

Meeting: Utilization Management Committee	Date: 12/12/2024
Title/Topic: Surgical Treatment for Temporomandibular Disorders Medical Policy	Policy Number: nXXXX
Purpose: New Policy	Outcome: Choose an item.
Line of Business: Commercial	Effective Date: 12/12/2024

INTRODUCTION:

Includes definition of problem or opportunity. Provides background information on the topic. Describes current state. May also include prior state and/or factors that have changed. Includes operational definitions where key terms may have varied interpretation.

Temporomandibular disorders (TMD) are a complex set of conditions that affect the temporomandibular joint (TMJ) and surrounding tissues. Symptoms include pain, limited range of motion of the jaw, locking or freezing with jaw motions, and TMJ noises such as clicking, popping and crepitus. Symptoms may resolve spontaneously or with conservative treatments such as a soft chew diet, jaw rest, moist heat, nonsteroidal anti-inflammatory medications (NSAIDs), physical therapy, and/or splints. Failure of conservative management may require the addition of surgical intervention, up to and including joint replacement. When at all possible, it is recommended that TMD be managed through non-surgical treatment.

TMD surgery may be contractually excluded for some plans. The UM coordinator is to refer to the individual's coverage document for details. The coverage document takes precedence over clinical policy and must be considered first in determining coverage eligibility.

This medical policy has been developed to provide guidance for Utilization Management Coordinator Registered Nurses (UMC-RN) regarding determinations involving the medical necessity for surgeries involving the temporomandibular joint and surrounding tissues for individuals who have continue to have symptoms impacting their quality of life following a course of conservative treatment.

ACTION RECOMMENDED:

States recommendations in specific terms. Includes a summary of what should be accomplished, methods, and timetable (if applicable). Recommendations on implementation and follow-up plans may also be included.

This medical policy has been developed, is in alignment with current surgical recommendations as reflected in peer reviewed medical literature and is in alignment with industry policy for indications of use and coverage.

The Surgical Treatment for Temporomandibular Disorders medical policy is presented with recommendation for review and acceptance for use to guide medical necessity determinations for authorization request for TMD surgeries moving forward for Commercial lines of business.

ANALYSIS/JUSTIFICATION:

Includes information relevant to the recommended action including information used in formulation the recommendations. Information will include reference to any existing Centers for Medicare & Medicaid Services (CMS) coverage determinations as well as any existing established vendor criteria. Information may include financial/cost data, service measures, projections or other key measures or process tools, recommendations from a clinical provider with expertise regarding the topic, and/or information from other widely used treatment guidelines or peer reviewed clinical literature.

- The Centers for Medicare/Medicaid (CMS) provide guidance surrounding the treatment of temporomandibular joint (TMJ) syndrome within the Medicare Benefit Policy Manual (Pub 100-2), Chapter 15, Covered Medical and Other Health Services, Section 150.1- Treatment of Temporomandibular Joint (TMJ) Syndrome.
- MCG has guidelines for some TMJ surgeries but does not address arthrocentesis. Existing MCG guidelines are also vague on conservative treatments required prior to surgery.
- The National Institute of Dental and Craniofacial Research (NIDCR) Health Information for TMD strongly recommends staying away from treatments that cause permanent changes to the jaw joints, teeth, or bite; or that involve surgery because evidence is lacking for the majority of TMD treatments. They also state that there is no evidence to support that malocclusion causes TMD's and that occlusal treatments that modify the teeth and bite don't work and may make the problem worse.
- The American Association of Oral and Maxillofacial Surgeons (AAOMS) published a statement in 2024 summarizing the procedures used in management of TMD patients presenting for care by oral and maxillofacial surgeons and included a list of surgical options.
- The National Academies of Sciences, Engineering, and Medicine published a Consensus Study Report, Temporomandibular Disorder Priorities for Research and Care (2020), publishing findings, conclusions, and recommendations for the treatment of TMD, addressing their position for both TMD non-surgical & surgical treatments.
- An analysis of competitor payor policy shows development of similar policies to outline medical necessity criteria for TMD surgeries.

REFERENCES:

Includes detailed description regarding source(s) of information used for development of policy or recommendations via citation.

- A. AAOMS Recommended Criteria for Orthognathic Surgery (2023) at https://aaoms.org/wp-content/uploads/2024/04/ortho_criteria.pdf
- B. AAOMS (2024) Statement by the American Association of Oral and Maxillofacial Surgeons Concerning the Management of Selected Clinical Conditions and Associated Clinical Procedures. Temporomandibular Disorders at https://aaoms.org/wp-content/uploads/2024/07/tmd_disorders.pdf
- C. Dolwick MF, Widmer CG. Orthognathic Surgery as a Treatment for Temporomandibular Disorders. Oral Maxillofac Surg Clin North Am. 2018 Aug;30(3):303-323. doi: 10.1016/j.coms.2018.04.007. Epub 2018 Jun 1. PMID: 29866451.

- D. Efeoglu C, Calis AS, Koca H, Yuksel E. A stepped approach for the management of symptomatic internal derangement of the temporomandibular joint. Journal of Otolaryngology - Head & Neck Surgery. 2018;47(1). doi:[10.1186/s40463-018-0282-y](https://doi.org/10.1186/s40463-018-0282-y)
- E. Jung H-D, Kim S Y, Park H-S, Jung Y-S Orthognathic surgery and temporomandibular joint symptoms Jung et al. Maxillofacial Plastic and Reconstructive Surgery (2015) Dec; 37(1):14 DOI 10.1186/s40902-015- 0014-4
- F. MCG Health Ambulatory Care 28th edition Temporomandibular Joint Arthroscopy ACG: A-0492 (AC)
- G. MCG Health Ambulatory Care 28th edition Temporomandibular Joint Modified Condylotomy ACG: A-0521 (AC)
- H. MCG Health Ambulatory Care 28th edition Temporomandibular Joint Arthroscopy ACG: A-0522 (AC)
- I. MCG Health Ambulatory Care 28th edition Temporomandibular Joint Arthroplasty ACG: A-0523 (AC)
- J. Medicare Benefit Policy Manual (Pub 100-2), Chapter 15, Covered Medical and Other Health Services, Section 150.1-Treatment of Temporomandibular Joint (TMJ) Syndrome (Rev. 1, 10-01-03) <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c15.pdf>
- K. National Academies of Sciences, Engineering, and Medicine 2020. Temporomandibular Disorders: Priorities for Research and Care. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25652>.
- L. National Institute of Dental and Craniofacial Research (NIDCR) Health Info TMD (Temporomandibular Disorders) October 2024 <https://www.nidcr.nih.gov/health-info/tmd>
- M. Verhelst PJ, Van der Cruyssen F, De Laat A, Jacobs R, Politis C. The Biomechanical Effect of the Sagittal Split Ramus Osteotomy on the Temporomandibular Joint: Current Perspectives on the Remodeling Spectrum. Front Physiol. 2019 Aug 7;10:1021. doi: 10.3389/fphys.2019.01021. PMID: 31447704; PMCID: PMC6692453

REVISION REASON:

<i>Includes the date changes or updates were made and summary of changes applied.</i>

11/14/2024- New medical policy developed.

Disclaimer:

Contract language as well as state and federal laws take precedence over any medical policy.

Network Health coverage documents (i.e. Certificate of Coverage, Evidence of Coverage, Summary Plan Descriptions) outline contractual terms of the applicable benefit plan for each line of business and will be considered first in determining eligibility. Not all Network Health coverage documents are the same. Coverage may differ. Our Medicare membership follows applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). Please refer to the CMS website at www.cms.gov.

Network Health reserves the right to review and update our medical policies on occasion as medical technologies are constantly evolving. The documentation of any brand name of a test, product and/or procedure in a medical policy is in no way an endorsement of that product; it is for reference only.

Network Health's medical policies are for guidance and not intended to prevent the judgment of the reviewing medical director(s) nor dictate to health care providers how to practice medicine.