

Subject: Temporomandibular Disorders
Guideline #: CG-SURG-09
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Description

This document addresses treatments for conditions of the temporomandibular joint (TMJ) and related musculoskeletal structures. Such conditions are commonly referred to as temporomandibular disorders (TMD), temporomandibular joint dysfunction (TMJD), temporomandibular joint (TMJ) syndrome, or craniomandibular disorder (CMD).

Note: Please refer to the following documents for additional information on related topics:

- [CG-ANC-03 Acupuncture](#)
- [CG-DME-04 Electrical Nerve Stimulation, Transcutaneous, Percutaneous](#)
- [CG-MED-28 Iontophoresis](#)
- [CG-MED-65 Manipulation Under Anesthesia](#)
- [CG-SURG-84 Mandibular/Maxillary \(Orthognathic\) Surgery](#)
- [DME.00011 Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices](#)
- [MED.00002 Selected Sleep Testing Services](#)
- [SURG.00140 Peripheral Nerve Blocks for Treatment of Neuropathic Pain](#)
- [SURG.00144 Occipital and Sphenopalatine Ganglion Nerve Block Therapy for the Treatment of Headache and Neuralgia](#)

Note:

- Pharmacologic therapy (that is, analgesics, anti-inflammatory drugs, and muscle relaxants) and therapeutic injections may be addressed in related pharmacy guidelines.
- See the applicable guidelines in use by the member's health plan for criteria addressing behavioral health and physical therapy services used to treat temporomandibular disorders.

Clinical Indications

Medically Necessary:

Intraoral appliances (for example, occlusal splints, bite appliances, and mandibular occlusal repositioning appliances) are considered **medically necessary** for temporomandibular disorders.

Surgical procedures are considered **medically necessary** for the treatment of temporomandibular disorders when the following criteria are met (A and B):

- A. Temporomandibular joint internal derangement or other structural joint disorder is documented as evidenced by the following:
 1. Radiographic documentation of temporomandibular joint pathology (*for example, arthritis, bone cyst, fracture, meniscal abnormality, or tumors*); **and**
 2. For individuals age under the age of 18: documentation of completion of skeletal growth by either:
 - a. Long bone x-ray; **or**
 - b. Serial cephalometrics showing no change in facial bone relationships over the last 3- to 6- month period;**and**
- B. **Either** of the following:
 1. Temporomandibular joint pain is due to a maxillary or mandibular skeletal deformity; **or**
 2. The individual has a clinically significant functional impairment refractory to at least 6 months of non-surgical treatment.

Not Medically Necessary:

The following nonsurgical treatments are considered **not medically necessary** for temporomandibular disorders include, but are not limited to, the following:

- A. Electrogalvanic stimulation (EGS); **or**
- B. Jaw motion rehabilitation systems; **or**
- C. Mandibular image-guided rehabilitative orthopedics (also known as MIRO Therapy[®]); **or**
- D. Occlusal equilibration, bite adjustment, irreversible occlusion therapy.

Surgical procedures for temporomandibular disorders are considered **not medically necessary** when the above criteria are not met.

The following diagnostic tests and procedures are considered **not medically necessary** when used to diagnose or evaluate temporomandibular disorders:

- A. Computerized mandibular scan (intended to document deviations in occlusion and muscle spasm by recording muscle activity related to mandibular movement or positioning); **or**
- B. Intra-oral tracing or gothic arch tracing (intended to document deviations in jaw positioning); **or**
- C. Electromyography (including percutaneous or surface electrode methods); **or**
- D. Kinesiography; **or**
- E. Laryngeal function studies; **or**
- F. Rhinomanometry; **or**
- G. Somatosensory testing/neuromuscular junction testing; **or**
- H. Swallowing studies or tests; **or**
- I. Thermography.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

When services are Medically Necessary:

HCPCS

D7880 Occlusal orthotic device, by report [when specified as removable TMJ splints, mandibular occlusal repositioning appliances]

ICD-10 Diagnosis

M26.601-M26.69 Temporomandibular joint disorders

When services may be Medically Necessary when criteria are met:

CPT

Including, but not limited to, the following:

20605 Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance [when specified as temporomandibular joint aspiration]

20606 Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting [when specified as temporomandibular joint aspiration]

21010 Arthrotomy, temporomandibular joint

21050 Condylectomy, temporomandibular joint (separate procedure)

21060 Meniscectomy, partial or complete, temporomandibular joint (separate procedure)

21073 Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)

21110 Application of interdental fixation device for conditions other than fracture or dislocation, includes removal

21116 Injection procedure for temporomandibular joint arthrography

21210 Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)

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

29800 Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)

29804 Arthroscopy, temporomandibular joint, surgical

HCPCS

D7810 Open reduction of dislocation

D7820 Closed reduction of dislocation

D7830 Manipulation under anesthesia

D7840 Condylectomy

D7850 Surgical discectomy, with/without implant

D7852 Disc repair

D7854 Synovectomy

D7856 Myotomy

D7858 Joint reconstruction

D7860 Arthrotomy

D7865 Arthroplasty

D7870 Arthrocentesis

D7871 Nonarthroscopic lysis and lavage

D7873 Arthroscopy- surgical: lavage and lysis of adhesions

D7874 Arthroscopy- surgical: disc repositioning and stabilization

D7875 Arthroscopy- surgical: synovectomy

D7876 Arthroscopy- surgical: discectomy

D7877 Arthroscopy- surgical: debridement

D7899 Unspecified TMD therapy, by report

ICD-10 Procedure

0RBC0ZZ Excision of right temporomandibular joint, open approach

0RBC3ZZ Excision of right temporomandibular joint, percutaneous approach

0RBC4ZZ Excision of right temporomandibular joint, percutaneous endoscopic approach

0RBD0ZZ Excision of left temporomandibular joint, open approach

0RBD3ZZ Excision of left temporomandibular joint, percutaneous approach

0RBD4ZZ Excision of left temporomandibular joint, percutaneous endoscopic approach

0RQC0ZZ-0RQC4ZZ Repair right temporomandibular joint [includes codes 0RQC0ZZ, 0RQC3ZZ, 0RQC4ZZ]

0RQD0ZZ-0RQD4ZZ Repair left temporomandibular joint [includes codes 0RQD0ZZ, 0RQD3ZZ, 0RQD4ZZ]

0RSC04Z-0RSCXZZ Reposition right temporomandibular joint [includes codes 0RSC04Z, 0RSC0ZZ, 0RSC34Z, 0RSC3ZZ, 0RSC44Z, 0RSC4ZZ, 0RSCX4Z, 0RSCXZZ]

0RSD04Z-0RSDXZZ Reposition left temporomandibular joint [includes codes 0RSD04Z, 0RSD0ZZ, 0RSD34Z, 0RSD3ZZ, 0RSD44Z, 0RSD4ZZ, 0RSDX4Z, 0RSDXZZ]

0RUC07Z-0RUC4KZ Supplement right temporomandibular joint [includes codes 0RUC07Z, 0RUC0JZ, 0RUC0KZ, 0RUC37Z, 0RUC3JZ, 0RUC3KZ, 0RUC47Z, 0RUC4JZ, 0RUC4KZ]

0RUD07Z-0RUD4KZ Supplement left temporomandibular joint [includes codes 0RUD07Z, 0RUD0JZ, 0RUD0KZ, 0RUD37Z, 0RUD3JZ, 0RUD3KZ, 0RUD47Z, 0RUD4JZ, 0RUD4KZ]

ICD-10 Diagnosis

G44.89	Other headache syndrome
M19.09	Primary osteoarthritis, other specified site
M19.91	Primary osteoarthritis, unspecified site
M26.50-M26.59	Dentofacial functional abnormalities
M26.601-M26.69	Temporomandibular joint disorders
M79.10-M79.12	Myalgia, unspecified; mastication muscle; auxiliary muscles, head and neck
S03.00XA-S03.03XS	Dislocation of jaw

When services are Not Medically Necessary:

For the procedure and diagnosis codes listed above when criteria are not met.

When services are also Not Medically Necessary:

For the diagnosis codes listed above for TMD and related diagnoses, for the following procedure codes; or when the code describes a procedure designated in the Clinical Indications section as not medically necessary.

HCPCS

D9950	Occlusion analysis- mounted case
D9951	Occlusal adjustment- limited
D9952	Occlusal adjustment- complete
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

Discussion/General Information

Temporomandibular disorders (TMD) is a collective term for temporomandibular joint dysfunction (TMJD), temporomandibular joint (TMJ) syndromes, and craniomandibular disorder (CMD), that includes a variety of medical and dental conditions involving the masticatory muscles and the temporomandibular joint, as well as contiguous tissue components. The prevalence of TMJD is in the range of 5 to 12% (NIDCR, 2018). The incidence is higher in younger individuals and in women. Although some cases can be linked to physical trauma or disease conditions, in most cases the cause is unknown.

The most frequent presenting symptom associated with TMD is pain, usually localized to the muscles of mastication, the preauricular area, and/or the TMJ. This pain may be related to trauma, (such as a blow to the face), inflammatory or degenerative arthritis, or may be due to the mandible being pushed back towards the ears whenever the individual chews or swallows. Sometimes, muscles around the TMJ used for chewing can go into spasm, causing head and neck pain and difficulty opening the mouth normally. Other common complaints reported by individuals include earache, headache, and facial pain. Individuals may also have limited or asymmetric jaw movement and joint sounds that are usually described as clicking, popping, grating, or crepitus in the TMJ.

Most cases of TMD can be treated without surgery. Treatments may include behavioral changes, physical therapy, pharmacologic therapy (e.g., oral medications for pain, anti-inflammatory injections), and reversible, removable, intraoral dental splints (also called occlusal orthotics or occlusal splints). Surgical treatments, often irreversible, may be recommended for difficult or unresponsive cases. Such procedures include but are not limited to the following:

- Arthrocentesis
- Arthroplasty
- Arthroscopic surgery
- Condylectomy
- Disc or meniscus plication
- Disc removal
- Manipulation for reduction of fracture or dislocation
- Modified condylotomy
- Prosthetic implantation

There are no criteria to identify people who would most likely benefit from surgery. A review of available published evidence regarding the safety and efficacy of various medical and surgical treatment modalities for TMJ revealed inconsistent methodologies in study design and clinical outcome measurements (Al-Moraissi, 2017; Bouchard, 2017; Nandhini, 2018; Schiffman, 2007; Tatli, 2017; Truelove, 2006; Zhang, 2020).

In 2014, Schiffman and colleagues found that, although the Research Diagnostic Criteria for Temporomandibular Disorders (RDC/TMD) Axis I diagnostic algorithms have been reliable, they were below the target sensitivity of greater than or equal to 0.70 and specificity of greater than or equal to 0.95. This empirical finding prompted a revision. The newly recommended Diagnostic Criteria for TMD (DC/TMD) Axis I include both a valid screening protocol for detecting any pain-related TMD, as well as valid diagnostic criteria for differentiating the most common pain-related TMD (sensitivity greater than or equal to 0.86, specificity greater than or equal to 0.98). The authors stated:

TMD is the second most common musculoskeletal condition (after chronic low back pain) resulting in pain and disability... Taken together, a new dual-axis Diagnostic Criteria for TMD (DC/TMD) will provide evidence-based criteria for the clinician to use when assessing patients, and will facilitate communication regarding consultations, referrals, and prognosis.

In 2017, the American Academy of Oral and Maxillofacial Surgeons (AAOMS) issued Parameters of Care (6th edition) which stated the following:

Temporomandibular joint (TMJ) surgery is indicated for the treatment of a wide range of pathologic conditions, including developmental and acquired deformities, internal derangements, arthritis, functional abnormalities, ankylosis, and infection...Surgical intervention for internal derangement is indicated only when nonsurgical therapy has been ineffective and pain and/or dysfunction are moderate to severe. Surgery is not indicated for asymptomatic or minimally symptomatic patients. Surgery also is not indicated for preventive reasons in patients without pain and with satisfactory function. Pretreatment therapeutic goals are determined individually for each patient.

The National Institute of Dental and Craniofacial Research (2023) states the following on temporomandibular joint and muscle disorders:

Open surgery gives access to the temporomandibular joint through a cut (incision) next to the ear. It's important to know that surgery makes permanent changes to your joint. There are no long-term research studies on the safety

of open surgery for TMDs or on how well it works to relieve symptoms.

Surgery should only be considered if:

- There is destruction of the joint that cannot be fixed with other procedures.
- There are severe symptoms (pain and/or difficulty opening the mouth), despite trying other treatments.

Several devices have obtained pre-market approval or clearance from the U.S. Food and Drug Administration (FDA) for the surgical treatment of TMD. The FDA-approved labeling for these devices has similar indications. However, the published evidence evaluating clinical outcomes of these devices is limited and clinical utility has not been empirically established.

Definitions

Analgesics: Medications that provide pain relief.

Arthroplasty: Surgery to relieve pain and restore range of motion by realigning or reconstructing a joint.

Cranio-mandibular disorder (CMD): A dental term used to describe diseases or disorders of the muscles of the head and neck, with special reference to the masticatory (chewing) muscles.

Disc: Shortened terminology for an intervertebral disc or a TMJ disc; a disk-shaped piece of specialized tissue that separates the bones and provides a cushion between the bones.

Mandible: Bone of the lower jaw.

Meniscus: A cartilage pad between the two joint surfaces within the TMJ, acting as a smooth surface for the joint to move on.

Modified condylotomy: An extra-articular surgical procedure used to manage TMJ dysfunction. The primary purpose of the procedure is to increase joint space by allowing the mandibular condyle to move inferiorly with respect to both the articular disc and eminence.

Occlusal orthotic device: A dental term used to describe a reversible, removable intraoral appliance, such as a splint.

Orthodontics: The specialty of dentistry dealing with the prevention and correction of abnormally positioned or aligned teeth.

Temporal bone: A large, irregular bone situated at the base and side of the skull; connected with the mandible via the TMJ.

Temporomandibular joint (TMJ): Joint that hinges the mandible to the temporal bone of the skull; one of the most frequently used joints in the entire body, moving whenever a person eats, drinks, or talks.

References

Peer Reviewed Publications:

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6. Hall HD, Navarro EZ, Gibbs JS. One- and three year prospective outcome study of modified condylotomy for treatment of reducing disc displacement. *J Oral Maxillofac Surg.* 2000; 58(1):7-17.
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8. Lindenmeyer A, Sutcliffe P, Eghtessad M, et al. Oral and maxillofacial surgery and chronic painful temporomandibular disorders--a systematic review. *J Oral Maxillofac Surg.* 2010; 68(11):2755-2764.
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15. Tatli U, Benlidayi ME, Ekren O, Salimov F. Comparison of the effectiveness of three different treatment methods for temporomandibular joint disc displacement without reduction. *Int J Oral Maxillofac Surg.* 2017; 46(5):603-609.
16. Truelove E, Huggins KH, Mancini L, Dworkin SF. The efficacy of traditional, low cost, and non-splint therapies for temporomandibular disorder. *J Am Dent Assoc.* 2006; 137(8):1099-1107.
17. Valesan LF, Da-Cas CD, Reus JC, et al. Prevalence of temporomandibular joint disorders: a systematic review and meta-analysis. *Clin Oral Investig.* 2021; 25(2):441-453.
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Government Agency, Medical Society, and Other Authoritative Publications:

1. American Academy of Oral and Maxillofacial Surgery (AAOMS). Parameters of care: clinical practice guidelines for oral and maxillofacial surgery. 2017. Available at: <https://members.aaoms.org/PersonifyEbusiness/AAOMSSStore/Product-Details/productId/1518255>. Accessed on September 11, 2023.
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Arthrocentesis, TMJ Dysfunction
 Arthroscopy, TMJ Dysfunction
 MIRO Therapy
 Patient-Fitted TMJ Reconstruction Prosthesis
 Temporomandibular Joint
 TMJ
 TMJ Concepts Patient-Fitted TMJ Reconstruction Prosthesis
 TMJ Fossa-Eminence Prosthesis System
 TMJ Fossa-Eminence Prosthesis System™
 TMJ Patient Specific Fossa-Eminence Prosthesis System™
 Total Temporomandibular Joint (TMJ) Replacement System (Biomet Microfixation).
 TMJ Partial Temporomandibular Joint Replacement System,
 Total Temporomandibular Joint (TMJ) Replacement System

The use of specific product names is illustrative only. It is not intended to be a recommendation of one product over another, and is not intended to represent a complete listing of all products available.

History

Status	Date	Action
Revised	11/09/2023	Medical Policy & Technology Assessment Committee (MPTAC) review. Revised formatting of MN statement. Revised surgical procedures criteria. Added MIRO Therapy to NMN statement. Updated Discussion, References, and Index sections.
Revised	11/10/2022	MPTAC review. Moved content related to iontophoresis to CG-MED-28. Removed content from MN and NMN statements that are addressed in other documents. Updated formatting in Clinical Indications section. Updated Description, Discussion, References and Index sections. Updated Coding section, removed 97033, D9130, D9920 no longer addressed.
Reviewed	2/17/2022	MPTAC review. Updated References sections.
Revised	02/11/2021	MPTAC review. Added "or's" to list of surgical procedures in medically necessary statement. Edited criterion B in medically necessary statement on surgical procedures for clarification. Modified 'not medically necessary' statement on surgical procedures to include "when the above criteria are not met". Discussion/General Information and References sections updated. Reformatted Coding section.
Revised	10/01/2020	Updated Coding section with 10/01/2020 ICD-10-CM changes; added M19.09.
	02/20/2020	MPTAC review. Pharmacologic therapy and therapeutic injections removed from medically necessary statement on nonsurgical treatments. Intra-articular injections of hyaluronic acid removed from not medically necessary statement. Discussion/General Information and References sections updated.
	10/01/2019	Updated Coding section to correct ICD-10-CM diagnosis codes S03.00XA-S03.03XS.
Revised	03/21/2019	MPTAC review. Clarified MN and NMN criteria and removed requirement for FDA approval. Description, Discussion/General Information, and References sections updated. Updated Coding section; removed D9940 deleted 12/31/2018; added 97033, D9130, D9920.

	09/20/2018	Updated Coding section with 10/01/2018 ICD-10-CM diagnosis code changes; added M79.10-M79.12 replacing M79.1.	
Reviewed	03/22/2018	MPTAC review. The document header wording updated from “Current Effective Date” to “Publish Date.” Discussion/General Information and References sections updated.	
Revised	05/04/2017	MPTAC review. Modified condylotomy was added to the surgical procedures for TMD considered medically necessary when criteria are met. References and Coding sections were updated.	
Reviewed	11/03/2016	MPTAC review. Updated the formatting of the Clinical Indications section. The Discussion section and References were updated.	
	10/01/2016	Updated coding section with 10/01/2016 ICD-10-CM changes.	
Reviewed	11/05/2015	MPTAC review. References were updated. Removed ICD-9 codes from Coding section.	
	07/01/2015	Updated Coding section with 07/01/2015 HCPCS changes; removed S8262 deleted 06/30/2015.	
Reviewed	11/13/2014	MPTAC review. Discussion and References sections were updated. Updated Coding section with 01/01/2015 CPT changes.	
Reviewed	11/14/2013	MPTAC review. Discussion section and References were updated.	
Reviewed	11/08/2012	MPTAC review. References were updated.	
Reviewed	11/17/2011	MPTAC review. Discussion and References were updated.	
Revised	11/18/2010	MPTAC review. Revised Subject of document to: Temporomandibular Disorders. Clarified wording throughout the Clinical Indications, changing ‘temporomandibular dysfunction’ to ‘temporomandibular disorders.’ Revised medically necessary criteria for surgical intervention specific to the age requirement for documented radiograph proof of completion of skeletal growth as follows: “Completion of skeletal growth for individuals under age 18 with long bone x-ray or serial cephalometrics showing no change in facial bone relationships over the last three to six month period (Note: individuals age 18 and older do not require this documentation).” Alphabetized, formatted and reordered document Clinical Indications without additional revisions to the document criteria. Updated Description, Coding, Discussion, Definitions, and References.	
	10/01/2010	Updated Coding section with 10/01/2010 ICD-9 changes.	
Reviewed	11/19/2009	MPTAC review. Updated References and Coding.	
Reviewed	11/20/2008	MPTAC review. Updated Discussion and References.	
Reviewed	11/29/2007	MPTAC review. Updated References and Coding to include 01/01/2008 CPT changes.	
Reviewed	12/07/2006	MPTAC review. Updated References.	
Revised	12/01/2005	MPTAC review. Revision based on Pre-merger Anthem and Pre-merger WellPoint Harmonization.	
Pre-Merger Organizations	Last Review Date	Document Number	Title
Anthem, Inc.	N/A	N/A	N/A
Anthem Northeast (Maine)	None	BD	TMJ (Temporomandibular Joint Syndrome) Benefit Detail
Anthem Midwest	08/06/2004	MA-037	Temporomandibular Joint Dysfunction (TMD), Temporomandibular Joint Syndrome (TMJ), Craniomandibular Disorder (CMD)
WellPoint Health Networks, Inc.	09/23/2004	Clinical Guideline	Temporomandibular Joint Arthroplasty

Federal and State law, as well as contract language, and Medical Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Medical Policy & Technology Assessment Committee are available for general adoption by plans or lines of business for consistent review of the medical necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to adopt a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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