Sentara® Health Plans

Medicare

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

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Effective Date	5/1995
Next Review Date	3/15/2024
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).

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Special Notes: *

This medical policy expresses Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. 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 term DME is defined as equipment which, according to 42 CFR §414.202:

- Can withstand repeated use; i.e., could normally be rented and used by successive patients;
- Effective with respect to items classified as DME after January 1, 2012, has an expected life of at least 3 years;
- Is primarily and customarily used to serve a medical purpose;
- Generally, is not useful to a person in the absence of illness or injury; and,
- Is appropriate for use in a patient's home.

https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=190

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