



Temporomandibular Joint Orthotics

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| Origination: 03/18/13 | Revised: 7/23/20 | Annual Review: 12/08/22 |
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Purpose:

To provide Temporomandibular Joint Orthotic guidelines specific for Members with chronic and disabling conditions for Population Health and Provider Alliances associates to reference when making benefit determinations.

Coverage Guidelines

- Reversible intra-oral appliances for treatment of Temporomandibular Joint disease include occlusal orthopedic appliances-orthotics, occlusal splints, bite appliances/planes/splints, and mandibular occlusal repositioning appliances [MORAs].
- For plans that cover intra-oral appliances, reversible intra-oral appliances may be considered medically necessary in selected cases only when there is evidence of clinically significant masticatory impairment with documented pain and/or loss of function.
- Only one (1) oral splint or appliance is considered medically necessary for TMD/TMJ therapy.

References:

1. American Society of Temporomandibular Joint Surgeons. Guidelines for diagnosis and management of disorders involving the temporomandibular joint and related musculoskeletal structures. *Cranio*. 2003;21(1):68-76.
2. Phillips DJ Jr, Gelb M, Brown CR, et al. Guide to evaluation of permanent impairment of the temporomandibular joint. American Academy of Head, Neck and Facial Pain; American Academy of Orofacial Pain; American Academy of Pain Management; American College of Prosthodontists; American Equilibration Society and Society of Occlusal Studies; American Society of Maxillofacial Surgeons; American Society of Temporomandibular Joint Surgeons; International College of Cranio-mandibular Orthopedics; Society for Occlusal Studies. *Cranio*. 1997;15(2):170-178.
3. Koh H, Robinson PG. Occlusal adjustment for treating and preventing temporomandibular joint disorders. *J Oral Rehabil*. 2004;31(4):287-292.
4. Holm A-K, Axelsson, S, Bondemark L, et al. Malocclusions and orthodontic treatment in a health perspective. A systemic review. Summary and Conclusions. Stockholm, Sweden: Swedish Council on Technology Assessment in Health Care (SBU); October 2005.



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Disclaimer Information:

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed to determine coverage for AvMed's benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed makes coverage decisions using these guidelines, along with the Member's benefit document. The use of this guideline is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed for selected therapeutic or diagnostic services found to be safe, but 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 the AvMed service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations.

Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change.