

**BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE  
DENTAL CLINICAL REVIEW CRITERIA**

<b>Department</b>	<b>Utilization Management</b>
<b>Policy Number</b>	<b>D0017</b>
<b>Subject</b>	<b>Occlusal Guards Coverage and Bleaching Exclusions</b>
<b>Attachments</b>	<b>None</b>

**Overview**

This clinical policy provides guidance for determining dental and medical necessity related to member benefits. These criteria support consistent benefit administration and do not guarantee payment or specific outcomes. Coverage decisions are governed by the member’s benefit plan, including applicable terms, conditions, exclusions, limitations, and all state and federal regulations. This policy is informational and does not replace professional clinical judgment.

**Definition**

**Occlusal Guards:**

Occlusal guards are removable dental appliances used to minimize effects of bruxism or other occlusal factors. Occlusal guards may be fabricated of hard or soft material.

The ADA specifies that any appliance incorporating both hard and soft materials should be classified and reported as a hard appliance.

- A hard guard has an articulated occlusal surface that has a different therapeutic effect than a soft guard.
- A combination hard and soft only makes the operative (hard) part of the guard, the occlusal surface, more comfortable, but doesn’t change the substantive effect, fabrication and use of the guard.

Therefore, guards that have any hard occlusal component, regardless of whether or not they have a soft component in addition, should be coded as a hard appliance.

**Criteria**

Blue Cross Blue Shield of Arizona Health Choice requires documentation supporting **moderate to severe occlusal wear** to establish medical necessity (e.g., generalized

flattening of occlusal/incisal surfaces with dentin exposure, significant enamel loss, or wear facets associated with repeated chipping/fracture of teeth or restorations).

## Indications

Occlusal guards may be considered medically necessary when the submitted clinical notes and images (as applicable) demonstrate the following:

1. Bruxism and/or clenching associated with the documented occlusal wear, or
2. Recurrent fractures or chipping of natural teeth and/or existing restorations consistent with parafunctional activity.

## Contraindications

Occlusal guards are **not** considered medically/dentally necessary for the following:

1. Management of temporomandibular joint disorders or myofascial pain conditions. Appliances for TMJ-related symptoms should not be billed under D9944, D9945, or D9946.
2. Use as part of orthodontic treatment to facilitate tooth movement.
3. Use as an athletic mouthguard.

## Required Documentation

1. Clinical notes.
2. Intraoral photographs and radiographic images illustrating conditions that warrant the use of occlusal guards.
3. Detailed dental narrative describing symptoms

## Teeth Whitening/Bleaching

Blue Cross Blue Shield of Arizona Health Choice does not cover teeth whitening or bleaching services. This includes all internal or external in-office procedures as well as dentist-dispensed take-home whitening products. These services are considered cosmetic in nature, intended to enhance the appearance of the teeth, and therefore do not meet medical or dental necessity criteria.

## Coding/Billing

The codes listed below are for reference purposes only. Listing a code does not imply coverage or non-coverage. Coverage is determined by medical or dental necessity criteria, member benefit plans, and applicable regulatory requirements. This list may not be all-inclusive.

## CDT Codes

Key:

C = Covered

N = Not Covered

Code	Description	Medicaid Age 0-20	Medicaid Age 21+	Medicare HCP
D9936	Cleaning and inspection of occlusal guard-per appliance	C	N	N
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	C	N	N
D9944	Occlusal guard - hard appliance, full arch	C	N	C
D9945	Occlusal guard - soft appliance, full arch	C	N	C
D9946	Occlusal guard - hard appliance, partial arch	C	N	C

The following CDT codes are not covered:

Codes	Description
D9942	Repair and/or reline of occlusal guard
D9943	Occlusal guard adjustment
D9950	Occlusal analysis – mounted case
D9952	Occlusal adjustment - complete
D9972	External bleaching - per arch - performed in office
D9973	External bleaching - per tooth
D9974	Internal bleaching - per tooth
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays

## References:

- American Dental Association, Documenting Occlusal Guards with Hard and Soft Components, 2024.
- American Dental Association. CDT2026 Current Dental Procedures. 2026.
- AHCCCS Medical Policy Manual Chapter 400 – Maternal And Child Health 431- Oral Health Care For Early And Periodic Screening, Diagnosis And Treatment Aged Members.

### Policy History/Review Date

Developed Date	05/01/2026
Last Review Date	05/2026
Next Review Date	05/2027

**This policy will be reviewed on an annual basis.**