

	<p align="center">Temporomandibular Joint (TMJ) Guidelines</p>	
<p align="center">Guideline # 6204</p>	<p align="center">Categories Clinical →Care Management CM, TCHP Guidelines, Utilization Management UM</p>	<p align="center">This Guideline Applies To: Texas Children's Health Plan</p>
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GUIDELINE STATEMENT:

Texas Children's Health Plan (TCHP) performs authorization of diagnostic and treatment procedures for temporomandibular disorders.

PRIOR AUTHORIZATION GUIDELINES

1. All requests for prior authorization for of diagnostic and therapeutic procedures for temporomandibular disorders are received via online submission, fax, phone or mail by the Utilization Management Department and processed during normal business hours.
2. The Utilization Management professional receiving the request evaluates the submitted information to determine if the documentation supports the diagnostic and therapeutic procedures for temporomandibular disorders as an eligible service.
4. The physician requesting authorization for the of diagnostic and therapeutic procedures for temporomandibular disorders must provide the following documentation to support the medical necessity of the request:
 - 4.1. Description of Diagnostic or Therapeutic Procedure requested
 - 4.2. Identifies the location or facility where services will be provided
 - 4.3. Clinical documentation to include:
 - 4.3.1. detailed history of the condition
 - 4.3.2. diagnostic imaging results if applicable
 - 4.3.3. Documentation of prior medical and surgical treatment
5. The following **diagnostic** procedures are considered *medically necessary*:
 - 5.1. Computed tomography (CT)
 - 5.2. magnetic resonance imaging (MRI)
 - 5.3. Standard x-ray of the temporomandibular joint
6. The following **diagnostic** procedures are considered **not medically necessary** when used to diagnose or evaluate temporomandibular disorders:
 - 6.1. Computerized mandibular scan (intended to document deviations in occlusion and muscle spasm by recording muscle activity related to mandibular movement or positioning);
 - 6.2. Intra-oral tracing or gothic arch tracing (intended to document deviations in jaw positioning);

- 6.3. Electromyography (including percutaneous or surface electrode methods);
 - 6.4. Kinesigraphy;
 - 6.5. Somatosensory testing/neuromuscular junction testing;
 - 6.6. Sonogram (ultrasonic Doppler auscultation);
 - 6.7. Standard dental x-rays;
 - 6.8. Thermography;
 - 6.9. Transcranial or lateral skull x-ray.
7. The following **therapeutic** procedures are considered *medically necessary*:
- 7.1. Nonsurgical treatments considered medically necessary for temporomandibular disorders include the following:
 - 7.1.1. Reversible, removable, intraoral appliances such as removable splints for a duration of 6 months or less;
 - 7.1.2. Pharmacologic therapy (that is, analgesics, anti-inflammatory drugs, and muscle relaxants);
 - 7.1.3. Physical therapy;
 - 7.1.4. Therapeutic injections
 - 7.2. Surgical procedures may be considered medically necessary for temporomandibular disorders when:
 - 7.2.1. Temporomandibular joint internal derangement or other structural joint disorder is documented as evidenced by BOTH of the following:
 - 7.2.1.1. Completion of skeletal growth for individuals under age 18 with long bone x-ray or serial cephalometrics showing no change in facial bone relationships over the last three to six month period (Note: individuals age 18 and older do not require this documentation); and
 - 7.2.1.2. Computed tomography (CT), magnetic resonance imaging (MRI), or x-ray of the temporomandibular joint documents joint pathology (for example arthritis, bone cyst, fracture, meniscal abnormality, or tumors).
 - 7.2.2. AND Temporomandibular joint pain or a clinically significant functional impairment, NOT due to a maxillary/mandibular skeletal deformity AND refractory to at least six months of non-surgical treatment to include at least ONE of the following:
 - 7.2.2.1. Behavioral therapy; or
 - 7.2.2.2. Pharmacologic therapy (that is, analgesics, nonsteroidal anti-inflammatory drugs, muscle relaxants); or
 - 7.2.2.3. Physical therapy; or
 - 7.2.2.4. Reversible, removable, intraoral appliances such as removable splints; or
 - 7.2.2.5. Therapeutic injections.
 - 7.3. The surgical procedures below would be considered medically necessary if the criteria above are met:
 - 7.3.1. Arthrocentesis;
 - 7.3.2. Arthroscopic surgery;
 - 7.3.3. Manipulation for reduction of fracture or dislocation;
 - 7.3.4. Open surgical procedures, including arthroplasty, condylectomy, disc or meniscus plication, and disc removal when TMD is the result of congenital anomalies, disease, or trauma;

- 7.3.5. TMJ arthroplasty with prosthetic implants may be considered for U.S. Food and Drug Administration (FDA) approved prostheses only.
8. The following **therapeutic** procedures are considered not *medically necessary*:
- 8.1. Biofeedback;
 - 8.2. Dental devices for joint range of motion or for development of muscles used in jaw function;
 - 8.3. Dental prostheses (for example, dentures; implants);
 - 8.4. Dental restorations (for example, bridgework; crowns);
 - 8.5. Electrogalvanic stimulation (EGS);
 - 8.6. Iontophoresis;
 - 8.7. Occlusal equilibration, bite adjustment, irreversible occlusion therapy;
 - 8.8. Orthodontic services such as braces and application of a mandibular advancement repositioning device.
 - 8.9. Dental implants;
 - 8.10. Dental restorations;
 - 8.11. Extraction of wisdom teeth;
 - 8.12. Orthodontic services;
 - 8.13. TMJ arthroplasty implants that are not FDA approved.
 - 8.14. Low-load prolonged-duration stretch (LLPS) devices
 - 8.15. Craniosacral Manipulation
 - 8.16. Passive Rehabilitation therapy
 - 8.17. Hypnosis
 - 8.18. Transcranial direct current stimulation
 - 8.19. Ketamine (local/intra-articular administration)
9. Requests that do not meet the criteria established by this procedure will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy will be followed.
10. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

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