



**BlueCross BlueShield  
of Illinois**

# Blue Cross and Blue Shield of Illinois Provider Manual

## HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,  
an Independent Licensee of the Blue Cross and Blue Shield Association

# Temporomandibular Joint Disorder (TMD)

## Benefit

A limited number of services for TMD disorders are in benefit.

## Interpretation

Temporomandibular disorders (TMD) and related craniomandibular disorders contribute to a constellation of cephalic, facial or cervical pain, often associated with clicking, or abnormal or restricted movement of the jaw. There are many physical, developmental, and psychological causes. Treatment is in benefit if symptoms are due to organic joint disease or to physical trauma.

The evaluation and treatment plan may include the following steps.

1. Initial evaluation - A Primary Care Physician (PCP) should document whether the member's chief complaint suggests TMD. The PCP may request consultation from a dentist, oral surgeon, or other physician specialist. The PCP does not have to consult the member's choice of provider.
2. Diagnostic Work-up - The consultant should perform appropriate diagnostic work-up. Work up could include:
  - Joint X-rays
  - Transcranial X-rays
  - Arthrograms
  - Electromyography (EMG)
  - Muscle testing
  - Consultation with other medical or dental disciplines:(Psychiatry, Otolaryngology, Oral surgery, Prosthodontist)
3. Second Opinion - If there is some question about the diagnosis or a proposed course of treatment, another dentist and/or appropriate health professional could provide a second opinion.
4. Conservative Treatment - Medications, physical therapy, trigger point injections, and orthotics to reposition the joint may be tried. TMD orthotics are removable appliances that guide the mandible or maxilla in relationship to the temporal fossa and are not themselves in benefit. **Please note exclusions below.**
5. TMD Surgery - Surgery, including arthroscopic surgery, should only be considered when conservative treatment fails or is considered useless, and if anticipated outcome is favorable. The physician or dentist should have reasonable expectation that surgery will relieve pain and correct TMJ dysfunction. Any splints or metal plates used to hold the jaw in place postoperatively should be included in the surgical fee.

## Excluded from benefit

- Dental restorations
- Dental prostheses (such as Dentures)
- Night splints or mouth guards used to reduce nighttime teeth clenching.
- Treatment of temporomandibular joint syndrome with intraoral prosthetic devices or any other method which alters vertical dimension.
- Orthodontics, used in lieu of or in conjunction with surgery for TMJ dysfunction.
- Palate expander

Paid by	Professional Charges	IPA
	Inpatient and/or Outpatient Surgical Facility Charges	HMO

## Coverage Variation

Benefit Plan DIRPI – Non-Custom Orthotics excluded

**Note: See related benefit Guidelines on Cosmetic/Reconstructive Surgery, Dental, Oral Surgery, Orthognathic Surgery, Orthodontics.**