



UM-CDG-056 Temporomandibular Disorders

Approved By:
Director, Health Services

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10/20/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address temporomandibular disorders (TMDs), a heterogeneous set of conditions impacting the temporomandibular joint (TMJ) or surrounding muscles involved in chewing. Treatments are intended to reduce pain and improve range of motion (ROM). TMJ surgery is reserved for a last resort option after insufficient pain relief from noninvasive treatment. Conditions affecting TMJ include arthritis, complications following radiation for head and neck cancer, and internal joint derangement. Evaluation often begins with a physical examination, but may involve muscle testing, radiographic imaging, and ROM measurements.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

Arthrocentesis: aspiration of fluid from the joint cavity followed by a steroid or local anesthetic injection.

Arthroplasty: restores ROM by repair or replacement of a joint using partial or total grafts or implants.

Arthroscopy: endoscope is placed inside the joint to diagnose and/or remove inflamed tissue or adjust parts of the jaw that are misaligned.

Arthrotomy: encompasses a range of procedures including debridement, disc repair, repositioning, and replacement.

Condylectomy: removal of jaw condyle.

Condylotomy: surgical division of the jaw condyle.

Coronoidectomy: removal of the anterior part of the upper ramus of the mandible.

Intra-aural Devices (TMJ NextGeneration): pair of hollow ear inserts placed into the ear canal that can support and reduce the strain on the TMJ and surrounding muscles to provide a level of behavior modification that will diminish habits of jaw clenching and teeth grinding.

Iontophoresis: uses an electrical current to deliver medication through the skin or mucosa over the TMD/TMJ.

Jaw Mobility Stretching Devices (DynaSplint System, OraStretch Press Jaw Motion Rehab System, TheraBite Jaw Motion Rehabilitation System): handheld units designed to stretch or exercise the jaw.

Oral Splint: removable occlusal orthotic appliance therapy that maintains current bite or position of the jaw or teeth.

POLICY

SECUR Health Plan will consider diagnostic testing for TMD/TMJ as medically necessary for the following:

1. Examination including history, physical examination, muscle testing, ROM measurements, and psychological evaluation if indicated,

And one of the following:

- Computed tomography (CT scan), or
- Magnetic resonance imaging (MRI), or
- Radiographic imaging, or
- Ultrasonography

Surgical treatment will be considered medically necessary when the following is met:

1. Internal joint derangement or degenerative joint disease has been confirmed by CT or MRI, and
2. Symptoms persist despite documentation of compliance with at least three (3) months of consecutive treatment under the direction of a healthcare professional with at least one of the following:
 - Behavioral therapy, or
 - Medications when medically appropriate and not contraindicated, or
 - Physical therapy

And one of the following surgical procedures:

- Arthrocentesis, or
- Arthroscopy, or
- Condylectomy, or
- Coronoidectomy, or
- Arthrotomy (debridement or disc repair, repositioning, or removal, with or without replacement), or
- Arthroplasty
 - Partial or total joint reconstruction by allogenic graft or autogenous graft, or
 - Partial or total joint replacement using a US Food and Drug Administration (FDA) approved prosthesis may be indicated when any of the following are met:
 - Failed alloplastic joint reconstruction, or
 - Failed TMJ tissue graft reconstruction, or
 - Inflammatory or immunological responses, or
 - Loss of occlusal relationship and/or vertical mandibular height due to trauma, bone resorption, pathological lesion, or developmental abnormalities of the TMJ, or
 - Recurrent bony and/or fibrous ankylosis of the TMJ

SECUR Health Plan considers the following as not medically necessary:

1. Dental procedures for TMD/TMJ such as crowns, dental implants, dental restorations, extraction of wisdom teeth, fixed or removable partial dentures, full dentures, occlusal analysis and adjustment on lays, or orthodontics. *SECUR Health Plan members may have supplemental coverage and should review their Explanation of Benefits and Evidence of Coverage to determine if these services will be covered under the supplemental benefits available.*
2. Oral occlusal appliances used to treat TMJ disorders.

The above treatments and services fall into Medicare'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). Other services and appliances used to treat TMJ fall within Medicare's statutory exclusion at 1862(a)(12), which prohibits payment.

Additionally, the following will not be considered medically necessary for TMD/TMJ:

1. Computerized mandibular scan

2. Iontophoresis
3. Kinesiography
4. Intra-aural devices
5. Jaw mobility mechanical stretching devices

The above are not considered standard medical treatments because there is either a lack of or insufficient evidence to show the long term benefits and clinical outcomes for these treatments and services.

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