Molina Clinical Policy
Criteria for Occlusal Guards
Policy No. 16.13
Last Approval: 05/23/2025

DISCLAIMER

The clinical criteria outlined is generalized. Services described may not be covered for a particular plan type. In addition, there may be additional plan specific criteria regarding treatment. Therefore, it is essential dental providers review the Benefits Covered Section of the Office Reference Manual (ORM) before providing any treatment.

OVERVIEW

The criteria outlined is based on procedure codes as defined in the American Dental Association's Code Manuals[1]. Documentation requests for information regarding treatment using these codes are determined by generally accepted dental standards for review, such as radiographs, periodontal charting, treatment plans, or descriptive narratives. In some instances, the State legislature will define the requirements for dental procedures.

These criteria were formulated from information gathered from practicing dentists, dental schools, ADA clinical articles and guidelines, insurance companies, as well as other dental related organizations. These criteria and policies must meet and satisfy specific State and Health Plan requirements as well. They are designed as guidelines for review and payment decisions and are not intended to be all-inclusive or absolute.

It is also recognized that "local community standards of care" may vary from region to region and incorporate generally accepted criteria that will be consistent with both the concept of local community standards and the current ADA concept of national community standards.

Prior authorization and post-service review prior to payment are common methods of ensuring medical necessity for payment. Prior Authorization and post-service review are more effective than pay-and-chase processes and preferrable to recoupment.

Clinical review (prior authorization or post-service) is necessary for occlusal guards to protect the program due to the prevalence of incorrect coding for the type of guard. Occlusal guards are commonly reviewed by other Medicaid dental insurance programs for necessity/adherence to clinical criteria.

COVERAGE POLICY

Documentation needed for review of procedure:

- Narrative describing medical necessity

Criteria

Occlusal guards must be medically necessary. Occlusal guards must be coded for the correct type of guard (hard versus soft and full arch versus partial arch).

CODING & BILLING INFORMATION

CDT (Current Dental Terminology) Codes

Code	Description	Authorization Required	Frequency Limitations
D9944	occlusal guard--hard appliance, full arch	Prior Auth or Post-Service	None
D9945	occlusal guard--soft appliance full arch	Prior Auth or Post-Service	
D9946	occlusal guard--hard appliance, partial arch	Prior Auth or Post-Service	

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APPROVAL HISTORY

04/02/2025	Policy reviewed and approved.
05/23/2025	Updated policy reviewed and approved.

REFERENCES

1. American Dental Association's Code Manuals (https://www.ada.org/publications/cdt)