

# Occlusal Guards

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[Instructions for Use](#)

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## Related Medical Policy

- [Temporomandibular Joint Disorders](#)

## Coverage Rationale

This Coverage Guideline addresses occlusal guards for the protection of the dentition. Occlusal guards intended to relieve symptoms of temporomandibular joint disorders, as well as Occlusal orthotic devices, are addressed in the related Medical Policy titled [Temporomandibular Joint Disorders](#).

### 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:

- As an appliance intended for orthodontic tooth movement
- For treatment of temporomandibular disorders
- For treating headaches or other pain disorders of the craniofacial region

### Coverage Limitations

- Limited to 1 guard every consecutive 36 months

### Exclusions

- [Mouthguards](#) used to protect the dentition 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)

## 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 Policies and Guidelines may apply.

CDT Code	Description
D9942	Repair and/or relin 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

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## Description of Services

Occlusal guards are fabricated from rigid or semi rigid/soft 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. They are not for the treatment of, or therapy for diagnosed temporomandibular disorders.

## References

American Dental Association. Glossary of Dental Clinical and Administrative Terms.

American Dental Association (ADA) CDT Codebook 2023.

Lobbezoo F., Koyano K., Paesani D., Manfredini D. Principles and Practice of Sleep Medicine. Sixth edition. Elsevier c2017. Chapter 145, Sleep Bruxism: Diagnostic Considerations; 1427-1434.e4.

UnitedHealthcare Insurance Company Dental Certificate of Coverage 2018.

## Guideline History/Revision Information

Date	Summary of Changes
03/01/2023	<p><b>Definitions</b></p> <ul style="list-style-type: none"><li>Removed definition of “Orthotic Device”</li></ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"><li>Updated <i>References</i> section to reflect the most current information</li><li>Archived previous policy version DCG019.08</li></ul>

## 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.