

Patient's name:

Date: ATE»

Re: Neuromuscular treatment of TMD with an anterior mandibular repositioning device (orthotic)

Dear Claim Examiner and Treating Physician, _____,

The following is a case report for your records and supporting documentation for medical necessity of neuromuscular TMD treatment with a lower mandibular repositioning device (orthotic)

Past Medical History, Signs and Symptoms:

1. **PMH:**
2. **Allergies:**
3. **Neuromuscular Signs/Symptoms:**

Clinical Exam:

1. Muscle palpation:
2. Dynamic joint manipulations:
 - a. Right joint
 - b. Left joint
3. Range of motion: max opening= mm, right lateral= mm, left lateral= mm, protrusive= mm
4. K7 jaw tracking scan interpretation (significant findings):
5. Dental: overjet= mm, overbite= mm, max midline= mm, man midline= mm
6. Facial Symmetry:

Radiographs (Panoramic): Evaluation of the radiographs reveals:

Panorex:

Ceph:

TMJ xray: Gelb 4/7 position Right joint= Left joint=

Diagnosis:

Functional: the airway

Skeletal:

Dental:

TMJ: Right joint Left joint

Muscular:

Other: capsulitis, synovitis, tinnitus, bruxism, clenching, headaches

Our working diagnosis includes but is not limited to the following codes.

Post Exam Recommendations:

- MRI-to confirm diagnosis and rule out other pathology
- Neuromuscular TMD treatment with a mandibular anterior repositioning device-orthotic
- Referral for a sleep study by treating physician
- Referral to physician for cerebral MRI study to rule out other cerebral pathology

Treatment Description: The treatment plan involves utilizing low frequency TENS (transcutaneous electric neural stimulation) prior to a passive bite registration in her resting mandibular neuromuscular position to create a medically necessary orthopedic repositioning appliance. This device is used to position the condyles in the fossa in a less pathological, more true anatomical position, reduce stress to the jaw joint, increase joint space, allow remodeling of the condyle, heal retrodiscal tissue, re-capture the dislocated articular discs, provide proper alignment of the mandible to the skull, reduce myospasm and pain, and maintain the muscles of mastication at their proper physiologic resting length. Please note that all treatment is neuromuscular and orthopedic in nature and necessitated by a medical condition resulting in head and neck pain and should be considered as a medical necessity. At this time, the treatment does not involve the teeth, periodontium, or surrounding structures, but is for a structural, orthopedic, neuromuscular problem that must be stabilized (Phase I). The teeth will be treated at a later date (Phase II) to hold this new, stable orthopedic position.

Treatment Goals: Immediate treatment goal is to decrease the myohyperactivity of masseters and anterior temporalis muscles by neuromodulator injections with Botox. This will treat the acute symptoms while we are fabricating the appliance and adjusting the appliance several months for comfort, position, and anterior advancement. This treatment will be repeated between 3-4 months, and prior to the deactivation and decreased effectiveness of the Botox to avoid acute pain episodes. Treatment goal is to improve bilateral condylar position of the TMJ and, subsequently, improve the symptoms originating from the TMD. Patient was informed that clicking/popping may not resolve if there is a stretched disc ligament and if the disc lost its biconcave form since recapture of disc will be unstable and that the goal of treatment is geared towards pain control and intervention in joint degeneration.

Treatment Plan Summary:

Phase I-establishment of neuromuscular bite registration at physiological rest using a mandibular repositioning orthotic appliance, TENS, and K7 computerized myography scanning and jaw tracking. Requirement to wear removable orthotic for 4 months to obtain condylar changes in new position.

Phase II- to be proposed at the end of Phase I

Retention Phase-possible EMA sleep appliance if sleep apnea is confirmed

Treatment plan: discussed NM TMD removable mandibular orthotic, full time wear for up to 4 months then weaning off into nightly wear. Today we fabricated PVS neuromuscular deprogrammer for nightly and PRN pain wear. Informed patient that the goal is to resolve symptoms originating from TMD and then evaluate which symptoms persist so that the physicians can treat those independently.



Dr. Juan & Dorothy Kassab
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CPT 95851	range of motion	\$20
CPT 95831	muscle testing	\$20
CPT 97112	neuromuscular re-education	\$20
CPT 99241	consult 15min	\$45
CPT 70355	panorex x-ray	\$99

Total \$204

TREATMENT PLAN:

Visit #2 Diagnostics, Impressions for appliance fabrication

CPT 70250	lateral skull	\$119
CPT 76100	tomography	\$446
CPT 99070	diagnostic photos	\$66
CPT 21085	diagnostic casts impressions for appliance	\$98
CPT 95868	electromyography	\$70
CPT 95999	mandibular jaw tracking k7	\$20
CPT 97750	musculoskeletal physical performance test	\$20
CPT 95851	range of motion test	\$20
CPT 95831	muscle testing manual	\$20
CPT 64550	TENS transcutaneous (45min)	\$80
CPT 97112	neuromuscular re-education	\$20
CPT E0730	Tens unit 4 leads	\$140
CPT A4595	electrical stimulation supplies	\$30
CPT 99203	comprehensive exam new patient	\$105
CPT 64646	Botox injection 1-5 muscles/64647 6+ muscles	\$12/unit
HCPCS J0585	injection, onabotulinumtoxinA	# of units given

Total \$1254 + Botox

Visit #3 Appliance Deliver and Titration

CPT 20999	mandibular repositioning device	\$1337
CPT 97112	neuromuscular re-education	\$20
CPT 99211	office visit, follow-up on previous condition	\$45
CPT 99354	case presentation of treatment plan –prolonged time with patient	\$40

Total \$1442

Visit #4 Maintenance and Periodic Adjustment Visits

CPT 95868	electromyography	\$70
CPT 97750	musculoskeletal physical performance test	\$20
CPT 95851	range of motion test	\$20
CPT 95831	muscle testing manual	\$20
CPT 97762	orthotic periodic adjustment	\$75
CPT 64550	TENS transcutaneous (45min)	\$80
CPT 97112	neuromuscular re-education	\$20
CPT E0730	Tens unit 4 leads	\$140
CPT A4595	electrical stimulation supplies	\$30
CPT 99212	office visit, follow-up on previous condition	\$50



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Total \$450

Case Total =\$3,350

Requests:

I would like to request

1. chiropractic care to obtain the optimal myocentric bite which depends on the optimal spinal alignment and centric location of the cervical vertebrae as it relates to the skull. A referral to chiropractor was provided.
2. MRI T1 and T2 of the TMJs in central, medial, and lateral views in closed and open mouth position
3. Assistance in medical insurance pre-authorization and billing on behalf of our patient.

Thank you for your consideration and prompt attention into this matter.

Sincerely,

Dr. Dorothy Kassab, DDS.

Patient's signature acknowledges review of information in this letter with the patient. Patient understands the treatment proposed and reviewed with the Dr. Dorothy Kassab risks, benefits, consequences, and alternatives of treatment. All questions have been answered and patient has no further questions.

Patient's signature

Date