

Medical Coverage Policy | Arthrotoomy for Temporomandibular Joint (TMJ) Disorder



EFFECTIVE DATE: 12|01|2022

POLICY LAST UPDATED: 03|01|2023

OVERVIEW

Temporomandibular joint disorder (TMJD) refers to a group of disorders characterized by pain in the temporomandibular joint and surrounding tissues. Initial conservative therapy is generally recommended; there are also a variety of nonsurgical and surgical treatment possibilities for patients whose symptoms persist.

This policy is specific to arthrotoomy of temporomandibular joint (TMJ).

MEDICAL CRITERIA

Medicare Advantage Plans and Commercial Products

Arthrotoomy of the temporomandibular joint may be considered medically necessary when TMJD results from any of the following:

- Congenital anomalies, or
- Trauma, or
- Disease in patients who have failed conservative treatment.

PRIOR AUTHORIZATION

Prior authorization is required for Medicare Advantage Plans and recommended for Commercial Products for arthrotoomy of the temporomandibular joint.

POLICY STATEMENT

Medicare Advantage Plans and Commercial Products

Arthrotoomy of the temporomandibular joint may be considered medically necessary when the medical criteria above have been met.

COVERAGE

Medicare Advantage Plans and Commercial Products

Benefits may vary between groups/contracts. Please refer to the Evidence of Coverage or Subscriber Agreement for applicable not medically necessary/not covered benefits/coverage

BACKGROUND

Diagnosis of Temporomandibular Joint Disorder

In the clinical setting, temporomandibular joint disorder (TMJD) is often a diagnosis of exclusion and involves physical examination, patient interview, and a review of dental records. Diagnostic testing and radiologic imaging are generally only recommended for patients with severe and chronic symptoms.

Symptoms attributed to TMJD vary 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).

Treatment

For many patients, symptoms of TMJD are short-term and self-limiting. Conservative treatments (eg, eating soft foods, rest, heat, ice, avoiding extreme jaw movements) and anti-inflammatory medication are recommended before considering more invasive and/or permanent therapies (eg, surgery).

The purpose of surgical techniques in patients with a confirmed diagnosis of TMJD is to provide a treatment option that is an alternative to or an improvement on existing therapies, such as nonsurgical intervention.

If joint pain does not resolve with conservative treatments and it appears to be caused by a structural problem in the joint, open-joint surgery called arthotomy may be suggested to repair the joint. Arthotomy is an open joint procedure (an incision is made a few inches long over the joint so your doctor can operate on the joint itself) done under general anesthesia. The surgery may last between one to two hours. The recovery is significantly longer (3-8 weeks) and more painful than the TMJ Arthrocentesis or TMJ Arthroscopy.

An incision is made along the ear (similar to what is done for a face lift) and the joint space is opened so that the surgeon can see it. This allows for the removal of adhesions, osteophytes (bone spurs), fibrous or bony ankylosis (fusion) and/or tumors, etc.

CODING

Medicare Advantage Plans and Commercial Products

The following CPT code(s) is considered medically necessary when the criteria above has been met:

21010 Arthrotomy, temporomandibular joint

RELATED POLICIES

Prior Authorization via Web-Based Tool for Procedures

PUBLISHED

Provider Update, May 2023

Provider Update, October 2022

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