

Subject: MRI Temporomandibular Joint [TMJ], (70336)		Original Effective Date: 12/13/17
Policy Number: MCR: 600	Revision Date(s): 11/6/18	
Review Date: 12/13/17, 12/13/18		

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This Molina Clinical Review (MCR) is intended to facilitate the Utilization Management process. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Molina) for a particular member. The member's benefit plan determines coverage. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this Molina Clinical Review (MCR) document and provide the directive for all Medicare members.

DESCRIPTION OF PROCEDURE/SERVICE/PHARMACEUTICAL

MRI (Magnetic Resonance Imaging) is a non-X-ray (no ionizing radiation) imaging scan that uses a strong magnetic field and radiofrequency waves to produce detailed cross sectional views of soft tissues, bones and vascular structures. These cross sectional images can be reconstructed, rotated and displayed in many different planes. A MR scan can be performed either without (non-enhanced) or with (contrast enhanced) injection of gadolinium containing contrast material into a vein.

APPROVAL SUPPORT

X-rays are considered medically necessary for the initial evaluation of temporomandibular disorders.

- For evaluation of a locked/frozen jaw
- For evaluation of temporomandibular joint dysfunction and a trial of conservative therapy including anti-inflammatory medications and an oral appliance has been tried.
- Jaw pain with underlying rheumatoid arthritis or psoriatic arthritis
- Suspected avascular necrosis or septic arthritis

Pre/Post Surgery

- Pre-operative evaluation when TMJ surgery is planned.
- Post-operative for routine recommended follow up or for potential post-operative complications.

ADDITIONAL CRITICAL INFORMATION

The above medical necessity recommendations are used to determine the best diagnostic study based on a patient’s specific clinical circumstances. The recommendations were developed using evidence based studies and current accepted clinical practices. Medical necessity will be determined using a combination of these recommendations as well as the patient’s individual clinical or social circumstances.

- Tests that will not change treatment plans should not be recommended.
- Same or similar tests recently completed need a specific reason for repeat imaging.

REFERENCES USED FOR DETERMINATIONS

1. Shaefer, J.R., Riley, C.J., Caruso, P. & Keith, D. (2012). Analysis of Criteria for MRI Diagnosis of TMJ Disc Displacement and Arthralgia. Int J Dent. 283163. doi: 10.1155/2012/283163.
2. Wadhwa, S., & Kapila, S. (2008). TMJ disorders: Future innovations in diagnostics and therapeutics. Journal of Dental Education, 72(8), 930-947. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2547984/pdf/nihms66136.pdf>.
3. Berteram S, et al, Diagnosing TMJ internal derangement and osteoarthritis with magnetic resonance imaging, J Am Dent Assoc, 2001; 132:753-761.
4. Schallhas KP, et al, Facial pain, headache and temporomandibular joint inflammation, Headache: The Journal of Head and Face Pain, 1989 April; 29(4):229-232.
5. Petscavage-Thomas JM, Walker EA. Unlocking the jaw: advanced imaging of the temporomandibular joint. AJR Am J Roentgenol 2014; 203:1047.

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	Description
70336	TMJ (Temporomandibular joint) MRI