

OCCLUSAL GUARDS

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Related Medical Policy

- [Temporomandibular Joint Disorders](#)

INSTRUCTIONS FOR USE

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Dental Coverage Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Dental Coverage Guideline. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Dental Coverage Guideline. Other Clinical Policies and Coverage Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.

BENEFIT CONSIDERATIONS

Before using this guideline, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group health plans (inside and outside of Exchanges) to provide coverage for Pediatric Dental Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for Pediatric Dental EHBs. However, if such plans choose to provide coverage for benefits which are deemed Pediatric Dental EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute Pediatric Dental EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit plan document to determine benefit coverage.

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
- When nocturnal clenching or bruxism results in tooth sensitivity

Occlusal guards are not indicated for the following:

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

Coverage Limitations and Exclusions

- Exclude when used for sports-related activities
- Prefabricated Occlusal guards are excluded
- Limited to once per 36 months
- Repair and relines are limited to once per 12 months
- Adjustments are inclusive within the first 12 months and thereafter allowed once every 6 months

Fabrication of Athletic Mouthguard

Athletic Mouthguards are intended to protect the dentition during athletic activities and not a covered service.

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.

DEFINITIONS

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.

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

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

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.

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

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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 2018 Dental Procedure Code Book.

ADA Code on Dental Procedures and Nomenclature (CDT). Glossary of Dental Clinical and Administrative Terms.

American Dental Association Science and Research Dental Practice Parameters. Available at:

<http://www.ada.org/en/science-research/dental-practice-parameters/temporomandibular-cranio-mandibular-disorders>.

GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
01/01/2019	<ul style="list-style-type: none">• Updated list of applicable CDT codes to reflect annual code edits:<ul style="list-style-type: none">○ Added D9944, D9945, and D9946○ Removed D9940• Archived previous policy version DCG019.02