



Dental Clinical Policy

Subject: Occlusal Orthotic Device
Guidelines #: 07-800
Status: Revised

Publish Date: 01/01/2025
Last Review Date: 10/31/2024

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| Description | |
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This document addresses the placement of an occlusal orthotic device.

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| Clinical Indications |
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Occlusal Orthotic Devices are used to reposition or stabilize the jaw for the treatment of temporomandibular disorders (TMD) as well as to control orofacial pain. This device may not be a covered service under the dental plan. TMD and these appliances are considered medical in nature and are typically covered under the medical plans. Additionally, occlusal orthotic devices may not be used in the treatment of obstructive sleep apnea.

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| Criteria |
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1. Requires a narrative and patient records with rationale for treatment.

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| Coding | |
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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:

- D7880 occlusal orthotic device, by report
- D7881 occlusal orthotic device adjustment

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

References

1. Dylina TJ. "The Basics of Occlusal Splint Therapy" Dentistry Today 7/1/2002
2. Crout Danny K. "Anatomy of an Occlusal Splint" General Dentistry March/April 2017
3. CDT 2025 Current Dental Terminology, American Dental Association

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| History |
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| Revision History | Version | Date | Nature of Change | SME |
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| | Initial | 12/02/2020 | Initial | 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 |
| | Revised | 10/31/2024 | Minor editorial refinements to description and clinical indications; intent unchanged. | Committee |
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