



BlueShield
of Northeastern New York

A Division of HealthNow New York Inc. An Independent Licensee of the BlueCross BlueShield Association

Protocol

Temporomandibular Joint Dysfunction

(Formerly Temporomandibular Disorders)

(20121)

Effective April 15, 2008

Contracts Affected:
All Community Blue HMO
Senior Blue/Medicare PPO
Traditional Blue

*The following protocol contains medical necessity criteria for Temporomandibular Joint Dysfunction services rendered on or after April 15, 2008 for BlueShield of Northeastern New York (BlueShield) contracts. If these criteria are not met, reimbursement will be denied and the patient cannot be billed. **Prior approval is required for the device/appliance used to treat TMJ; but not for diagnostic services or other treatments.** Please note that payment for covered services is subject to the limitations noted in the above-referenced contracts and the patient's eligibility at the time the services are rendered.*

Description

Temporomandibular joint (TMJ) dysfunction may be the result of congenital and developmental anomalies; fractures and dislocations resulting from trauma, internal derangement, or 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; closing or locking of the jaw due to muscle spasms (trismus) or displaced disc; pain in the ears, neck, arms, and spine; tinnitus; and bruxism (clenching or grinding of the teeth).

Corporate Medical Guideline

Medical and/or surgical intervention is considered **medically appropriate** in the treatment of TMJ dysfunction as outlined under Policy Guidelines.

Policy Guideline

The following *diagnostic procedures* are considered **medically appropriate** in the diagnosis of TMJ dysfunction:

- Diagnostic X-ray, tomograms, and arthrograms;
- Computed tomography (CT) scan or magnetic resonance imaging (MRI) (in general, CT scans and MRIs are reserved for pre-surgical evaluations);
- Cephalograms (X-rays of jaws and skull);
- Pantograms (X-rays of maxilla and mandible); and
- Cephalograms and pantograms should be reviewed on an individual basis.

The following *diagnostic procedures* are considered **investigational** in the diagnosis of TMJ dysfunction because it is not demonstrated that they are as beneficial as established alternatives:

- Electromyography (EMG), including surface EMG;

- Kinesiography;
- Thermography;
- Neuromuscular junction testing;
- Somatosensory testing;
- Transcranial or lateral skull X-rays;
- Sonogram (ultrasonic Doppler auscultation);
- Intra-oral tracing or gothic arch tracing (intended to demonstrate deviations in the positioning of the jaws that are associated with TMJ dysfunction);
- Muscle testing;
- Standard dental radiographic procedures;
- Range of motion measurements; and
- Computerized mandibular scan (this measures and records muscle activity related to movement and positioning of the mandible and is intended to detect deviations in occlusion and muscle spasms related to TMJ dysfunction).

The following *non-surgical treatments* are considered **medically appropriate** in the treatment of TMJ dysfunction:

- Intra-oral reversible prosthetic devices/appliances (encompassing fabrication, insertion, and adjustment); and
- Pharmacological treatment (such as anti-inflammatory, muscle relaxing, and analgesic medications).

The following *non-surgical treatments* are considered **investigational** in the treatment of TMJ dysfunction because it is not demonstrated that they are as beneficial as established alternatives:

- Electrogalvanic stimulation;
- Iontophoresis;
- Biofeedback;
- Ultrasound;
- Devices promoted to maintain joint range of motion and to develop muscles involved in jaw function;
- Orthodontic services;
- Dental restorations/prostheses;
- TENS (transcutaneous electrical nerve stimulation);
- PENS (percutaneous electrical nerve stimulation); and
- Physical therapy, including diathermy, infrared, and heat and cold treatment, and manipulation.

The following *surgical treatments* are considered **medically appropriate** in the treatment of TMJ dysfunction:

- Arthrocentesis;
- Manipulation for reduction of fracture or dislocation of the TMJ;
- Arthroscopic surgery in patients with objectively demonstrated (by physical examination or imaging) internal derangements (displaced discs) or degenerative joint disease who have failed conservative treatment; and
- Open surgical procedures including, but not limited to, arthroplasties; condylectomies; meniscus or disc plication and disc removal when TMJ dysfunction is the result of congenital anomalies, trauma, or disease in patients who have failed conservative treatment.

The following *surgical treatment* is considered **investigational** because it is not demonstrated to be as beneficial as established alternatives:

- Arthroscopy of the TMJ for purely diagnostic purposes.

For explanation of experimental and investigational refer to the Technology Assessment Protocol.

Prior approval is required for the device/appliance used to treat TMJ; but not for diagnostic services or other treatments. BlueShield fully expects that only appropriate and medically necessary services will be rendered. BlueShield reserves the right to conduct prepayment and postpayment reviews to assess the medical appropriateness of the above-referenced procedures.

Last Review Date

Reviewed with literature search/September 2007

Next Review Date

Review with literature search/September 2008