TEMPOROMANDIBULAR JOINT DYSFUNCTION
SUR705.010

COVERAGE:

The following diagnostic procedures MAY BE ELIGIBLE FOR BENEFITS to diagnose TMJ dysfunction:

- physical examination with a detailed history;
- laboratory studies (i.e., CBC, erythrocyte sedimentation rate, rheumatoid factor, lupus erythematosus cell preparation (L.E. Prep), anti-DNA antibodies, uric acid and other tests including electrophysiological studies);
- conventional radiography and tomography;
- Computerized Tomography (CT) or Magnetic Resonance Imaging (MRI), if ordered by a physician, DDS or oral surgeon;
- arthrography;
- cephalograms;
- orthopantograms;
- diagnostic arthroscopy (NOTE: only if other non-operative techniques have failed to adequately provide diagnostic information and the patient meets one of the indications for surgery found later in this policy); and
- consultations with various specialists may be necessary depending upon individual case circumstances.

The following diagnostic procedures are NOT ELIGIBLE FOR BENEFITS as they are not considered necessary to make a diagnosis:

- computerized joint sonography;
- submental vertex x-ray;
- study models of the teeth;
- facebow transfer;
- orthodontics; and/or
- interdental fixation.

Benefits MAY BE ALLOWED for non-operative treatment options, which include:

- load reduction in the joint by modifying the patient's diet to reduce the forces of chewing and by controlling parafunctional habits (clenching/bruxism);
- pharmacologic agents such as non-steroidal anti-inflammatory drugs (NSAID), amitriptyline and other tricyclic drugs at bedtime, and
other antidepressants;

- maxillomandibular (occlusal) appliance, orthotics (NOTE: refer to each individual medical/dental contract for coverage. Example: check for a TMJ rider on dental coverage). If the oral splint or orthotic is covered by the contract, then visits to adjust the orthotic is included in the cost of the splint/orthotic;

- physical therapy (NOTE: check each individual contract for an exclusion);

- injections of tender muscles, trigger areas and/or joint spaces with local anesthetics or corticosteroids; and,

- behavior modification involving avoiding stress related lifestyle habits such as clenching, excessive gum chewing, and bruxism.

The following non-operative treatments are NOT ELIGIBLE FOR BENEFITS for the treatment of temporomandibular joint dysfunction:

- electrogalvanic stimulation;

- iontophoresis;

- dental restorations;

- dental prosthesis (crowns, bridges, dentures);

- any other methods utilized to alter the vertical dimensions and/or change the occlusal or jaw relationship, including orthodontic services.

Indications for surgery include any one or all of the following:

- documented pathological lesions of the joint;

- continuous and/or repetitive episodes of pain and mechanical signs;

- significant clinical disability and/or loss in quality of life; and

- evidence of progression of disease by history and/or imaging studies.

The following surgical procedures ARE ELIGIBLE FOR COVERAGE:

- arthrocentesis;

- manipulation for reduction of fracture or dislocation of the TMJ;

- arthroscopy is an accepted and effective method for treatment of articular disorders. Techniques may include arthrocentesis, arthrolysis, debridement, disc manipulation/repositioning/fixation/release, abrasion arthroplasty; and
open surgical treatments:

- disc arthroplasty (repositioning, recontouring, fixation discopexy);
- menisectomy (disc removal), without replacement, temporary allograft or reconstruction with autogenous tissue graft;
- Osseous recontouring (mandibular condyle, glenoid fossa, articular eminence);
- condylectomy;
- arthroplasty for ankylosis;
- joint reconstruction, autogenous costochondral graft or with prosthesis;
- open reduction, internal fixation of condylar fracture/dislocation;
- excision of tumor or bony hypertrophy/hyperplasia.
- mandibular/condylar repositioning (condylotomy and/or osteotomy);
- mandibular coronoidectomy/coronidotomy; and
- myotomy.

DESCRIPTION:

TEMPOROMANDIBULAR JOINT (TMJ) DYSFUNCTION may be the result of congenital and developmental anomalies, fractures and dislocations resulting from trauma, internal derangements, ankylosis (stiffening or fixation of a joint); or arthritic and neoplastic diseases.

Symptoms attributed to TMJ dysfunction are varied and include, but are not limited to: clicking sounds in the jaw; headaches, earaches, pain in the face, neck, arms, spine or jaw joint area; closing or locking of the jaw due to muscle spasms (trismus) or displaced disc; tinnitus; and bruxism (clenching or grinding of the teeth).

RATIONALE:

None

PRICING:

No extra reimbursement will be allowed for the diagnostic arthroscopy when billed in addition to a surgical TMJ arthroscopy.

DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage.
The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically. HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general policies and procedures.

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