

Medical Necessity Guidelines: Temporomandibular Joint (TMJ) Disorder Treatment

Effective: October 21, 2020

| Prior Authorization Required If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|--|---|
| <p>Applies to: COMMERCIAL Products <input checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409 <input checked="" type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409 • CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization</p> <p>TUFTS HEALTH PUBLIC PLANS Products <input checked="" type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055 <input checked="" type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055 <input checked="" type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404 <input checked="" type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304 *The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.</p> <p>SENIOR Products • Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the Tufts Health Plan SCO Prior Authorization List • Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List</p> | |
| <p>To obtain InterQual® SmartSheets™:</p> <ul style="list-style-type: none"> • Tufts Health Plan Commercial Plan products and Tufts Health Freedom Plan products: If you are a registered Tufts Health Plan provider click here to access the Provider website. If you are not a Tufts Health Plan provider please click on the Provider Log-in and follow instructions to register on the Provider website or call Provider Services at 888.884.2404. • Tufts Health Public Plans products: InterQual SmartSheet(s) available as part of the prior authorization process. | |

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

Tufts Health Plan requires the use of an InterQual SmartSheet to obtain prior authorization for temporomandibular joint (TMJ) disorder treatment.

In order to obtain prior authorization for procedure(s), choose appropriate InterQual SmartSheet(s) listed below. The completed SmartSheet(s) must be sent to the applicable fax number listed above, according to Plan.

- **Arthroplasty, temporomandibular joint (TMJ)**
- **Arthroscopy, temporomandibular joint (TMJ)**
- **Reconstruction, temporomandibular joint (TMJ)**

CODES

PROCEDURES REQUIRING PRIOR AUTHORIZATION:

Tufts Health Plan will be using InterQual SmartSheet(s) for the following procedure code(s) only.

ARTHROPLASTY, TEMPOROMANDIBULAR JOINT (TMJ)

The following CPT code(s) require prior authorization:

| Code | Description |
|-------|---|
| 21240 | Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft) |

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| 21242 | Arthroplasty, temporomandibular joint, with allograft |
| 21243 | Arthroplasty, temporomandibular joint, with prosthetic joint replacement |

ARTHROSCOPY, TEMPOROMANDIBULAR JOINT (TMJ)

The following CPT code(s) require prior authorization:

| Code | Description |
|-------------|--|
| 29800 | Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure) |
| 29804 | Arthroscopy, temporomandibular joint, surgical |

RECONSTRUCTION, TEMPOROMANDIBULAR JOINT (TMJ)

The following CPT code(s) require prior authorization:

| Code | Description |
|-------------|---|
| 21193 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft |
| 21194 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft) |
| 21195 | Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation |
| 21196 | Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation |
| 21244 | Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate) |
| 21245 | Reconstruction of mandible or maxilla, subperiosteal implant; partial |
| 21246 | Reconstruction of mandible or maxilla, subperiosteal implant; complete |
| 21247 | Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia) |
| 21248 | Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial |
| 21249 | Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete |
| 21255 | Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts) |

LIMITATIONS APPLICABLE TO MA and RI PRODUCTS:

Tufts Health Plan does not cover the treatments listed below. These treatments are considered dental in nature and are not covered by Tufts Health Plan.

- TMJ appliances, occlusal adjustment or other TMJ-related therapies
- Therapeutic manipulation of non-traumatic subluxation of TMJ requiring an anesthesia service (i.e., general or monitored anesthesia care)
- Jaw motion rehabilitation system (E1700-E1702), as it has been determined to be investigational. Refer to the [Medical Necessity Guidelines: Noncovered Investigational Services](#).

LIMITATIONS APPLICABLE TO NEW HAMPSHIRE PRODUCTS:

Tufts Health Plan does not cover the treatments listed below. These treatments are considered dental in nature and are not covered by Tufts Health Plan.

- Fixed or removable appliances for TMJ that involve re-positioning of the teeth
- Jaw motion rehabilitation system (E1700-E1702) as it has been determined to be investigational. Refer to the [Medical Necessity Guidelines: Noncovered Investigational Services](#).

APPROVAL HISTORY

August 2009: Reviewed by the Clinical Coverage Criteria Committee

Subsequent endorsement date(s) and changes made:

- August 5, 2009: New and separate guidelines were written for orthognathic surgery for the treatment of severe oral/maxillofacial functional disorders, effective date January 1, 2010. Please see Document #1035186.

- April 14, 2010: Changed “hypermobility” to hypomobility.
- March 2011: Reviewed by MSPAC, no changes.
- February 8, 2012: Reviewed by Integrated Medical Policy Advisory Committee (IMPAC), no changes.
- August 8, 2012: Reviewed by IMPAC, criteria for TMJ arthroscopy and arthrotomy combined, the following limitations were removed, complicated, recurrent, requiring intermaxillary fixation or splinting, initial or subsequent, and open treatment of temporomandibular dislocation.
- October 10, 2012: Reviewed by IMPAC. Completed InterQual® SmartSheets™ for these procedures will be required effective January 1, 2013.
- December 11, 2013: Reviewed by IMPAC, renewed without changes
- December 10, 2014: Reviewed by IMPAC, renewed without changes
- January 1, 2015: Instructions for Tufts Health Plan – Network Health products included in this document.
- July 29, 2015: Language clarification to limitations section.
- August 12, 2015: Reviewed by IMPAC, clarification of limitation language regarding therapeutic manipulation of non-traumatic subluxation of TMJ
- September 21, 2015: Coding changes for effective date September 21, 2015, InterQual® upgrade.
- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016.
- July 20, 2016: Reviewed by IMPAC, renewed without changes
- August 10, 2016: Reviewed at IMPAC. Addition of limitation section applicable to New Hampshire products only.
- September 14, 2016: Reviewed by IMPAC. For effective date January 1, 2017, jaw motion rehabilitation system are considered investigational and are added to limitations sections, MA, RI and NH products.
- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- July 20, 2017: Reviewed by IMPAC, renewed without changes
- August 22, 2018: Reviewed by IMPAC, renewed without changes
- October, 2018: Template and disclaimer updated
- December 3, 2018: 2018.2 Interqual upgrade for Tufts Health Commercial products including Freedom. Effective December 17, 2018, Interqual upgrade is effective for Tufts Health Direct and Tufts Health Together. January 14, 2019, Interqual upgrade is effective for Tufts Health RITogether and Tufts Health Unify.
- December 12, 2018: Reviewed by IMPAC. Added codes 21244 and 21245 to Reconstruction, Temporomandibular Joint section
- October 16, 2019: Reviewed by IMPAC, renewed without changes
- October 21, 2020: Reviewed by IMPAC, renewed without changes
- November 24, 2020: Fax number for Unify updated

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member’s benefit document, and in coordination with the Member’s physician(s) on a case-by-case basis considering the individual Member’s health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member’s benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be

adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.

[Provider Services](#)