



# Dental Clinical Policy

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

**Publish Date:** 01/01/2026  
**Last Review Date:** 10/30/2025

## Description

This document addresses the placement of an occlusal orthotic device.

## Clinical Indications

Occlusal Orthotic Devices are used to reposition or stabilize the jaw for the treatment of temporomandibular joint 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.

## Criteria

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

## 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:

D7880 occlusal orthotic device, by report  
D7881 occlusal orthotic device adjustment  
D7899 unspecified TMD therapy, by report

**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 2026 Current Dental Terminology, American Dental Association

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## History

Revision History	Version	Date	Nature of Change	SME
	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
	Revised	10/30/2025	Minor editorial refinements to description and clinical indications; intent unchanged. Added code D7899	Dr. Balikov

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