

Eligibility criteria for temporomandibular joint (TMJ) total joint replacement (TJR)

Southern Cross will only reimburse the cost of temporomandibular joint (TMJ) total joint replacement (TJR) under a member's policy when at least **one** of the following criteria **1, 2 or 3** are met for that member.

1. The patient has degenerative joint disease / osteoarthritis and **all** of the following indications:
 - The patient has Wilkes Stage V – diagnosed and documented on either MRI, arthroscopic examination, or CT scan.
 - There is significant reduction of joint function demonstrated by one or more of the following presentations:
 - limited mouth and interincisal opening of less than 35mm
 - pain recorded on VAS scale of >5/10
 - positive joint loading sign.
 - progressive malocclusion with increased over-jet or anterior open bite > 2 mm
 - at least six months of conservative, non-surgical therapy performed or approved by a registered oral medicine specialist / oral maxillofacial surgeon has failed.

OR

2. The patient has inflammatory joint disease / autoimmune disease and all of the following indications:
 - There is documented inflammatory arthropathy with significant changes in anatomy leading to an anterior open bite or malocclusion.
 - There is documented referral for TMJ dysfunction under the care of a specialist rheumatologist stating that the rheumatic condition is under maximum or optimal control.
 - At least six months of conservative, non-surgical therapy performed or approved by a registered oral medicine specialist / oral maxillofacial surgeon has failed.

OR

3. The patient has idiopathic defects and all of the following indications:
 - There is idiopathic or progressive condylar resorption with severe anterior open bite with documentation of progression with either serial radiology, dental study models or photographic record.
 - At least six months of conservative, non-surgical therapy performed or approved by a registered oral medicine specialist / oral maxillofacial surgeon has failed.

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Please also ensure you are familiar with all **policy exclusions**, including:

- Acute care
- Congenital conditions
- Cosmetic treatment/procedures
- Health screening
- Treatment of any condition not detrimental to health
- Unapproved healthcare services.

Refer to the relevant policy document for specific conditions and exceptions that apply to these exclusions.

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