Medical Policy

Magnetic Resonance Imaging (MRI) Temporomandibular Joint (TMJ)

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Policy Number: 782
BCBSA Reference Number: N/A

Related Policies

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- Fetal MRI, #770
- Functional Magnetic Resonance Imaging (fMRI) Brain, #771
- Magnetic Resonance Imaging (MRI) Abdomen/Cholangiopancreatography (MRCP) Abdomen, #773
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Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

ADULTS

Magnetic Resonance Imaging (MRI) Temporomandibular Joint (TMJ) is considered MEDICALLY NECESSARY for the following conditions:
Abnormal imaging findings
Follow up of abnormal or indeterminate findings on a prior imaging study when required to direct treatment

Arthropathy of the temporomandibular joints

Frozen jaw

Temporomandibular joint dysfunction
Evaluation of persistent symptoms when all of the following requirements are met:
• X-ray or Panorex has not provided sufficient information to guide treatment.
• Intervention is being considered.
• Symptoms have not improved with conservative treatment, including NSAIDs or acetaminophen, a short-term trial of soft diet and proper chewing techniques, and an oral appliance (such as a bite block).

Trauma to the temporomandibular joints
• Evaluation of meniscal position and integrity

Note: Conventional radiographs, Panorex views or CT of the TMJ are preferred for initial evaluation of trauma.

PEDIATRICS

Magnetic Resonance Imaging (MRI) Temporomandibular Joint (TMJ) is considered MEDICALLY NECESSARY for the following conditions:

Abnormal imaging findings
Follow up of abnormal or indeterminate findings on a prior imaging study when required to direct treatment

Arthropathy of the temporomandibular joints
Following non-diagnostic radiograph, or Panorex view of the TMJ
Examples include traumatic, inflammatory or infectious arthritis

Frozen jaw

Juvenile idiopathic arthritis (JIA)
Management of JIA when radiographs are not sufficient to guide therapy

Temporomandibular joint dysfunction
Evaluation of persistent symptoms when all of the following requirements are met:
• X-ray or Panorex has not provided sufficient information to guide treatment.
• Intervention is being considered.
• Symptoms have not improved with conservative treatment, including NSAIDs or acetaminophen, a short-term trial of soft diet and proper chewing techniques, and an oral appliance (such as a bite block).

Trauma to the temporomandibular joints
• Evaluation of meniscal position and integrity

Note: Conventional radiographs, Panorex views or CT of the TMJ are preferred for initial evaluation of trauma.
Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

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<thead>
<tr>
<th>Commercial Managed Care (HMO and POS)</th>
<th>Outpatient</th>
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<tr>
<td>The requirements of BCBSMA Radiology Management Program may require a precertification/prior authorization via AIM Specialty Health. These requirements are member-specific:</td>
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<tr>
<td>Please verify member eligibility and requirements through <strong>Online Services</strong> by logging onto <strong>Provider Central</strong>. Refer to our <strong>Quick Tip</strong> for an overview of pre-certification and prior authorization requirements.</td>
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<tr>
<td>Ordering clinicians should request pre-certification from <strong>AIM Specialty Health</strong> or call 1-866-745-1783 (when applicable).</td>
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<tr>
<td>Prior authorization information for Medicare HMO Blue and Medicare PPO Blue is addressed in <strong>medical policy #923, High Technology Radiology and Sleep Disorder Management for Medicare Advantage Products</strong>.</td>
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<td>Ordering clinicians should request pre-certification from <strong>AIM Specialty Health</strong> or call 1-866-745-1783 (when applicable).</td>
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<td>Prior authorization information for Medicare HMO Blue and Medicare PPO Blue is addressed in <strong>medical policy #923, High Technology Radiology and Sleep Disorder Management for Medicare Advantage Products</strong>.</td>
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Policy History

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<td>Prior authorization information for Medicare HMO Blue and Medicare PPO Blue removed. Prior authorization information for Medicare HMO Blue and Medicare PPO Blue is addressed in medical policy <strong>#923, High Technology Radiology and Sleep Disorder Management for Medicare Advantage Products</strong>, 1/1/2018</td>
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<td>8/2017</td>
<td>Clinical literature was reviewed.</td>
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<td>5/2017</td>
<td>Prior Authorization Information clarified. 5/1/2017</td>
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<td>10/2016</td>
<td>Clarified coding information.</td>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

- **Medical Policy Terms of Use**
- **Managed Care Guidelines**
- **Indemnity/PPO Guidelines**
Clinical Exception Process
Medical Technology Assessment Guidelines

References
Adults
N/A

Pediatrics

CPT Codes / HCPCS Codes / ICD Codes
Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

CPT Codes

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>70336</td>
<td>MRI of Temporomandibular Joint(s)</td>
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The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT codes above if medical necessity criteria are met:

ICD-10 Diagnosis Coding

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<th>ICD-10 Name</th>
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<tr>
<td>G50.1</td>
<td>Atypical facial pain</td>
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<tr>
<td>K13.79</td>
<td>Other lesions of oral mucosa</td>
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<tr>
<td>L40.54</td>
<td>Psoriatic juvenile arthropathy</td>
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<tr>
<td>M00.9</td>
<td>Pyogenic arthritis, unspecified</td>
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<td>M08.00</td>
<td>Unspecified juvenile rheumatoid arthritis of unspecified site</td>
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<td>Unspecified juvenile rheumatoid arthritis, multiple sites</td>
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<td>Juvenile Arthritis, Unspecified, Multiple Sites</td>
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<td>M12.58</td>
<td>Traumatic arthropathy, other specified site</td>
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Endnotes