



Dental Clinical Policy

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

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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.

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
D9936 cleaning and inspection of occlusal guard – per appliance
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](#).
2. 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. [doi:10.11607/jop.921. PMID 23630682](#).
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](#).
8. CDT 2026 Current Dental Terminology, American Dental Association.

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
Revised	11/05/2024	Minor editorial refinements to clinical indications; intent unchanged.	Committee
	Revised	10/17/2025	Addition of code D9936 Dr. Stewart Balikov

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