MEDICAL POLICY STATEMENT
Marketplace

Policy Name & Number	Date Effective
Temporomandibular Joint Disorder or Dysfunction (TMJD/TMD) Craniomandibular Jaw Disorder/Non-Surgical Treatment-MP-MM-1418	03/01/2024
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically

A. Subject

Temporomandibular Joint Disorder or Dysfunction (TMJD/TMD) Craniomandibular Jaw Disorder/Non-Surgical Treatment

B. Background

Temporomandibular joint dysfunction (TMJD) or temporomandibular joint disorder (TMD) is a heterogeneous group of musculoskeletal and neuromuscular conditions involving the temporomandibular joint complex, surrounding musculature and osseous components. Although the precise etiology of TMJD is unclear, it is believed to be multifactorial. TMJD disorders are often divided into two main categories: articular disorders and masticatory muscle disorders. These disorders are believed to be the result of either macro or micro trauma affecting the joint and/or the associated facial musculature.

The diagnosis of TMJD/TMD is largely based on a clinical examination and patient symptoms survey. Symptoms attributed to TMJD dysfunction are varied and may include clicking sounds in the jaw, headaches, closing or locking of the jaw due to muscle spasms, a displaced disc, tinnitus, bruxism and associated pain in the ears, neck, arm, or spine. Imaging of the temporomandibular joints and associated structures may be necessary to establish the presence or absence of pathology, establish prognosis, stage disease for appropriate treatment, and assess response to therapy.

Treatment options vary depending on symptoms. Options include nonsurgical or surgical treatment. There is evidence that supports most patients improve with a combination of noninvasive therapies, including patient education, self-care, cognitive behavior therapy, pharmacotherapy, physical therapy, and the use of occlusal devices. When symptoms are not resolved through non-invasive therapy, referral to an oral and maxillofacial surgeon is indicated. In a prospective controlled study, Hall et al. (2005) compared the outcomes of four surgical treatments (arthroscopy, condylotomy, discectomy, and disc repositioning) used for the treatment of TMJD and concluded all four procedures were followed by marked improvements.

Medically necessary services that could be performed by a physician (M.D. or D.O.) but are performed by a dentist are covered if performance of those services is within the scope of the dentist's license, according to state law. Therapy of TMJD/TMD varies considerably according to training, discipline, and experience of the clinician.

C. Definitions

- **Arthrocentesis** - Also known as joint aspiration is a minimally invasive surgical procedure performed to drain fluid from a joint capsule.
- **Arthrography** - A type of imaging used to evaluate and diagnose unexplained pain and joint conditions.
- **Arthroplasty** - Surgery to relieve pain and restore range of motion by realigning or reconstructing a joint.
- **Arthroscopy** - A surgical procedure used to visualize, diagnose, and treat problems inside a joint.

The MEDICAL Policy Statement detailed above has received due consideration as def

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