



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

eSource Qualified Health Plans offered in North Carolina by CareSource North Carolina Co., d/b/a Car



II. Diagnostic Procedures

CareSource considers the following modalities medically necessary for diagnostic testing for TMJ/TMD:

- A. Examination including physical and psychological evaluation (as applicable)
- B. Imaging that may include the following:
 - 1. radiologic examination (ie, plain films, x- ray series)
 - 2. ultrasound
 - 3. CT/MRI scan for presurgical exam based on ~~BUH6R\FH\~~ vendor management requirements, which ~~SULRUD\WRULDWLRQHMZ\BUH6R\FH\~~ imaging management vendor and are subject to vendor review criteria
 - 4. laboratory studies and blood tests may be performed if systemic illness is suspected to be the cause of the temporomandibular disorder, which may require prior authorization review ~~EBUH6R\FH\~~ ~~ODERUDWR~~ vendor and are subject to vendor review criteria
 - 5. joint arthrography may be considered when patient history and physical examination findings indicate joint trauma and/or suspected pathology and confirmation of the suspected structures involved is needed and cannot be made from standard imaging

III. Non-surgical Treatment

CareSource considers appliance therapy, such as an occlusal orthotic device, physical therapy, masticatory muscle and temporomandibular joint injections, and trigger point injections, as medically necessary when significant clinical symptoms and signs are present, including **at least TWO** or more of the following:

- A. extra-articular pain related to muscles of the head and neck region, such as earaches, headaches, masticatory, or cervical myalgias
- B. painful chewing (not dental pathology related)
- C. restricted range of motion, manifested by **ONE** of the following:
 - 1. interincisal opening of less than 35 mm (greatest distance between front upper teeth and lower front teeth when mouth is wide open)
 - 2. lateral excursive movement (side to side movement) of less than 35 mm
 - 3. protrusive excursive movement (front to back motion) of less than 4 mm
 - 4. deviation on opening of greater than 5 mm; AND symptoms are not resolved by conservative treatment, such as removal of precipitating activities (ie, gum chewing, eating hard candies), pharmacological treatment (such as anti-inflammatory or analgesic medications), or change of textural diet change

Note: Physical therapy of necessary frequency and duration may be limited to a multiple modality benefit when more than one therapeutic treatment is rendered on the same date of service.

IV. Exclusions

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.



CareSource considers the following experimental and investigational for diagnosis and treatment of TMJD/TMD and craniomandibular jaw disorder due to insufficient evidence of efficacy and, therefore, are not a covered benefit (not an all-inclusive list):

- A. standard dental radiographic procedures
- B. hydrotherapy (immersion therapy, whirlpool baths)
- C. iontophoresis
- D. orthodontic/bite adjustment services and orthodontic fixed appliances
- E. biofeedback

Note: ,WZOOEHGHWHUPLBGGMLQW43ODPSULRUDWRULDWLRSURFHVVLWIKS
treatment of a TMJ disorder is considered medically necessary for the requested indication (and must be related to a specific medical condition).

E. State-Specific Information
NA

F. Conditions of Coverage
NA

G. Related Policies/Rules
NA

H. Review/Revision History

DATE		ACTION
Date Issued	01/18/2023	New policy
Date Revised	12/13/2023	Updated references. Approved at Committee.
Date Effective	03/01/2024	
Date Archived		

I. References

1. American Society of Temporomandibular Joint Surgeons. Guidelines for diagnosis and management of disorders involving the temporomandibular joint and related musculoskeletal structures. *Cranio*. 2003;21(1):68-76. doi:10.1080/08869634.2003.11746234
2. Gauer RL, Semidey MJ. Diagnosis and treatment of temporomandibular disorders. *Am Fam Physician*. 2015;91(6):378-386. Accessed November 20, 2023.
3. Schiffman E, Ohrbach R. Executive summary of the diagnostic criteria for temporomandibular disorders for clinical and research applications. *J Am Dent Assoc*. 2016;147(6):438-445. doi:10.1016/j.adaj.2016.01.007
4. Science Policy: Temporomandibular Joint Disorders (TMD). American Association for Dental, Oral and Craniofacial Research; 1996. Reaffirmed 2015. Accessed November 20, 2023. www.aadocr.org

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.



5. Talmaceanu D, Lenghel LM, Bolog N, et al. Imaging modalities for temporomandibular joint disorders: an update. *Clujul Med.* 2018;91(3):280-287. doi:10.15386/cjmed-970
6. Temporomandibular Joint Arthroscopy: A-0492. MCG Health. 27th ed. Accessed November 20, 2023. www.mcg.com
7. Temporomandibular Joint Modified Condylotomy: A-0521. MCG Health. 27th ed. Accessed November 20, 2023. www.mcg.com
8. Temporomandibular Joint Arthrotomy: A-0522. MCG Health. 27th ed. Accessed November 20, 2023. www.mcg.com
9. Temporomandibular Joint Arthroplasty: A-0523. MCG Health. 27th ed. Accessed November 20, 2023. www.mcg.com

This guideline contains custom content that has been modified from the standard care guidelines and has not been reviewed or approved by MCG Health, LLC.

Independent medical review ±12/03/2021

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.