

Temporomandibular Joint (TMJ) Surgical Interventions

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

DESCRIPTION

The temporomandibular joint (TMJ) acts like a sliding hinge, connecting the jawbone to the skull. TMJ disorders result in pain in the jaw joint and in the muscles that control jaw movement. Pain may be due to a combination of problems, such as arthritis or jaw injury. Some people who have jaw pain also tend to clench or grind their teeth, but others who habitually clench their teeth may never develop TMJ disorders. In most cases, the pain and discomfort associated with TMJ disorders can be alleviated with self-managed care or nonsurgical treatments. Treatment options for TMJ disorders include, but are not limited to, conservative measures (e.g., NSAIDs, muscle relaxants, transitioning to a softer diet, resting the jaw, application of moist heat, and/or physical therapy), surgery (e.g., arthrocentesis, arthroscopy, or arthrotomy, arthroplasty, condylectomy, or even joint reconstruction), or occlusal splint therapy, as well as other types of oral appliances or devices.

MEDICARE ADVANTAGE POLICY CRITERIA

Note: This policy only addresses the surgical treatment of temporomandibular joint (TMJ) disorders. It does not address non-surgical treatments for TMJ, including but not limited to, the use of oral medications, devices, Botox injections, physical therapy, or manipulations.

CMS Coverage Manuals* Many procedures for TMJ fall within the Medicare program’s statutory exclusion that prohibits payment for items and services that have not been demonstrated to be reasonable and necessary for the diagnosis and treatment of illness or injury (§1862(a)(1) of the Act) or under the Medicare program statutory exclusion at 1862(a)(12), which prohibits payment “for services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting teeth....” Therefore, a diagnosis of TMJ on a claim is insufficient. The actual condition or symptom must be determined.”^[1] However, the service must still be considered medically necessary, and there are no specific Medicare criteria available for surgical treatments of TMJ/TMD. See below for guidance regarding medical necessity.

National Coverage Determinations (NCDs)* None

Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)* None

Medical Policy Manual None

MCG™ Criteria† *Specific Medicare coverage criteria is not available for surgical treatments of TMJ conditions or TMDs. Therefore, the health plan uses MCG™ guidelines.*

†Formerly Milliman

MCG™ *Ambulatory Care* Guideline (ACG), as appropriate:

- ✓ Temporomandibular Joint Arthroplasty; ACG: A-0523 (AC)
- ✓ Temporomandibular Joint Arthroscopy; ACG: A-0492 (AC)
- ✓ Temporomandibular Joint Arthrotomy; ACG: A-0522 (AC)
- ✓ Temporomandibular Joint Condylotomy; ACG: A-0521 (AC)

Note: Visit the MCG™ Website for information on purchasing their criteria, or you may contact us and we will be happy to provide you with a copy of the specific guideline.

NOTE: According to Title XVIII of the Social Security Act, §1862(a)(1)(A), only medically reasonable and necessary services are covered by Medicare. In the absence of a NCD, LCD, or other coverage guideline, CMS guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an **objective, evidence-based process, based on authoritative evidence.** ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)). The Medicare Advantage Medical Policy - Medicine Policy No. M-149 - provides further details regarding the plan's evidence-assessment process (see Cross References).

POLICY GUIDELINES

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Diagnosis and signs/symptoms must be documented in the medical records/chart notes;
- Anticipated procedure for condition being treated;
- Documentation must include any conservative treatments that have been tried or contraindicated.

CROSS REFERENCES

[Dental Services](#), Allied Health, Policy No. M-35

REFERENCES

1. Medicare Benefit Policy Manual, Pub. No. 100-02, Chapter 15 - Covered Medical and Other Health Services, [§150.1](#) - Treatment of Temporomandibular Joint (TMJ) Syndrome

CODING

Codes	Number	Description
CPT	21010	Arthrotomy, temporomandibular joint
	21050	Condylectomy, temporomandibular joint (separate procedure)
	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

Codes	Number	Description
	29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
	29804	Arthroscopy, temporomandibular joint, surgical

HCPCS None

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.