

**STRIDE<sup>sm</sup> (HMO) MEDICARE ADVANTAGE****Effective Date: January 1, 2017****Subject: Temporomandibular Joint Disorders****Policy:**

Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage covers non-experimental services that are reasonable and medically necessary to diagnose and treat Temporomandibular Joint (TMJ) disorders. Covered services include, but are not limited to:

- Diagnostic imaging procedures (e.g., diagnostic x-rays, panoramic radiographs, CT scans, MRIs);
- Non-surgical treatment including pharmacological treatment (e.g., anti-inflammatory, muscle relaxant and analgesic medications), therapeutic injections, jaw motion/range of motion systems (e.g., Therabite, Dynasplint), and/or physical therapy; and
- Surgical procedures

Covered services must be:

- Reasonable and medically necessary based on the member's condition, complexity of requested service(s), and accepted standards of clinical practice;
- An essential part of active treatment of the member's medical condition, and ordered under a plan of care established and reviewed regularly by the attending physician caring for the member; and
- Furnished by provider(s) with appropriate state licensure, and accreditation/certification from an appropriate accrediting organization.<sup>1</sup>

**Authorization:**

Prior authorization is required for the following TMJ surgeries:

- Therapeutic Arthroscopy
- Arthroplasty/Arthrotomy including Discectomy
- Joint Replacement

**Criteria:**

Surgery for TMJ disorders is authorized when documentation confirms ALL the following:

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<sup>1</sup> Appropriate accrediting organizations include the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO), or another Centers for Medicare and Medicaid Services (CMS) Approved Accrediting Organization.

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*Harvard Pilgrim Stride<sup>SM</sup> (HMO) policies are based on medical science and relevant information including current Medicare coverage (including National and Local Coverage Determinations), Harvard Pilgrim medical policies, and Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage Plan materials. These policies are intended to provide benefit coverage information and guidelines specific to the Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage Plan. Providers are responsible for reviewing the CMS Medicare Coverage Center guidance; in the event that there is a conflict between this document and the CMS Medicare Coverage Center guidance, the CMS Medicare Coverage Center guidance will control.*

1. The member complains of 2 or more of the following symptoms attributable to TMJ disorder:
  - Facial or pre-auricular pain;
  - Significant intermittent or persistent limitation in jaw mobility;
  - Joint locking, popping, or crepitus
2. TMJ-related symptoms did not resolve after an appropriate course<sup>2</sup> of conservative therapy (e.g., NSAIDs, physical therapy, behavioral medicine, therapeutic trigger point injections, Botulinum toxin injections, intra oral orthotics);
3. MRI or other appropriate diagnostic imaging confirms the presence of ANY of the following:
  - Internal derangement
  - Severe degenerative disc disease
  - Osteoarthritis
  - Osteoarthrosis
  - Severe scarring
  - Severe boney deformity
  - Ankylosis
  - Fracture
4. Member has been educated regarding risk and benefits of the proposed procedure<sup>3</sup>;
  - Additional procedure-specific Imaging Results (below) are confirmed.

#### Procedure-Specific Imaging Requirements

Service	Imaging Results
<p><b>Therapeutic Arthroscopy</b></p> <p>Arthroscopy is generally not indicated for treatment of severe osteoarthritis, osteoarthrosis, or severe disc displacement associated with degenerative changes or perforation.</p>	<p>MRI or other imaging confirms ALL the following:</p> <ol style="list-style-type: none"> <li>1. Minimal to no degenerative disc changes; and</li> <li>2. Internal disc derangement that requires internal modification</li> </ol>
<p><b>Arthroplasty/Arthrotomy</b></p> <p>There is limited evidence to support the use of arthroplasty for members with osteonecrosis. Requests for arthroplasty for members with TMJ disorders</p>	<p>MRI or other imaging confirms the presence of ANY of the following:</p> <ul style="list-style-type: none"> <li>▪ Osteoarthritis or osteoarthrosis</li> <li>▪ Severe disc displacement associated with degenerative changes or perforation</li> <li>▪ Scarring that is severe and often the result of old injury</li> </ul>

<sup>2</sup> In most cases, documentation of at least 3 months of conservative therapy is required before invasive treatment is considered. Requests for earlier surgical intervention may be considered on a case-by-case basis.

<sup>3</sup> Risk/benefit discussion must be well documented in the medical record.

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Service	Imaging Results
secondary to osteonecrosis are reviewed and decided on a case by case basis.	or prior procedure.
<p><b>Joint Replacement with Prosthesis or Autologous Costochondral Grafting</b></p> <p>Joint Replacement is considered a treatment for “End-Stage” TMJ conditions, and should only be performed in cases of advanced or severe degenerative joint pathology, after conservative treatment and other surgical treatment modalities have not been successful.</p> <p>Due to the general risks associated with surgery, Joint Replacement with Prosthesis or Autologous Costochondral Grafting is authorized only after other treatment options (e.g., conservative treatment, other surgical treatment modalities) have been considered.</p>	<p>MRI or other imaging documents ANY of the following:</p> <ul style="list-style-type: none"> <li>▪ Temporal bone that no longer provides a smooth articular fossa; <b>or</b></li> <li>▪ Damaged condyles that are no longer ball-shaped; <b>or</b></li> <li>▪ Persistent inflammatory arthritis that is not responsive to other modalities of treatment; <b>or</b></li> <li>▪ Recurrent fibrous or bony ankylosis that is not responsive to other modalities of treatment; <b>or</b></li> <li>▪ Loss of mandibular condylar height and/or occlusal relationship due to trauma, resorption, pathological lesion or congenital anomaly; <b>or</b></li> <li>▪ Failed autologous bone graft or alloplastic reconstruction effort.</li> </ul> <p>Autologous costo-chondral grafting may also be authorized when documentation confirms congenital absence or deformity of the joint, or for surgical reconstruction after head and neck tumor resection.</p>

**Exclusions:**

Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage does not cover TMJ surgeries when criteria above are not met.

In addition, Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage does not cover:

- Treatments that are considered dental in nature (e.g., occlusal adjustment)
- TMJ appliances (e.g., occlusal guards, night guards, splints)
- Arthroscopy for diagnostic purposes

**Coding:**

**Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.**

CPT® Code	Description
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CPT® Code	Description
21010	Arthrotomy, temporomandibular joint
21060	Meniscectomy, partial or complete, 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
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	Arthroscopy, temporomandibular joint, surgical

Approved by UMCP: 9/28/16

- Initial Approval: 8/26/15 (effective 1/1/16)

### Summary of Changes

Date	Revisions
9/28/16	Minor language and formatting changes.

### References:

1. Medicare Benefit Policy Manual; Chapter Ch 15, Covered Medical and Other Health, §150.1– Treatment of Temporomandibular Joint Syndrome at: <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf> (accessed 9/22/16)
2. Arthroscopy for Temporomandibular Disorders. Cochrane Database System Review. 2011, May 11;(5):CD006385.
3. National Institute of Dental and Craniofacial Research (NIDCR) National Institutes of Health. (TMJ) Temporomandibular Joint and Muscle Disorders. <http://www.nidcr.nih.gov/OralHealth/Topics/TMJ/> (accessed 9/22/16)
4. Management of TMD: Evidence from Systematic Reviews and Meta-analysis. J Oral Rehab. 2010, 37; 430-451.
5. Temporomandibular Disorders. NEJM. 2008, 359:2693-705
6. Scrivani, SJ., Mehta, NR. Temporomandibular disorders in adults. In: UpToDate, Post, TW (ed), Waltham, MA, 2016.
7. Reyes Mendez, D. Reduction of temporomandibular joint (TMJ) dislocation. In: UpToDate, Post, TW (ed), Waltham, MA, 2016.
8. Scrivani, SJ., Keith, DA., Kaban, LB. Temporomandibular Disorders. NEJM. 2008, 359:2693-705

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