Sentara® Health Plans

Commercial

Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome

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Effective Date	05/1995
Next Review Date	03/2024
Coverage Policy	DME 222
Version	4

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

Purpose:

This policy addresses Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome.

Description & Definitions:

Intra-oral appliances and splints are devices used to alleviate pain and other symptoms caused by temporomandibular joint (TMJ) syndrome.

Dental care is NOT a medical benefit.

Refer to the Pharmacy Prior Authorization policy for treatment of Temporomandibular Joint Dysfunction (TMD) using viscosupplementation (e.g., Synvisc or Supartz)

For intraoral appliances, more than 4 adjustments or adjustments that are done more than 1 year after placement of the initial appliance are subject to Medical Director review for medical necessity and clinical effectiveness.

Criteria:

Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome are considered medically necessary with **1 of the following**:

- For an initial device individual has indications of **all of the following**:
  - Evidence of clinically significant masticatory impairment with documented pain and/or loss of function
  - Temporomandibular joint pain localized, continuous, and described as moderate to severe
  - Imaging findings of internal derangement or osteoarthrosis
  - Jaw opening restricted to less than 35 mm
  - Temporomandibular joint pain worse during jaw functions (e.g., chewing, talking)
- For an adjustment of an intra-oral appliance individual must have **all of the following**:
  - Initial appliance therapy was placed less than six (6) months before adjustment

Coding:

Medically necessary with criteria:

Coding	Description
21085	Impression and custom preparation; oral surgical splint
D7880	Occlusal Orthotic Device

Considered Not Medically Necessary:

Coding	Description
	None

Document History:

Revised Dates:

- 2019: November
- 2015: June, October
- 2014: June, October
- 2013: February, June
- 2012: July
- 2011: June, July
- 2010: July
- 2009: June
- 2008: May
- 2005: December
- 2004: October
- 2002: October
- 1998: May, October, November
- 1995: July

Reviewed Dates:

- 2023: March
- 2022: April
- 2021: May
- 2020: May
- 2018: April
- 2016: April, June
- 2010: June
- 2007: December
- 2005: September
- 2003: October, November
- 2001: October
- 2000: October
- 1999: October
- 1996: March

Effective Date:

- May 1995

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2023). Retrieved Feb 6, 2023, from Hayes: https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522temporomandibular%2520joint%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522so

(2023). Retrieved Feb 6, 2023, from The American Society of Temporomandibular Joint Surgeons (ASTMJS): https://astmjs.org/

DME Manual - Appendix B. (2022, Jan). Retrieved May 25, 2022, from DMAS DME: https://www.ecm.virginiamedicaid.dmas.virginia.gov/WorkplaceXT/getContent?impersonate=true&id={70DF587A-0000-CD19-9DA4-40F87C9CFC81}&vsId={BA20E884-FDDC-4BC0-8010-E14AAEE3F502}&objectType=document&objectStoreName=VAPRODOS1

Local Coverage Determination (LCD) - Oral Appliances for Obstructive Sleep Apnea - L33611. (2021, Aug 8). Retrieved Feb 17, 2023, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=38549&ver=12

NCD: DURABLE Medical Equipment Reference List - 280.1. (2005, May 5). Retrieved May 25, 2022, from CMS NCD: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=364&ncdver=1&keyword=Lung%20cancer%25

Occlusal splint therapy in TMD pain management: A review. (2022, Jan 13). Retrieved Feb 6, 2023, from Journal of Global Oral Health: https://jglobaloralhealth.org/occlusal-splint-therapy-in-tmd-pain-management-a-review/

Oral Appliances (Mandibular Advancement Devices) (A-0341). (2023). Retrieved Feb 6, 2023, from MCG 26th Edition: https://careweb.careguidelines.com/ed26/index.html

Procedure Fee Files & CPT Codes. (2023). Retrieved Feb 6, 2023, from Department of Medical Assistance Services: https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/

Temporomandibular disorders in adults. (2022, May 10). Retrieved Feb 6, 2023, from UpToDate: https://www.uptodate.com/contents/temporomandibular-disorders-in-adults?search=Occlusal%20splin&source=search_result&selectedTitle=2~21&usage_type=default&display_rank=2

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

MUST SEE MEMBER BENEFIT FOR DETERMINATION.
We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

Keywords:

SHP Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome, SHP Durable Medical Equipment 222on-Surgical Treatment of Temporomandibular Joint (TMJ) Syndrome and Treatment of Temporomandibular Disorders (TMD), SHP Medical 29, internal derangement, osteoarthrosis, jaw pain, jaw, jaw opening restriction, jaw functions, chewing, talking, SHP Intra-Oral Appliances and Splints, oral appliances, splints