Policy Number	SUR705.010
Policy Effective Date	5/7/2026

Temporomandibular Joint Disorders

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SUR717.001: Gender Assignment Surgery and Gender Reassignment Surgery with Related Services

Disclaimer

Carefully check state regulations and/or the member contract.
Each benefit plan, summary plan description or contract defines which services are covered, which services are excluded, and which services are subject to dollar caps or other limitations, conditions or exclusions. Members and their providers have the responsibility for consulting the member's benefit plan, summary plan description or contract to determine if there are any exclusions or other benefit limitations applicable to this service or supply. **If there is a discrepancy between a Medical Policy and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern.**

Legislative Mandates

EXCEPTION: For members residing in the state of Louisiana, R.S. 22:1055 requires coverage for diagnostic, therapeutic or surgical procedures related to the temporomandibular joint (TMJ) and associated musculature and neurological conditions. Coverage may be subject to the same conditions, limitations, precertification, prior authorization or referral procedures that apply to coverage for diagnostic, therapeutic or surgical procedures involving other bones or joints of the human skeleton.

EXCEPTION (Illinois only): Illinois Public Act 103-0123 (IL HB 1384) Coverage for Reconstructive Services requires the following policies amended, delivered, issued, or renewed on or after Jan. 1, 2025 (Individual and family PPO/HMO/POS; Student; Group [Small Group; Mid-Market; Large Group Fully Insured PPO/HMO/POS] or Medicaid), to provide coverage for medically necessary services that are intended to restore physical

appearance on structures of the body damaged by trauma.

EXCEPTION: For members residing in the state of Arkansas, § 23-79-150 relating to musculoskeletal disorders of the face, neck or head, requires coverage, when such coverage is elected by the group policyholder, for the medical treatment of musculoskeletal disorders affecting any bone or joint in the face, neck or head, including temporomandibular joint disorder and craniomandibular disorder. Treatment shall include both surgical and nonsurgical procedures. This coverage shall be provided for medically necessary diagnosis and treatment of these conditions whether they are the result of accident, trauma, congenital defect, developmental defect, or pathology. This applies to the following: Fully Insured Group, Student, Small Group, Mid-Market, Large Group, HMO, EPO, PPO, POS. Unless indicated by the group, this mandate or coverage will not apply to ASO groups.

EXCEPTION: For members residing in the state of Mississippi, §83-9-45 requires coverage for diagnostic and surgical treatment of temporomandibular joint disorder and craniomandibular disorder. Coverage for diagnostic services and surgery shall be the same as that for treatment to any other joint in the body and shall apply if the treatment is administered or prescribed by a physician or dentist. This applies to the following: Fully Insured Group, Small Group, Mid-Market, Large Group, HMO, EPO, PPO, POS.

EXCEPTION (Texas only): Title 8, Subtitle E, Chapter 1360, Section 002 (TIC 1360.002), provides benefits for dental, medical or surgical expenses incurred as a result of a health condition, accident or sickness, including: a group, blanket or franchise insurance policy or insurance agreement, a group hospital service contract, or a group evidence of coverage that is offered by an insurance company. § TIC 1360.004 requires a health benefit plan that provides coverage for medically necessary diagnostic or surgical treatment of conditions affecting skeletal joints must provide comparable coverage for diagnostic or surgical treatment of conditions affecting the temporomandibular joint if the treatment is medically necessary as a result of: 1) an accident; 2) a trauma; 3) a congenital defect; 4) a developmental defect; or 5) a pathology. TIC 1360.005 does not require a health benefit plan to provide coverage for dental services if dental services are not otherwise scheduled or provided as part of the coverage provided under the plan. This applies to Fully Insured, PPO, HMO, POS, EPO.

Coverage

NOTE 1: Each benefit plan or contract defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan or contract to determine if there are any exclusions or other benefit limitations applicable to this service or supply.

This medical policy does NOT address Gender Reassignment Services (Transgender Services). This medical policy IS NOT TO BE USED for Gender Reassignment Services. Refer to SUR717.001, Gender Assignment Surgery and Gender Reassignment Surgery with Related Services.

NOTE 2: The Coverage section is organized on the basis of diagnostic procedures, non-surgical treatment and surgical treatment for temporomandibular joint (TMJ) disorders (TMJD, also known as TMD).

Diagnostic Procedures

Diagnostic procedures **may be considered medically necessary** when the individual has persistent symptoms of TMJD, including, but not limited to:

- Pain localized in the TMJ, the muscles of mastication, and/or the periauricular area, which may or may not be aggravated by chewing, jaw function, and/or mandibular movement (such as yawning);
- Noise in the TMJ with movement (e.g., clicking, grating, crepitus, and/or popping) that is accompanied by pain and/or decreased mobility, and is frequently audible by ear or can be heard with a stethoscope;
- Headache, jaw ache, and/or facial pain, often in combination with neck, shoulder or back pain;
- Limited and/or asymmetric mandibular movement;
- Locking of the jaw;
- Catching of the jaw on movement;
- Point tenderness on TMJ palpation;
- Signs of oral parafunction, such as bruxism (tooth grinding), e.g., abnormal occlusal wear.

For individuals who meet the above criteria, the diagnostic procedures that **may be considered medically necessary** in diagnosing TMJ include:

- Comprehensive physical examination with detailed history, which includes palpation of the myofascial muscles and jaw joint, measurements to assess any limitation of mouth opening, assessment of any noise in the jaw joint;
- Diagnostic x-ray, tomograms, and arthrograms;
- Computerized tomography or magnetic resonance imaging (in general, CT scans and MRIs are reserved for pre-surgical evaluation);
- Cephalograms (x-rays of jaws and skull);
- Pantograms (x-rays of maxilla and mandible).

The following diagnostic procedures **are considered experimental, investigational, and/or unproven** in diagnosing TMJ disorders:

- Electromyography, including surface EMG;
- Kinesiology;

- Thermography;
- Neuromuscular junction testing;
- Somatosensory testing;
- Intra-oral tracing or gothic arch tracing (intended to demonstrate deviations in the positioning of the jaws that are associated with TMJ dysfunction);
- Muscle testing (other than testing included in the physician's physical examination);
- Range of motion measurements (other than measurements included in the physician's physical examination);
- Computerized mandibular scan (measures and records muscle activity related to movement and positioning of the mandible and is intended to detect deviations in occlusion and muscle spasms related to TMJD);
- Ultrasound imaging/sonogram;
- Arthroscopy of the TMJ for purely diagnostic purposes;
- Joint vibration analysis;

Treatment-Non-Surgical

The following non-surgical treatments of TMJD **may be considered medically necessary** for individuals who have persistent symptoms (see list under Diagnostic Procedures above) and have been diagnosed with TMJD:

- Physical therapy;
- Injection of joint spaces with local anesthetics or corticosteroids;
- Intra-oral reversible prosthetic devices and/or maxillomandibular (occlusal) appliances (encompassing fabrication, insertion, and adjustment); and/or
- Study models of the teeth when done in preparation for a covered splint or appliance, or when needed as preparation for a covered surgical procedure.

The following non-surgical treatments **are considered not medically necessary** for treatment of TMJ disorders:

- Orthodontics;
- Dental restorations, dental prostheses;

The following non-surgical treatments **are considered experimental, investigational, and/or unproven** for treatment of TMJ disorders:

- Electrogalvanic stimulation;
- Iontophoresis;
- Biofeedback;
- Ultrasound;
- Devices promoted to maintain joint range of motion and to develop muscles involved in jaw function;
- Any methods used to alter the vertical dimensions and/or change the occlusal or jaw relationship, including orthodontic services;
- Transcutaneous electrical nerve stimulation (TENS);
- Percutaneous electrical nerve stimulation (PENS);

- Platelet concentrates;
- Dextrose prolotherapy;
- Hyaluronic acid;
- Acupuncture; and/or
- Botulinum toxin A.

Treatment-Surgical

Surgical procedures performed on the temporomandibular joint **may be considered medically necessary** for individuals who have documented evidence of:

- Severe trauma; OR
- Pathology of the TMJ that has not responded to non-surgical, conservative, reversible treatment modalities, usually on long-term, chronic basis; AND
  - Continuous and/or repetitive episodes of pain and mechanical signs; AND/OR
  - Significant clinical disability and/or loss in quality of life; AND/OR
  - Evidence of progression of disease by history and/or imaging studies.

In addition, surgical procedures performed on the jaw (i.e., orthognathic surgery) **may be considered medically necessary** when:

- The individual has met the above criteria; AND
- Documentation is provided that proves a positive relationship between the individual's long-term symptoms and a malocclusion and/or discrepancy in jaw alignment.

Surgical procedures that **may be considered medically necessary** for the treatment of TMJ that meet the above criteria include, but are not limited to:

- Orthognathic surgery, including, but not limited to:
  - LeFort I, midface reconstruction;
  - Mandibular reconstruction, with or without bone graft and/or internal rigid fixation; segmental osteotomy.
- Injections of the joint other than arthrocentesis;
- Manipulation for reduction of fracture or dislocation,
- Arthroscopic procedures, including, but not limited to:
  - Arthrocentesis;
  - Arthrolysis;
  - Debridement;
  - Disc manipulation/repositioning/fixation/release;
  - Abrasion arthroplasty; or
- Open surgical procedures, including, but not limited to:
  - Disc arthroplasty (repositioning, recontouring, fixation discopexy);
  - Condylectomy;
  - Meniscectomy (disc removal) without replacement, temporary alloplastic implant, or reconstruction with autogenous tissue graft;
  - Osseous recontouring (mandibular condyle, glenoid fossa, articular eminence);
  - Arthroplasty;

- Joint reconstruction, with autogenous costochondral graft or prosthesis;
- Open reduction, internal fixation of condylar fracture/dislocation;
- Excision of tumor or bony hypertrophy/hyperplasia;
- Mandibular/condylar repositioning (condylotomy and/or osteotomy);
- Coronoidectomy, mandibular coronoidectomy;
- Myotomy.

Genioplasty may sometimes be performed for cosmetic purposes.

Policy Guidelines

None.

Description

Temporomandibular Joint Disorder
Temporomandibular joint disorder 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.

Diagnosis of Temporomandibular Joint Disorder
In the clinical setting, 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. Diagnostic criteria for TMJD have been developed and validated for use in both clinical and research settings. (1-3)

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 (e.g., eating soft foods, rest, heat, ice, avoiding extreme jaw movements) and anti-inflammatory medication are recommended before considering more invasive and/or permanent therapies (e.g., surgery).

Regulatory Status
Since 1981, several muscle-monitoring devices have been cleared for marketing by the U.S. Food and Drug Administration through the 510(k) process. Some examples are the K7x

Evaluation System (Myotronics), the BioEMG III™ (Bio-Research Associates), M-Scan™ (Bio-Research Associates) and the GrindCare Measure® (Medotech A/S). These devices aid clinicians in the analysis of joint sound, vibrations and muscle contractions when diagnosing and evaluating TMJD. FDA product code: KZM.

Table 1. Muscle-Monitoring Devices Cleared by the U.S. Food and Drug Administration

Devices	Manufacturer	Date Cleared	510(k) Number	Indication
K7x Evaluation System	Myotronics, Inc	November 2000	K003287	Electromyography
BioEMG III™	Bio-Research Associates, Inc	February 2009	K082927	Electromyography, Joint Vibration Recording
GrindCare Measure	Medotech A/S	April 2012	K113677	Electromyography, Nocturnal Bruxism
M-Scan™	Bio-Research Associates	July 2013	K130158	Electromyography
TEETHAN 2.0	BTS S.P.A.	December 2016	K161716	Electromyography
GrindCare System	Sunstar Suisse S.A.	September 2017	K163448	Electromyography, Sleep Bruxism
Nox Sleep System	Nox Medical	November 2019	K192469	Electromyography, Sleep Bruxism

Rationale

This policy is based on a review of relevant professional guidelines and position statements.

Practice Guidelines and Position Statements

American Association for Dental, Oral, and Craniofacial Research

In a 2010 (reaffirmed in 2015) the American Association for Dental Research (now the AADOCR) policy statement, recommended the following for the diagnosis and treatment of temporomandibular joint disorders (4):

"It is recommended that the differential diagnosis of TMDs [temporomandibular disorders] or related orofacial pain conditions should be based primarily on information obtained from the patient's history, clinical examination, and when indicated, TMJ [temporomandibular joint] radiology or other imaging procedures. The choice of adjunctive diagnostic procedures should be based upon published, peer-reviewed data showing

diagnostic efficacy and safety. However, the consensus of recent scientific literature about currently available technological diagnostic devices for TMDs is that except for various imaging modalities, none of them shows the sensitivity and specificity required to separate normal subjects from TMD patients or to distinguish among TMD subgroups…."

"It is strongly recommended that, unless there are specific and justifiable indications to the contrary, treatment of TMD patients initially should be based on the use of conservative, reversible and evidence-based therapeutic modalities. Studies of the natural history of many TMDs suggest that they tend to improve or resolve over time. While no specific therapies have been proven to be uniformly effective, many of the conservative modalities have proven to be at least as effective in providing symptomatic relief as most forms of invasive treatment…."

American Society of Temporomandibular Joint Surgeons

In 2001, the ASTMJS issued consensus clinical guidelines focused on TMJDs associated with internal derangement and osteoarthritis. (5) For diagnosis of this type of TMJDs, a detailed history and, when indicated, a general physical examination was recommended. Imaging of the temporomandibular and associated structures was also recommended. Options for basic radiography to provide information on temporal bone and condylar morphology included the use of plain films, panoramic films, and tomograms. Also recommended was imaging of the disc and associated soft tissue with magnetic resonance imaging or arthrography. Other diagnostic procedures indicated included computed tomography, MRI, arthrography (for selected cases) and isotope bone scans.

Nonsurgical treatment was recommended as first-line therapy for all symptomatic patients with this condition. Recommended treatment options included a change in diet, nonsteroidal anti-inflammatory drugs, maxillomandibular appliances, physical therapy, injections of corticosteroids or botulinum toxin, and behavior modification. If adequate symptom relief did not occur within 2 to 3 weeks, surgical consultation was advised. The guideline stated the following surgical procedures were considered accepted and effective for patients with TMJDs associated with internal derangement or osteoarthritis:

- Arthrocentesis;
- Arthroscopy;
- Condylotomy;
- Arthrotomy (prosthetic joint replacement may be indicated in selected patients who have severe joint degeneration, destruction, or ankylosis);
- Coronoidotomy/coronoidectomy;
- Styloidectomy.

BMJ Rapid Recommendations

The BMJ Rapid Recommendations panel developed guidelines for the management of patients with chronic pain (≥3 months) associated with TMJD. (6) The international expert panel included representation from an academic center in the U.S.

The panel favored the following therapies:

- Cognitive behavior therapy (strong recommendation);
- Therapist-assisted mobilization (strong recommendation);
- Manual trigger point therapy (strong recommendation);
- Supervised postural or jaw exercise (strong recommendation);
- Usual care including home exercises, stretching, reassurance, and education (strong recommendation);
- Manipulation (conditional recommendation);
- Supervised jaw exercise with mobilization (conditional recommendation);
- Cognitive behavior therapy with non-steroidal anti-inflammatory drugs (conditional recommendation);
- Manipulation with postural exercise (conditional recommendation);
- Acupuncture (conditional recommendation).

The panel recommended against the following therapies:

- Reversible occlusal splints (conditional recommendation);
- Arthrocentesis (conditional recommendation);
- Cartilage supplement with or without hyaluronic acid injection (conditional recommendation);
- Low level laser therapy (conditional recommendation);
- Transcutaneous electrical nerve stimulation (conditional recommendation);
- Gabapentin (conditional recommendation);
- Botulinum toxin (conditional recommendation);
- Hyaluronic acid (conditional recommendation);
- Relaxation therapy (conditional recommendation);
- Trigger point injection (conditional recommendation);
- Acetaminophen (conditional recommendation);
- Topical capsaicin (conditional recommendation);
- Biofeedback (conditional recommendation);
- Corticosteroid injection (conditional recommendation);
- Benzodiazepines (conditional recommendation);
- Beta-blockers (conditional recommendation);
- Irreversible oral splints (strong recommendation);
- Discectomy (strong recommendation);
- Non-steroidal anti-inflammatory drugs with opioids (strong recommendation).

<u>American Association of Oral and Maxillofacial Surgeons (2023)</u>

The AAOMS 2023 Parameters of Care: Clinical Practice Guidelines for Oral and Maxillofacial Surgery (Temporomandibular Joint Surgery) state that temporomandibular joint surgery is indicated for the treatment of a wide range of pathologic conditions. (7) The guideline details indications for therapy, therapeutic goals and specific factors affecting risk, therapeutic parameters and outcome assessment indices for multiple conditions. The

authors' state that surgical intervention for internal derangement arthritic conditions, degenerative joint disease infectious arthritis and ankylosis/restricted jaw motion is indicated only when nonsurgical therapy has been ineffective, and pain and/or dysfunction are moderate to severe.

Ongoing and Unpublished Clinical Trials

Some currently ongoing and unpublished trials that might influence this policy are listed in Table 2.

Table 2. Summary of Key Trials

National Clinical Trial Number	Trial Name	Planned Enrollment	Completion Date
NCT06573502	Assessment of Platelet Rich Plasma With Injectable Platelet Rich Fibrin VS Platelet Rich Plasma Vs Platelet Rich Fibrin in Management of Temporomandibular Joint Osteoarthritis	45	July 2025
NCT06457698	Temporomandibular Bioviscosupplementation (Platelet-Rich Plasma Combined With Hyaluronic Acid) After Double-Puncture Arthrocentesis: a Randomized Controlled Trial	50 (actual)	December 2024
NCT06530745	Quintuple Intra-Articular Hyaluronic Acid (HA) Improves and Platelet-Rich Plasma (PRP) Does Not Affect Mandibular Mobility in TemporomandibularJoint (TMJ) Disorders: A Controlled Trial	78	June 2025
NCT05989217	Conservative Therapies in the Treatment of Temporomandibular Disorders: A Randomized Controlled Clinical Trial	96	September 2024
NCT04936945	Comparative Study Between the Outcome of Intra-articular Injection of Platelet Rich Plasma Versus Hyaluronic Acid in Arthroscopic Management of Temporomandibular Degenerative Joint Diseases: A Randomized Clinical Trial	20	June 2023
NCT04884763[a]	A Randomized, Double Blind, Placebo-Controlled Single Center Phase 2 Pilot Study to Assess the Safety and Efficacy of Off-label Subcutaneous Administration of Erenumab-aooe in	39 (actual)	January 2024

	Patients with Temporomandibular Disorder		
NCT04726683	Trigger Point Dry Needling vs Injection in Patients With Temporomandibular Disorders: a Randomized Placebo-controlled Trial	64	December 2024
NCT04298554	Comparison of Cannabinoids to Placebo in Management of Arthralgia and Myofascial Pain Disorder of the Temporomandibular Region: A Randomized Clinical Trial.	59	May 2022
NCT05027243	Outcomes of Bilateral Temporomandibular Joint Arthroscopy and the Role of a Second Intervention - Timings and Results	46	July 2021

[a] Denotes industry sponsored or co-sponsored trial.

Coding

Procedure codes on Medical Policy documents are included **only** as a general reference tool for each policy. **They may not be all-inclusive.**

The presence or absence of procedure, service, supply, or device codes in a Medical Policy document has no relevance for determination of benefit coverage for members or reimbursement for providers. **Only the written coverage position in a Medical Policy should be used for such determinations.**

Benefit coverage determinations based on written Medical Policy coverage positions must include review of the member's benefit contract or Summary Plan Description for defined coverage vs. non-coverage, benefit exclusions, and benefit limitations such as dollar or duration caps.

CPT Codes	20550, 20605, 20606, 21010, 21050, 21060, 21070, 21073, 21076, 21081, 21085, 21089, 21110, 21116, 21120, 21121, 21122, 21123, 21141, 21142, 21143, 21145, 21146, 21147, 21193, 21194, 21195, 21196, 21198, 21199, 21240, 21242, 21243, 21480, 21485, 21490, 29800, 29804, 64553, 64555, 70100, 70110, 70140, 70150, 70220, 70250, 70260, 70300, 70310, 70320, 70328, 70330, 70332, 70336, 70350, 70355, 70360, 70486, 70487, 70488, 76100, 76120, 76125, 76496, 76999, 77077, 78300, 78305, 78306, 78315, 95851, 95867, 95868, 95927, 95937, 97010, 97014, 97024, 97026, 97032, 97033, 97035, 97140, 97530, 97535, 98925, 98943
HCPCS Codes	E0746, E1700, E1701, E1702

*Current Procedural Terminology (CPT®) ©2025 American Medical Association: Chicago, IL.

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Centers for Medicare and Medicaid Services

The information contained in this section is for informational purposes only. HCSC makes no representation as to the accuracy of this information. It is not to be used for claims adjudication for HCSC Plans.

The Centers for Medicare and Medicaid Services does not have a national Medicare coverage position. Coverage may be subject to local carrier discretion.

A national coverage position for Medicare may have been developed since this medical policy document was written. See Medicare's National Coverage at cms.hhs.gov.

Policy History/Revision

Date	Description of Change
5/7/2026	New medical document. The diagnosis and treatment of temporomandibular joint disorders may be considered medically necessary when criteria listed in Coverage are met.