Sentara® Health Plans

Medicaid

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

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Effective Date	5/1995
Next Review Date	3/2024
Coverage Policy	DME 222
Version	4

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

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).

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Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

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.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by

medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

All medically necessary medical equipment and supplies under the Virginia Administrative Code (12VAC30-50-165) may be covered only if they are necessary to carry out a treatment prescribed by a practitioner. Only supplies, equipment, and appliances that are determined medically necessary may be covered for reimbursement by DMAS. (12VAC30-50-165) The following criteria must be satisfied through the submission of adequate and verifiable documentation satisfactory to DMAS, or its contractor. Medically necessary DME and supplies shall be:

- Ordered by the practitioner on the CMN/DMAS-352;
- A reasonable and medically necessary part of the individual's treatment plan;
- Consistent with the individual's diagnosis and medical condition, particularly the functional limitations and symptoms exhibited by the individual; • Not furnished for the safety or restraint of the individual, or solely for the convenience of the family, attending practitioner, or other practitioner or supplier;
- Consistent with generally accepted professional medical standards (i.e., not experimental or investigational);
- Furnished at a safe, effective, and cost-effective level; and
- Suitable for use, and consistent with 42 CFR 440.70(b)(3), that treats a diagnosed condition or assists the individual with functional limitations.

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