OCCLUSAL GUARDS

Guideline Number: DCG019.05

Effective Date: August 1, 2019

Table of Contents

- COVERAGE RATIONALE ......................................................... 1
- DEFINITIONS ................................................................. 1
- APPLICABLE CODES .......................................................... 2
- DESCRIPTION OF SERVICES ............................................. 2
- REFERENCES ................................................................. 2
- GUIDELINE HISTORY/REVISION INFORMATION .................. 3
- INSTRUCTIONS FOR USE .................................................... 3

COVERAGE RATIONALE

Occlusal Guards

Occlusal guards are indicated for the following:

- Bruxism or clenching either as a nocturnal parasomnia or during waking hours, resulting in excessive wear or fractures of natural teeth or restorations
- To protect natural teeth when the opposing dentition has the potential to cause enamel wear such as the presence of porcelain or ceramic restorations

Occlusal guards are not indicated for the following:

- For treatment of temporomandibular disorders or myofacial pain dysfunction
- As an appliance intended for orthodontic tooth movement

Occlusal Orthotic Devices

Occlusal Orthotic Devices are appliances intended for the management of orofacial pain or to reposition or stabilize the jaw for the treatment of temporomandibular disorders (TMD) and not a covered service under the dental plan. TMD and these appliances are considered to be medical in nature and are typically covered under the medical plans. Please see the appropriate medical policy for information.

Coverage Limitations

- Limited to 1 guard every consecutive 36 months
- Only covered if prescribed to control habitual grinding

Exclusions

- Occlusal guards used as safety items or to affect performance primarily in sports related activities

DEFINITIONS

Bruxism: Repetitive jaw muscle activity characterized by clenching or grinding of the teeth and/or by bracing or thrusting of the mandible. (Principles and Practice of Sleep Medicine, sixth edition)

Mouthguard: Individually molded device designed primarily to be worn for the purpose of helping prevent injury to the teeth and their surrounding tissues; sometimes called a mouth protector. (ADA)

Occlusal: Pertaining to the biting surfaces of the premolar and molar teeth or contacting surfaces of opposing teeth or opposing occlusion rims. (ADA)

Orthotic Device: Apparatus used to support, align, prevent or correct deformities, or to improve the function of movable parts of the body. (ADA)
APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Clinical Policies and Coverage Guidelines may apply.

<table>
<thead>
<tr>
<th>CDT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>D7880</td>
<td>Occlusal orthotic device, by report</td>
</tr>
<tr>
<td>D7881</td>
<td>Occlusal orthotic device adjustment</td>
</tr>
<tr>
<td>D9941</td>
<td>Fabrication of athletic mouth guard</td>
</tr>
<tr>
<td>D9942</td>
<td>Repair and/or reline of occlusal guard</td>
</tr>
<tr>
<td>D9943</td>
<td>Occlusal guard adjustment</td>
</tr>
<tr>
<td>D9944</td>
<td>Occlusal guard – hard appliance, full arch</td>
</tr>
<tr>
<td>D9945</td>
<td>Occlusal guard – soft appliance, full arch</td>
</tr>
<tr>
<td>D9946</td>
<td>Occlusal guard – hard appliance, partial arch</td>
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<tr>
<td>D9950</td>
<td>Occlusion analysis – mounted case</td>
</tr>
<tr>
<td>D9951</td>
<td>Occlusal adjustment – limited</td>
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<tr>
<td>D9952</td>
<td>Occlusal adjustment – complete</td>
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DESCRIPTION OF SERVICES

Occlusal guards are fabricated from rigid or semi rigid materials to cover teeth to protect them from bruxism and clenching of teeth. They may be constructed in the dental office or by an outside laboratory. By definition, they are not an appropriate treatment or therapy for diagnosed temporomandibular disorders, and this type of appliance has its own code and coverage rationale as a medical benefit interpretation guideline.

REFERENCES

American Dental Association (ADA) CDT Codebook 2019.
## GUIDELINE HISTORY/REVISION INFORMATION

<table>
<thead>
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<tr>
<td>08/01/2019</td>
<td><strong>Coverage Rationale</strong>&lt;br&gt;• Simplified content&lt;br&gt;• Removed language indicating occlusal guards are indicated when nocturnal clenching or Bruxism results in tooth sensitivity&lt;br&gt;• Added <strong>Coverage Limitations</strong> to specify the listed services are:&lt;br&gt;  o Limited to 1 guard every consecutive 36 months&lt;br&gt;  o Only covered if prescribed to control habitual grinding&lt;br&gt;• Added list of coverage <strong>Exclusions</strong> to include “occlusal guards used as safety items or to affect performance primarily in sports related activities”&lt;br&gt;<strong>Supporting Information</strong>&lt;br&gt;• Updated <strong>References</strong> section to reflect the most current information&lt;br&gt;• Archived previous policy version DCG019.04</td>
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## INSTRUCTIONS FOR USE

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare standard dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard dental plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.