

# Maximizing Insurance Benefits

## For Splint Patients



*This guide contains dental insurance information and dental codes to assist you in processing insurance claims for splint treatment.*



*Reference:*  
American Dental Association  
[www.ada.org](http://www.ada.org)

# Navigating the Dental Insurance System

Knowing dental plan limitations and exclusions is invaluable in achieving the successful payment of dental insurance claims. When submitting claims to a dental insurance company, it is crucial to use the correct code to identify the procedure performed. The American Dental Association (ADA) has led the way in the development of a standard dental procedure code set, known as the Code of Dental Procedures and Nomenclature. Much of the information contained in this guide is from the ADA's *Current Dental Terminology* manual.

## ADA Tip:

### **The existence of a dental procedure code does not mean that the procedure is a covered or reimbursed benefit in a dental benefits plan.**

It is not easy for an office to become familiar with the details of every dental plan it encounters. The patient, not the dental office, is responsible for knowing what is covered and what is excluded from her or his dental plan. Certain dental benefits plans require predetermination when covered charges are expected to exceed a certain amount.

## Pre-authorization/Predetermination

It is often beneficial to contact the dental insurance company in advance of treatment to obtain pre-authorization which will ensure that the procedure or appliance will be covered by the patient's insurance. Whether you want to obtain pre-authorization or submit the claim after treatment, a narrative explanation (as described below) is often most effective. Pre-authorization is essential if there doesn't appear to be an appropriate code or if you are unsure of coverage for a specific procedure or appliance. Predetermination is required when treatment charges are expected to exceed a specific amount.

## Narrative Explanation

A written explanation should accompany a code when submitting a claim for your patient. The content of the written narrative should focus on the diagnosis and the symptoms being treated as well as on the appliance or therapy prescribed.

The narrative should be submitted on office letterhead, contain the ADA code, the name of the procedure or appliance, a brief explanation of the symptoms, and any other information relevant to the claim, including a medical condition or injury that could be contributing to the symptoms. Patient information can be included in the narrative or can be sent in a separate document. Diagnostic documentation such as radiographs or photographs could be included.

**Tip:** The specific nomenclature used in the narrative can sometimes impact the outcome of the claim. If words like "TMJ" and "splint" are not effective, alternate words like "mouth guard," "night guard," "bite guard," or "bite relaxer" may be more effective.

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Occlusal Bite Guard

ADA Code D9940

The occlusal bite guard is a hard acrylic appliance designed on stone casts from both upper and lower impressions and a centric relation bite registration.

The bite guard or splint is an appliance used for the treatment of bruxism. If left untreated, bruxism can lead to excessive occlusal wear and/or cervical abfraction.

Patient symptoms include morning joint tenderness, headaches, click in the joint, pain, and occlusal wear.

Please contact us with any questions at 716.871.1161.

Thank you,

Dental Care Specialists  
T.M. Jay, DDS

*Sample Narrative Explanation*

## Knowing the Right Codes (ADA CDT)

It is important to remember to select the correct code that most accurately describes the procedure being performed. Claim denial and lower benefit payments could result if proper procedure codes are not used.

### Radiographs/Diagnostic Imaging (including interpretation)

**D0320 temporomandibular joint arthrogram, including injection**

**D0321 other temporomandibular joint films, by report**

**D0322 tomographic survey**

**D0330 panoramic film**

**D0340 cephalometric film**

### Tests and Examinations

**D0470 diagnostic casts**

Also known as diagnostic models or study models.

### Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions

**D7880 occlusal orthotic device, by report**

Presently includes splints provided for treatment of temporomandibular joint dysfunction.

**D7899 unspecified TMD therapy, by report**

Used for procedure that is not adequately described by a code. Describe procedure.

### Professional Consultation

**D9310 consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician**

A patient encounter with a practitioner whose opinion or advice regarding evaluation and/or management of a specific problem; may be requested by another practitioner or appropriate source. The consultation includes an oral evaluation. The consulted practitioner may initiate diagnostic and/or therapeutic services.

### Appliance Coverage

**D9940 occlusal guard, by report**

Removable dental appliances, designed to minimize the effects of bruxism (grinding) and other occlusal factors.

**D9942 repair and/or reline of occlusal guard**

**D9950 occlusion analysis – mounted case**

Includes, but is not limited to, facebow, interocclusal records tracings, and diagnostic wax-up; for diagnostic casts, see D0470.

### Miscellaneous Services

**D9951 occlusal adjustment – limited**

May also be known as equilibration; reshaping the occlusal surfaces of teeth to create harmonious contact relationships between the maxillary and mandibular teeth. Presently includes discing/odontoplasty/enamoplasty. Typically reported on a “per visit” basis. This should not be reported when the procedure only involves bite adjustment in the routine post-delivery care for a direct/indirect restoration or fixed/removable prosthodontics.

**D9952 occlusal adjustment – complete**

Occlusal adjustment may require several appointments of varying length, and sedation may be necessary to attain adequate relaxation of the musculature. Study casts mounted on an articulating instrument may be utilized for analysis of occlusal disharmony. It is designed to achieve functional relationships and masticatory efficiency in conjunction with restorative treatment, orthodontics, orthognathic surgery, or jaw trauma when indicated. Occlusal adjustment enhances the healing potential of tissues affected by the lesions of occlusal trauma.

## Commonly Asked Questions

### ***What is the code for adjustment of a TMJ appliance?***

There is no specific procedure code to report “adjustment of a TMJ appliance.”  
An available code is “**D7899 unspecified TMD therapy, by report.**”

### ***Is there a code for relining or repairing an occlusal guard?***

Report code “**D9942 repair and/or reline of occlusal guard.**”

### ***Can I access and complete the ADA's dental claim form online?***

Yes. Two electronic versions of the ADA's Dental Claim Form are linked from the main menu of the ADA website.

Visit [www.ada.org](http://www.ada.org). From the main menu select:

Claim Form to Complete on Paper – click on the link to open the document, print, and complete by hand

Claim Form to Complete Electronically – click on the link to open the document, type in the information requested, then print and submit on paper or via fax.

*Note: If you wish to save completed claim forms on your computer, Adobe® Acrobat® Standard Software is required. (It is different from Acrobat® Reader.) Acrobat® Standard can be purchased and downloaded by accessing the Adobe website at [www.adobe.com/products/acrobatstd](http://www.adobe.com/products/acrobatstd).*

### ***My patient asks me to call for pre-authorization before beginning treatment. Is there anything I should know before calling?***

Insurance companies screen calls of this nature by the terms used. As in the preparation of the narrative, focus on the patient symptoms you are treating. Sometimes claims are denied based just on the use of the term “TMJ.”

### ***If my claim is denied, is there anything I can do?***

Re-submit the claim with a change to your narrative. Encourage your patient to contact the benefit provider directly (as the owner of the policy) to determine if any additional information is needed to obtain coverage.

For more information, forms, or questions about dental benefits, contact the American Dental Association's Council on Dental Benefits by telephone at 312.440.2735 or by e-mail at [dentalcode@ada.org](mailto:dentalcode@ada.org).

For more information about Great Lakes digital fabrication process or digital splints, contact Great Lakes Technical Support Specialist,  
**Renée Zureck**

Direct: **716.319.1223**  
Toll-free: 800.828.7626  
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