

Temporomandibular Disorders

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Making Clinical Policy

We have many clinical policies and they can be accessed at www.aetna.com under CPBs

- The CPB team is composed of one JD MD and supporting staff.
- They review the literature on a daily basis as issues arise.
- Also, we have subject matter experts that help with determinations. OMFS Dentists oral maxillofacial surgeons for TMD

Making Clinical Policy

- Our decisions and policies are based on the peer reviewed medical literature
- We have subject matter experts
- We consult with professional societies for opinions if necessary
- All CPBs are reviewed at least once a year for accuracy
- CPBs are reviewed dynamically also as related issues arise.

Making Clinical Policy

- Clinical Policy Council meets every 2 weeks
- We review new CPBs and Changes to existing CPBs
- Changes arise from feedback we get from the literature, Issues that come from the medical directors and other sources
- CPBs are presented and the medical directors of CPC vote on each CPB change

Making Clinical Policy

- I am the Chair of the Clinical Policy Council
- I have the tie breaking vote
- At CPC meeting we also have discussion items of difficult clinical issues and how best to address
- We invite SMEs to speak for specific cpbs

Temporomandibular Disorders

- CPB 0028 at www.aetna.com
- For plans that cover treatment of TMD and TMJ dysfunction, requests for TMJ surgery require review by **Aetna's Oral and Maxillofacial Surgery patient management unit**. Reviews must include submission of a problem-specific history (i.e., Aetna Temporomandibular Disorder Questionnaire) and physical examination, TMJ radiographs/diagnostic imaging reports, patient records reflecting a complete history of 3 to 6 months of non-surgical management (describing the nature of the non-surgical treatment, the results, and the specific findings associated with that treatment), and the proposed treatment plan. The provider will be notified of the coverage decision after review of all pertinent data.

Diagnostic Testing

Aetna considers the following medically necessary for diagnostic testing for TMJ/TMD using the following modalities:

A.Examination including a history, physical examination, muscle testing, range of motion measurements and psychological evaluation as necessary; and

B.Diagnostic X-rays - a single panoramic X-ray of the jaws is considered medically necessary for the initial evaluation of TMJ disorders. The current scientific literature does not show that additional x-rays will result in better, reproducible outcomes during the initial screening or when fabricating of a TMJD oral splint. Additional X-rays are considered medically necessary if surgery is contemplated; and

C.Ultrasonography for detection of internal derangements of the temporomandibular joint; and

D.Computed tomography (CT) or magnetic resonance imaging (MRI) only when used in conjunction with anticipated surgical management.

Non-Surgical Management

- **Reversible Intra-Oral Appliances:** (i.e., removable occlusal orthopedic appliances-orthotics, stabilization appliances, occlusal splints, bite appliances/planes/splints, mandibular occlusal repositioning appliances [MORAs])

Reversible intra-oral appliances may be considered medically necessary in selected cases only when there is evidence of clinically significant masticatory impairment with documented pain and/or loss of function. Prolonged (greater than 6 months) application of TMD/J intra-oral appliances is not considered medically necessary unless, upon individual case review, documentation is provided that supports prolonged intra-oral appliance use. Note: Appliances for bruxism are typically excluded under Aetna medical plans (please check benefit plan descriptions), but may be covered under dental plans. Only 1 oral splint or appliance is considered medically necessary for TMD/TMJ therapy.

For plans that cover intra-oral appliances, adjustments of intra-oral appliances performed within 6 months of initial appliance therapy are considered medically necessary; while adjustments performed after 6 months are subject to review to determine necessity and appropriateness. More than 4 adjustments or adjustments that are done more than 1 year after placement of the initial appliance are subject to review. Note: Replacement of a lost, missing or stolen intra-oral appliance is not covered; while replacement (for other reasons) or repair is subject to review to determine necessity and appropriateness.

Note: Intra-oral appliances for the treatment of headaches or trigeminal neuralgia are considered experimental and investigational, as there is insufficient data on the effectiveness of this therapy. See CPB 0688 - Intra-oral Appliances for Headaches and Trigeminal Neuralgia.

Non-Surgical Management

Physical Therapy:

Aetna considers physical therapy to be a medically necessary conservative method of TMD/TMJ treatment. Therapy may include repetitive active or passive jaw exercises, thermal modalities (e.g., hot or cold packs), manipulation, vapor coolant spray-and-stretch technique, and electro-galvanic stimulation. See CPB 0325 - Physical Therapy for medical necessity criteria and documentation requirements for physical therapy. For manipulation under anesthesia for TMD/TMJ, see CPB 0204 - Manipulation Under General Anesthesia.

Non-Surgical Management

C.Pharmacological Management:

Non-opiate analgesics and non-steroidal anti-inflammatory drugs (NSAIDs) are considered medically necessary for mild-to-moderate inflammatory conditions and pain. Low-dosage tricyclic antidepressants (e.g., amitriptyline) are considered medically necessary for treatment of chronic pain, sleep disturbance and nocturnal bruxism. Adjuvant pharmacologic therapies, including anticonvulsants, membrane stabilizers, and sympatholytic agents, are considered medically necessary for unremitting TMJ pain. Opiate analgesics, corticosteroids, anxiolytics, and muscle relaxants are considered medically necessary in refractory pain.

Non-Surgical Management

- **D.Relaxation Therapy and Cognitive Behavioral Therapy (CBT):**
- Aetna considers relaxation therapy, electromyographic biofeedback and cognitive behavioral therapy medically necessary for treatment of TMJ/TMD.
- Relaxation therapy, electromyographic biofeedback, and cognitive behavioral therapy are considered medically necessary in chronic headaches and insomnia, which are frequently associated with TMD/TMJ conditions. The above therapies may be considered medically necessary in treating these conditions as well. Treatment in multi-disciplinary pain centers may be considered medically necessary in those few individuals who have been unresponsive to less comprehensive interventions. See CPB 0237 - **Chronic Pain Programs.**

Non-Surgical Management

E. Acupuncture and Trigger Point Injections:

(Note: some plans limit coverage of acupuncture only when used in lieu of surgical anesthesia. Please check plan benefit descriptions for details. See CPB 0135 - Acupuncture). Aetna considers acupuncture and trigger point injections medically necessary for persons with temporomandibular pain. For acute pain, generally 2 visits per week for 2 weeks are considered medically necessary. Additional treatment is considered medically necessary when pain persists and further improvement is expected.

F. Manipulation for reduction of fracture or dislocation of the TMJ is considered medically necessary.

Surgical Procedures

Surgical procedures include therapeutic arthroscopy, arthrocentesis, condylotomy/eminectomy, modified condylotomy, arthroplasty, and joint reconstruction using autogenous or alloplastic materials. In general, the least invasive appropriate surgical treatments should be attempted prior to progression to more complicated surgeries. Note: All TMJ surgical precertification requests or claims are reviewed by Aetna's Oral and Maxillofacial Surgery (OMS) Patient Management Unit.

Surgical Procedures

- TMJ surgery may be considered medically necessary in cases where there is conclusive evidence that severe pain or functional disability is produced by an intra-capsular condition, confirmed by magnetic resonance imaging (MRI), computed tomography or other imaging, that has not responded to nonsurgical management, and surgery is considered to be the only remaining option.
- Nonsurgical management include three or more months of the following, where appropriate: professional physical therapy, pharmacological therapy, behavioral therapy (such as cognitive behavioral therapy or relaxation therapy), manipulation (for reduction of dislocation or fracture of the TMJ) and reversible intra-oral appliances (unless the member is unable to open mouth wide enough).

Surgical Procedures

- In certain cases (e.g., bony ankylosis and failed TMJ total joint prosthetic implants) that require immediate surgical intervention, surgery may be considered medically necessary without prior non-surgical management.
- Note: All requests for surgery must include documentation that all medically appropriate non-surgical therapies noted above have been exhausted. Patients with chronic head and neck pain may be candidates for chronic pain assessment.

Surgical Procedures

- A.Arthrocentesis with insufflation, lysis, and lavage is considered medically necessary when imaging and clinical examination reveal anchored disc phenomenon, anterior disc displacement without reduction and without effusion, osteoarthritis without fibrosis or loose bone particles, open lock, or hemarthrosis. Note: For purposes of this policy, arthrocentesis for TMJ internal derangement is defined as the insertion of two separate single-needle portals or a single double- needle portal for input and output of fluids. The process includes insufflation of the joint space, lavage, manipulation of the mandible for the purpose of lysis of adhesions, and the elective infusion of steroids.
- B.Therapeutic arthroscopy is considered medically necessary when MRI or other imaging confirms the presence of adhesions, fibrosis, degenerative joint disease, or internal derangement of the disc that requires internal modification.

Surgical Procedures

- C. Open surgical procedures including, but not limited to meniscus or disc repositioning or plication, disc repair, and disc removal with or without replacement are considered medically necessary when TMJ dysfunction is the result of congenital anomalies, trauma, or disease in patients who have failed nonsurgical management.

Surgical Procedures

- D.Arthroplasty or arthrotomy includes: a) disk repair procedures; b) diskectomy with or without replacement; and c) articular surface recontouring (condylectomy and eminectomy or eminoplasty). Arthroplasty or arthrotomy is considered medically necessary when MRI or other imaging confirms the presence of any of the following:
 - 1.Osteoarthritis or osteoarthrosis; or
 - 2.Severe disc displacement associated with degenerative changes or perforation; or
 - 3.Scarring that is severe and often the result of old injury or prior procedure

Surgical Procedures

E.Aetna considers joint replacement with an FDA-approved prosthesis (including the TMJ Concepts prosthesis, the Christensen TMJ Fossa-Eminence Prosthesis System (partial TMJ prosthesis), the Christensen TMJ Fossa-Eminence/Condylar Prosthesis System (Christensen total joint prosthesis), or the W. Lorenz TMJ prosthesis) medically necessary when used as a “salvage device” for treatment of end-stage TMJ disease, when conservative management and other surgical treatment has been unsuccessful, and MRI or other imaging documents one or more of the following:

Surgical Procedures

- 1.Temporal bone that no longer provides a smooth articular fossa; or
- 2.Damaged condyles that are no longer ball-shaped; or
- 3.Persistent, stable inflammatory arthritis that is not responsive to other modalities of treatment; or
- 4.Recurrent fibrous or bony ankylosis that is not responsive to other modalities of treatment; or
- 5.Loss of mandibular condylar height and/or occlusal relationship due to trauma, resorption, pathological lesion or congenital anomaly; or
- 6.Failed autologous bone graft or alloplastic reconstruction effort.

Surgical Procedures

- F. Autogenous grafts (e.g., costochondral, cartilage, dermal, fat, fascial and other autogenous graft materials) may be considered medically necessary upon individual case review. Autologous costochondral grafts are considered medically necessary when criteria for joint replacement (II.D.) are met or when there is congenital absence or deformity of the joint or for surgical reconstruction post head and neck tumor resection.

Experimental and Investigational

A.Diagnostic Procedures

- 1.Cephalometric or lateral skull x-rays
- 2.Computerized mandibular scan/kinesiography/electrogathograph/jaw tracking
- 3.Diagnostic study models
- 4.Electromyography (EMG), surface EMG (see CPB 0112 - Surface Scanning and Macro Electromyography)
- 5.Electronic registration (Myomonitor)
- 6.Genetic testing
- 7.Joint vibration analysis
- 8.Measurements of circulating omentin-1 levels
- 9.Muscle testing/range of motion measurements (incidental to examination)
- 10.Neuromuscular junction testing
- 11.Salivary stress biomarkers (e.g., alpha-amylase and cortisol levels)
- 12.Somatosensory testing
- 13.Sonogram (ultrasonic Doppler auscultation)
- 14.Standard dental radiographic procedures
- 15.Thermography (see CPB 0029 - Thermography).

Experimental and Investigational

B.Non-Surgical Treatments

- 1.Bio-oxidative ozone therapy
- 2.Botulinum toxin (type A or type B) (however, botulinum toxin type A is considered medically necessary for jaw-closing oromandibular dystonia -- see CPB 0113 - Botulinum Toxin)
- 3.Continuous passive motion (see CPB 0010 - Continuous Passive Motion (CPM) Machines)
- 4.Cranial (craniosacral) manipulation (see CPB 0388 - Complementary and Alternative Medicine)
- 5.Dental restorations/prostheses (see CPB 0082 - Dental Services and Oral and Maxillofacial Surgery: Coverage Under Medical Plans)
- 6.Diathermy, infrared, and ultrasound treatments
- 7.Dry needling
- 8.Hydrotherapy (immersion therapy, whirlpool baths)
- 9.Hypnosis/relaxation therapy
- 10.Injection of plasma rich in growth factors
- 11.Iontophoresis (see CPB 0229 - Iontophoresis)
- 12.Intra-articular injection of analgesics
- 13.Intra-articular injection of hyaluronic acid (viscosupplementation)
- 14.Intra-articular injection of platelet-rich plasma
- 15.Intra-articular injections of rituximab
- 16.Intraoral appliances for headache or trigeminal neuralgia (see CPB 0688 - Intra-oral Appliances for Headache and Trigeminal Neuralgia)
- 17.Irreversible occlusion therapy aimed at modification of the occlusion itself through alteration of the tooth structure or jaw position
- 18.Ketamine (local/intra-articular administration)

Experimental and Investigational

19. Magnetic neurostimulator
20. Manual therapy
21. MIRO therapy
22. Myofunctional therapy
23. Myomonitor treatment (J-4, BNS-40, Bio-TENS)
24. Neuromuscular re-education
25. Orthodontic/bite adjustment services and orthodontic fixed appliances (see CPB 0095 - Orthognathic Surgery; and CPB 0082 - Dental Services and Oral and Maxillofacial Surgery: Coverage Under Medical Plans)
26. Permanent mandibular repositioning (e.g., equilibration, orthodontics)
27. Phototherapy (e.g., low-level (cold) laser therapy (LLLT) and light-emitting diode (LED) therapy) see CPB 0363 - Cold Laser and High-Power Laser Therapies)
28. Prophylactic management of TMJ disorder, including occlusal adjustment
29. Radiofrequency generator thermolysis (see also CPB 0400 - Ernest or Eagle's Syndrome (Stylomandibular Ligament Pain): Treatment with Radiofrequency Thermoneurolysis)
30. Stem cell therapy
31. Therabite Jaw Motion Rehabilitation System (see CPB 0412 - Therabite Jaw Motion Rehabilitation System)
32. Transcranial direct current stimulation
33. Transcutaneous electrical nerve stimulation (TENS) (see CPB 0011 - Electrical Stimulation for Pain)

Experimental and Investigational

C.Surgical Treatments

- 1.Orthognathic surgery (see CPB 0095 - Orthognathic Surgery)
- 2.Permanent mandibular repositioning (e.g., full-mouth reconstruction)
- 3.Treatment of alveolar cavitational osteopathosis (see CPB 0642 - Neuralgia Inducing Cavitational Osteonecrosis (NICO) and Ultrasonograph Bone Densitometer to Detect NICO)