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

MCG Health Ambulatory Care

26th Edition

AUTH: SHP Durable Medical Equipment 222 v4 (AC)

Link to Codes

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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Dental care is NOT a medical benefit.

Application to Products

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- Policy is applicable to all products.
- Refer to the Pharmacy Prior Authorization policy for treatment of Temporomandibular Joint Dysfunction (TMD) using viscosupplementation (e.g., Synvisc or Supartz)
- Refer to Milliman Guidelines A-0492, A-0521, A-0522, and A-0523 for surgical services related to Temporomandibular Joint Dysfunction (TMD)
- See criteria in SHP Durable Medical Equipment 07 for therapeutic electrical nerve stimulation (TENS) units

Authorization Requirements

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Pre-certification by the Plan is required.

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.

Description of Item or Service

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

Exceptions and Limitations

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 There is insufficient scientific evidence to support the medical necessity of intra-oral appliances and splints for temporomandibular joint (TMJ) syndrome for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome are considered medically necessary with **1 or more** 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

Document History

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- · 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
 - o 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

Coding Information

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- · CPT/HCPCS codes covered if policy criteria is met:
 - CPT 21085 Impression and custom preparation; oral surgical splint
 - HCPCS D7880 Occlusal Orthotic Device
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - None

References

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References used include but are not limited to the following:

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}&vsld={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

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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

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