

2011 Imaging Criteria

Magnetic Resonance Imaging (MRI), Temporomandibular Joint (TMJ)^(1, 2)

ICD-9-CM: 88.97
CPT: 70336
I/O Setting: Outpatient

INDICATION(S)

100 Suspected internal derangement, TMJ

- 100 Suspected internal derangement, TMJ [**Two**]⁽³⁾
- 110 Facial/TMJ pain⁽⁴⁾
 - 120 Limited jaw motion⁽⁵⁾
 - 130 Jaw hypermobility⁽⁶⁾
 - 140 Other joint Sx/findings [**One**]⁽⁷⁾
 - 141 Locking
 - 142 Popping
 - 143 Crepitus⁽⁸⁾

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Notes

(1)

Internal derangement of the joint can be demonstrated by either arthrogram or MRI. MRI has largely replaced arthrogram as a means of nonarthroscopic joint assessment.

(2)

The following are examples of relative and absolute contraindications to the use of magnetic resonance imaging:

- Implanted devices that are electrically or magnetically activated (e.g., cardiac pacemakers, automatic cardioverter defibrillators, drug infusion pumps, cochlear implants)
- Ferromagnetic metal objects (e.g., cerebral aneurysm clips, intraocular metallic foreign body, prostheses, screws)
- Pregnancy, first trimester
- Renal insufficiency in cases when magnetic resonance imaging is performed with gadolinium-based contrast

(3)-DEF:

Internal derangement is defined as a localized mechanical fault of the joint that interferes with its smooth action.

(4)

The pain from TMJ disorders may be preauricular, referred (e.g., earache), or located in the masticatory muscles.

(5)

Patients with TMJ disorders may complain of acute, chronic, persistent, or intermittent limitation of jaw motion.

(6)

Disc dislocation and ligament laxity may also be considered an internal derangement.

(7)

These symptoms are often associated with pain.

(8)-DEF:

Crepitus is a sometimes audible, or sometimes palpable, grating sensation caused by two irregular cartilage surfaces moving relative to each other. It can be appreciated when the joint is extended or flexed.