. TMD surgery may be contractually excluded. Please refer to the individual's coverage document for details. The coverage document takes precedence over medical policy, and must be considered first in determining coverage eligibility.
- C. Surgical procedures for individuals with TMD who are not symptomatic and/or demonstrate adequate improvement of symptoms (i.e., symptoms no longer

impact quality of life) with non-surgical modalities are considered not medically necessary.

- D. The use of TMJ implants that are not FDA approved, or used for surgical indications beyond arthroplasty or hemiarthroplasty, are considered experimental/investigational based on a lack of evidence found in peer reviewed medical literature to support the long-term safety and efficacy of TMJ implants.
- E. Orthognathic surgery (e.g., Lefort, reconstruction of mandibular rami, genioplasty, etc.) for the correction of temporomandibular joint disease/temporomandibular joint dysfunction is considered experimental/investigational based on a lack of evidence found in the medical literature to support the effectiveness for this indication.
- F. Orthodontia is considered dental in nature and is non-covered for the treatment of TMD/TMJ dysfunction.

## V. References

- A. AAOMS Recommended Criteria for Orthognathic Surgery (2023) at [https://aaoms.org/wp-content/uploads/2024/04/ortho\\_criteria.pdf](https://aaoms.org/wp-content/uploads/2024/04/ortho_criteria.pdf)
- B. AAOMS (2024) Statement by the American Association of Oral and Maxillofacial Surgeons Concerning the Management of Selected Clinical Conditions and Associated Clinical Procedures. Temporomandibular Disorders at [https://aaoms.org/wp-content/uploads/2024/07/tmd\\_disorders.pdf](https://aaoms.org/wp-content/uploads/2024/07/tmd_disorders.pdf)
- C. Dolwick MF, Widmer CG. Orthognathic Surgery as a Treatment for Temporomandibular Disorders. Oral Maxillofac Surg Clin North Am. 2018 Aug;30(3):303-323. doi: 10.1016/j.coms.2018.04.007. Epub 2018 Jun 1. PMID: 29866451.
- D. Efeoglu C, Calis AS, Koca H, Yuksel E. A stepped approach for the management of symptomatic internal derangement of the temporomandibular joint. Journal of Otolaryngology - Head & Neck Surgery. 2018;47(1). doi:[10.1186/s40463-018-0282-y](https://doi.org/10.1186/s40463-018-0282-y)
- E. Jung H-D, Kim S Y, Park H-S, Jung Y-S Orthognathic surgery and temporomandibular joint symptoms Jung et al. Maxillofacial Plastic and Reconstructive Surgery (2015) Dec; 37(1):14 DOI 10.1186/s40902-015- 0014-4
- F. MCG Health Ambulatory Care 29<sup>th</sup> edition Temporomandibular Joint Arthroscopy ACG: A-0492 (AC)
- G. MCG Health Ambulatory Care 29<sup>th</sup> edition Temporomandibular Joint Modified Condylotomy ACG: A-0521 (AC)
- H. MCG Health Ambulatory Care 29<sup>th</sup> edition Temporomandibular Joint Arthrotomy ACG: A-0522 (AC)
- I. MCG Health Ambulatory Care 29<sup>th</sup> edition Temporomandibular Joint Arthroplasty ACG: A-0523 (AC)
- J. Medicare Benefit Policy Manual (Pub 100-2), Chapter 15, Covered Medical and Other Health Services, Section 150.1-Treatment of Temporomandibular Joint (TMJ) Syndrome (Rev. 1, 10-01-03) <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c15.pdf>
- K. National Academies of Sciences, Engineering, and Medicine 2020. Temporomandibular Disorders: Priorities for Research and Care. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25652>.
- L. National Institute of Dental and Craniofacial Research (NIDCR) Health Info TMD (Temporomandibular Disorders) October 2024 <https://www.nidcr.nih.gov/health-info/tmd>
- M. Verhelst PJ, Van der Cruyssen F, De Laat A, Jacobs R, Politis C. The Biomechanical Effect of the Sagittal Split Ramus Osteotomy on the Temporomandibular Joint: Current Perspectives on the Remodeling Spectrum.

**CPT/HCPCS Code:**

List may not be all inclusive. CPT/HCPCS codes are subject to change as codes are retired and new codes are developed.

20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting
21010	Arthrotomy, temporomandibular joint
21198	Osteotomy, mandible, segmental
21209	Osteoplasty, facial bones; reduction
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
21299	Unlisted craniofacial and maxillofacial procedure
21499	Unlisted musculoskeletal procedure, head
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	Arthroscopy, temporomandibular joint, surgical

**Regulatory Citations:**

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**Disclaimer:**

Contract language as well as state and federal laws take precedence over any medical policy. Network Health coverage documents (i.e. Certificate of Coverage, Evidence of Coverage, Summary Plan Descriptions) outline contractual terms of the applicable benefit plan for each line of business and will be considered first in determining eligibility. Not all Network Health coverage documents are the same. Coverage may differ. Our Medicare membership follows applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). Please refer to the CMS website at [www.cms.gov](http://www.cms.gov).

Network Health reserves the right to review and update our medical policies on occasion as medical technologies are constantly evolving. The documentation of any brand name of a test, product and/or procedure in a medical policy is in no way an endorsement of that product; it is for reference only.

Network Health's medical policies are for guidance and not intended to prevent the judgment of the reviewing medical director(s) nor dictate to health care providers how to practice medicine.

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<b>Department of Ownership:</b> Utilization Management		<b>Revision Number:</b> 2
<b>Revision Reason:</b> 11/14/2024- new policy developed, approved at Utilization Management Committee on 12/12/2024. 12/12/2025 annual review, updated references and minor grammatical changes 12/18/2025 – Approved at UM committee.		