



An Anthem Company

Dental Clinical Policy

Subject: Occlusal Guard
Guidelines #: 09-400
Status: Revised

Publish Date: 01/01/2022
Last Review Date: 10/30/2021

Description

This document addresses the procedure of occlusal guard, a removable appliance utilized to minimize or eliminate the effects of bruxism or clenching that can result in excessive wear or fractures of natural teeth or restorations.

Clinical Indications

Occlusal guards cover teeth to protect them from bruxism and clenching of teeth. Occlusal guards may be constructed in the dental office or by an outside laboratory using rigid or semi rigid material. By definition, they are not an appropriate treatment or therapy for temporomandibular disorders. Dental review as it applies to accepted standards of care means dental services that a Dentist, exercising prudent clinical judgment, provides to a patient for the purpose of evaluating, diagnosing or treating a dental injury or disease or its symptoms, and that are: in accordance with the generally accepted standards of dental practice; in terms of type, frequency and extent and is considered effective for the patient's dental injury or disease; and is not primarily performed for the convenience of the patient or Dentist, is not cosmetic and is not more costly than an alternative service.

For dental purposes, "generally accepted standards of dental practice" means:

- Standards that are based on credible scientific evidence published in peer-reviewed, dental literature generally recognized by the practicing dental community
- specialty society recommendations/criteria
- the views of recognized dentists practicing in the relevant clinical area
- any other relevant factors from credible sources

Contraindications

Occlusal guards are not indicated for (and are not limited to):

- treatment of temporomandibular disorders or myofascial pain dysfunction
- use as an athletic mouth guard
- use as an appliance intended for orthodontic tooth movement
- treatment of obstructive sleep apnea
- tooth whitening, fluoride delivery, or the delivery of periodontal medicaments

Note:

Whether a service is covered by the plan, when any service is performed in conjunction with or in preparation for a non-covered or denied service, all related services are also either not covered or denied.

Criteria

Occlusal guards:

1. Are used to protect natural teeth when the opposing dentition has the potential to cause enamel wear or damage such as the presence of porcelain or ceramic restorations.
2. Are used to minimize tooth sensitivity caused by clenching or bruxism.
3. May be necessary and appropriate to relieve stress from occlusion following periodontal therapy.
4. Require a narrative with rationale for treatment.
5. Partial coverage occlusal guards may not be a covered service, contract dependent.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CDT *Including but not limited to*

D0320	temporomandibular joint arthrogram, including injection
D0321	other temporomandibular joint films, by report
D0330	panoramic film
D0470	diagnostic casts
D7880	occlusal Orthotic device
D7881	occlusal Orthotic device adjustment
D9130	temporomandibular joint dysfunction – non-invasive physical therapies
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

IDC-10 CM Diagnoses for Dental Diseases and Conditions: See the current CDT code book for details

References

1. Wassell R, Naru A, Steele J, Nohl F (2008). Applied occlusion. London: Quintessence. pp. 26–30. [ISBN 9781850970989](#).
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3. Idesley WR, Field A, Longman L
4. (2003). Tyldesley's Oral medicine (5th ed.). Oxford: Oxford University Press. p. 195. [ISBN 0192631470](#).
5. Lobbezoo F, van der Zaag J, van Selms MK, Hamburger HL, Naeije M (July 2008). "Principles for the management of bruxism". Journal of Oral Rehabilitation. **35** (7): 509–23. [doi:10.1111/j.1365-2842.2008.01853.x](#). [PMID 18557917](#).
6. Macedo, Cristiane R; Machado MAC; Silva AB; Prado GF (21 January 2009). "[Pharmacotherapy for sleep bruxism](#)". Cochrane Database of Systematic Reviews. John Wiley & Sons, Ltd. [doi:10.1002/14651858.CD005578](#).
7. Jagger R (2008). "The effectiveness of occlusal splints for sleep bruxism". Evidence-based Dentistry. **9** (1): 23. [doi:10.1038/sj.ebd.6400569](#). [PMID 18364692](#).

History				
Revision History	Version	Date	Nature of Change	SME
	initial	6/20/2018	new	DPC
	Revision	10/07/2020	Annual Review	Committee
	Revised	12/06/2020	Annual Review	Committee
	Revised	10/30/2021	Annual Review	Committee

Federal and State law, as well as contract language, and Dental Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Clinical Policy Committee are available for general adoption by plans or lines of business for consistent review of the medical or dental necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to implement a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical or dental necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical or dental necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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