



Dental Clinical Policy

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

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Last Review Date: 12/06/2020

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

The plan performs review of an occlusal orthotic device due to contractual requirements that necessitate benefits for dental services meet specific contract requirements. For example, plan contract(s) may require the provision of benefits for services that meet generally accepted standards of dental care at the lowest cost that properly addresses the patient’s condition. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by the dental plan.

Clinical Indications

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.

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

Criteria

1. Require 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

IDC-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 Marc/April 2017

History

Revision History	Version	Date	Nature of Change	SME
	Initial	12/02/2020	Initial	Committee
	Revised	12/06/2020	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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