

Dental Clinical Policy

Subject:Occlusal GuardGuidelines #:09-400Status:Revised

Publish Date: Last Review Date: 01/01/2024 11/01/2023

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 arch 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 radiographic images, by report			
D0330	panoramic radiographic images			
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			
D9953	reline custom sleep apnea appliance (direct)			

ICD-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.

- Manfredini D, Winocur E, Guarda-Nardini L, Paesani D, Lobbezoo F (2013). "Epidemiology of bruxism in adults: a systematic review of the literature". Journal of Orofacial Pain. 27 (2): 99– 110. <u>doi:10.11607/jop.921</u>. <u>PMID 23630682</u>.
- 3. Idesley WR, Field A, Longman L
- 4. (2003). Tyldesley's Oral medicine (5th ed.). Oxford: Oxford University Press. p. 195. ISBN 0192631470.
- 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. <u>doi:10.1111/j.1365-2842.2008.01853.x</u>. <u>PMID 18557917</u>.
- Macedo, Cristiane R; Machado MAC; Silva AB; Prado GF (21 January 2009). <u>"Pharmacotherapy</u> <u>for sleep bruxism"</u>. Cochrane Database of Systematic Reviews. John Wiley & Sons, Ltd. <u>doi:10.1002/14651858.CD005578</u>.
- Jagger R (2008). "The effectiveness of occlusal splints for sleep bruxism". Evidence-based Dentistry. 9 (1): 23. <u>doi:10.1038/sj.ebd.6400569</u>. <u>PMID 18364692</u>.

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		
	Revised	11/11/2022	Annual Review	Committee		
	Revised	11/01/2023	Annual Review	Committee		

8. CDT 2024 Current Dental Terminology, American Dental Association.

Federal and State law, as well as contract language, takes precedence over Dental Clinical Policy. Dental Clinical Policy provides guidance in interpreting dental benefit application. The Plan reserves the right to modify its Dental Clinical Polices and guidelines periodically and as necessary. Dental Clinical Policy is provided for informational purposes and does not constitute medical advice. These Policies are available for general adoption by any lines of business for consistent review of the medical or dental necessity and/or appropriateness of care of dental services. To determine if a review is required, please contact the customer service number on the member's card.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the Plan. Current Dental Terminology - CDT © 2024 American Dental Association. All rights reserved.