

Dental Clinical Policy: Behavior Guidance (Management)

Reference Number: CP.DP.10

Last Review Date: 12/24

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Behavior guidance (management) is a series of steps/techniques designed to modify or improve patient reactions to stress or anxiety in the dental office.

Policy/Criteria

Behavioral Guidance Techniques (BGT) are typically placed into two classifications: 1) Basic or Advanced BGTs; and 2) Non-pharmacologic or Pharmacologic BGTs. Basic guidance techniques are classified as non- pharmacologic (communication-related) and pharmacologic. Advanced guidance techniques are also classified as non-pharmacologic and pharmacologic.

Pharmacologic techniques are at the upper end of the spectrum of both Basic and Advanced BGTs. They are more intensive, invasive and inclusive of non- pharmacologic BGTs.

- I. BGTs are considered safe and effective when properly administered by trained individuals. BGTs been proven effective to help reduce or minimize anxiety, fear and pain control during the delivery of dental services, particularly for children and special health care needs patients.

BGTs are typically placed into two classifications: 1) Basic or Advanced Behavioral Guidance Techniques; and 2) Non-pharmacologic or Pharmacologic Behavioral Guidance Techniques. Basic guidance techniques are classified as non- pharmacologic (communication-related) and pharmacologic. Advanced guidance techniques are also classified as non-pharmacologic and pharmacologic.

Pharmacologic techniques are at the upper end of the spectrum of both Basic and Advanced BGTs. They are more intensive, invasive and inclusive of non- pharmacologic BGTs.

Basic non-pharmacologic guidance techniques are considered communicative management techniques.

A. Communicative management techniques include the following²:

1. Tell-show-do;
2. Ask-tell-ask;
3. Voice control;
4. Non-verbal communicaitons;
5. Positive reinforcement and descriptive praise;
6. Distraction;
7. Memory restructuring;
8. Communication techniques for parents and age-appropriate children;

B. The one basic pharmacologic guidance technique is as follows:

1. Nitrous oxide/oxygen inhalation;

C. The one advanced non-pharmacologic guidance technique is as follows;

1. Protective stabilization;

D. Advanced pharmacologic guidance techniques include the following:

1. Sedation;
2. General anesthesia

Coverage Limitation/Exclusions

1. CDT Code D9920 is NOT covered in all states. In some states, it has limited applicability. See the section on State-Specific Rules toward the end of this policy;
2. CDT Code D9920, subject to state-specific rules, is used to report both basic and advanced non-pharmacologic BGTs when no basic or advanced pharmacologic BGT is used. Each basic and advanced pharmacologic BGT has its own specific CDT Code;
3. While a basic or advanced non-pharmacologic BGT may occur as a prelude to or part of a basic BGT (D9230) or advanced pharmacologic (D9248) BGT, only the pharmacologic BGT will be reimbursed. This means that if D9920 and either D9230 or D9248 are submitted for the same member on the same date of service, only the D9230 or D9248 will be reimbursed.
4. The use of CDT Code D9230 is to report the use of the one basic pharmacologic BGT. Reimbursement for D9230 includes any basic or advanced non-pharmacologic BGT (D9920) that may serve as a prelude to D9230. If D9920 and D9230 are submitted for the same member on the same date of service, only the D9230 will be reimbursed. Additionally, while D9230 may serve as prelude to an advanced pharmacologic BGT (D9248, D9239, D92220), only the advanced pharmacologic BGT will be reimbursed. This means that if any combinations of codes D9920, D9230 and D9248 are submitted for the same member on the same date of service, only the D9248 will be reimbursed;
5. The use of codes D9248, D9239/D9243 and D9222/D9223 are to report the use of advanced pharmacologic BGTs. While a non-pharmacologic or basic pharmacologic BGT may serve as a prelude, introduction or addition to an advanced pharmacologic BGT, only the advanced pharmacologic BGT will be reimbursed. This also means that if any combinations of codes D9920, D9230 and D9248 are submitted for the same member on the same date of service, only the D9248 will be reimbursed;
6. The determination of which CDT Code will be reimbursed is based on the BGT classification (Basic vs. Advanced and Non-Pharmacologic vs. Pharmacologic) and the CDT 2023 Preface, which states the following:
 - a. The presence of a CDT Code does not mean that the procedure is:
 - i. Endorsed by any entity or is considered a standard of care
 - ii. Covered or reimbursed by a dental benefits plan
 - b. Required Statement – if there is more than one code in this edition that consists of a procedure and a dentist submits a claim under one of these codes, the payor may process the claim under any of these codes that is consistent with payor’s reimbursement policy
7. D9920 – In states where D9920 is a covered benefit, clinical criteria in the Envolve Dental Provider Manual must be met. Not reimbursable if submitted with D9230 or D9248 for the same member on the same date of service. Only the additional time above the time normally required to complete the services may be reported. Reportable in 15-minute increments. A record of that time must be kept in the member’s clinical record and is subject to retrospective review and audit;
8. D9230 – Clinical criteria in the Envolve Dental Provider Manual must be met. Only one (1) unit of D9230 is payable per member per date of service;
9. D9248 – Clinical criteria in the Envolve Dental Provider Manual must be met. Not reimbursable if submitted with D9222, D9223, D9239 or D9243 for the same member on the same date of service. Includes non-intravenous (oral or inhalation) administration of sedative and/or analgesic agent(s) and appropriate monitoring. A time-based record that includes the name of

administering provider, name of drugs administered, route, site, time, dosage, and patient effect of administered drugs must be kept in the member’s clinical record and is subject to retrospective review and audit;

10. When all reporting and clinical requirements, as well as member eligibility and frequency requirements, have been met, the following scenarios will apply when multiple services are reported for the same member on the same date of service:

- a. D9920* and D9230 – only D9230 will be payable
- b. D9920* and D9248 – only D9248 will be payable
- c. D9230 and D9248 – only D9248 will be payable
- d. D9920*, D9230 and D9248 – only D9248 will be payable
- e. Any combination of D9920*, D9230, D9248 with D9239/D9243 or D9222/D9223 – only D9239/D9243 or D9222/D9223 will be payable

* **D9920 is applicable only in states where it is a covered benefit**

Coding Implications

This clinical policy references Current Dental Terminology (CDT®). CDT® is a registered trademark of the American Dental Association. All CDT codes and descriptions are copyrighted 2024, American Dental Association. All rights reserved. CDT codes and CDT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Retrospective review/analysis or fraud, waste and abuse initiatives that identify mis-coding (upcoding) resulting in higher reimbursement than allowed for the correctly coded service, or does not provide documentation supporting performing and/or completing claimed services may result in the recoupment of the identified monetary variance by any of the following means: a) from the payment for other claimed services; or b) directly from the provider.

CDT® Codes	Description
D9920	Behavior management
D9230	Inhalation of nitrous oxide analgesia/anxiolysis
D9248	Non-intravenous (oral) conscious sedation
D9239	Intravenous moderate (conscious) sedation/analgesia, 1 st 15 minutes
D9243	Intravenous moderate (conscious) sedation/analgesia, each additional 15 minutes
D9222	Deep sedation/general anesthesia, 1 st 15 minutes
D9223	Deep sedation/general anesthesia, each additional 15 minutes

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
Behavioral Health-related Codes	
F90.9	ADD / ADHD
F84.0	Autism
R45/5	Combative behavior
F44.9	Hysteria

ICD-10-CM Code	Description
F79	Intellectual deficit
F41.9	Severe anxiety
F41.8	Situational anxiety
F91.9	Uncooperative patient
Cardiac-related Codes	
45.9	Arrhythmias
I50.20	Congestive heart failure
I25.9	Ischemic heart disease
I35.9	Significant valvular DH
I16.0	Uncontrolled HTN (>160/100)
Gastrointestinal-related Codes	
K27.9	Dysphagia
E46	Malnutrition
K27.9	Peptic ulcer disease
R13.10	Swallowing issue
Hematology/Oncology-related Codes	
D64.9	Anemia (Hgb < 10)
D68.9	Bleeding disorder
Z79.01	Chronic anticoagulation
R04.7	Epistaxis
D72.829	Leukocytosis
D72.819	Leukopenia
C80	Malignancy
Infectious Disease-related Codes	
J47.9	Bronchiectasis
J18.0	Bronchitis / Pneumonia
B20	HIV
A15.0	Tuberculosis
Metabolic/Endocrine-related Codes	
E13	Diabetes mellitus
E03.9	Hypothyroidism
E66.1	Morbid obesity (BMI 40+)
Neurologic-related Codes	
G80.9	Cerebral palsy
D	Dementia (any type)
E88.40	Mitochondrial disease
G71.0	Muscular dystrophy
G70.9	Neuromuscular disease
G40.909	Seizure disorder
F72:	Severe mental delay
G81.13	Spastic paralysis
Pulmonary-related Codes	

ICD-10-CM Code	Description
F17.200	Cigarette smoker
J44.9	Chronic obstructive pulmonary disease
R04.2	Hemoptysis
J96.02	Hypercapnia
R09.02	Hypoxia
J45.909	Poorly controlled asthma
J98.4	Restrictive lung disease
J45.52	Severe asthma
G47.33	Sleep apnea
J39.8	Tracheal issues
Rheumatology-related Codes	
M06.9	Rheumatoid arthritis
L94.0	Scleroderma
M32.9	Systemic lupus
Other-related Codes	
T78.40XA	Allergy
T88.59XA	History of anesthesia problems

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	9/19	9/19
Annual Review	11/21	11/21
Annual Review	12/22	12/22
Annual Review and Format Change	12/23	12/23
Annual Review	12/24	12/24

References

1. American Dental Association. CDT 2024: Dental Procedure Codes. American Dental Association, 2024.
2. Wells, M.H., McCarthy, B.A., Tseng, C.H., Law, C.S. Usage of Behavior Guidance Techniques Differs by Provider and Practice Characteristics. *Pediatric Dentistry*, 40/NO 3, May/June 2018. <https://www.aapd.org/assets/1/7/201-8.pdf>.
3. American Academy of Pediatric Dentistry Behavioral Guidance for the Pediatric Dental Patient. Reference Manual V40/NO6 18/19 https://www.aapd.org/globalassets/media/policies_guidelines/bp_behavguide.pdf.
4. Singh, H., et al. Techniques for the Behaviors Management in Pediatric Dentistry. *International Journal of Scientific Study*, October 2014, Vol 2, Issue 7, pp. 269-272. Retrieved from: https://www.ijss-sn.com/uploads/2/0/1/5/20153321/ijss_oct_ra02.pdf.

State-Specific Rules

1. The following states do not provide coverage for D9920: Arizona, Mississippi, Missouri, Ohio, and Wisconsin.
2. Georgia only provides coverage for D9920 for those children who are “handicapped,

- retarded, or age three years old or under” who cannot be managed or handled in the routine dental office setting through normal office procedures.
3. New Mexico only provides coverage for D9920 at designated and specially contracted facilities with permits to provide services to special needs members.
 4. Kansas provides coverage for D9920 for all benefit programs except for Title 19 adults 21 years of age or older.
 5. Pennsylvania only provides coverage for D9920 for members who are difficult to manage because of developmental disabilities.

Definitions

1. *Behavioral Guidance/Management*: Basic and advanced techniques, both non-pharmacologic and pharmacologic, used to alleviate anxiety, nurture a positive dental attitude, and perform quality oral health care safely and efficiently.
2. *Nitrous oxide/oxygen inhalation*: A safe and effective technique to reduce anxiety and enhance effective communication. Its onset of action is rapid, the effects easily are titrated and reversible, and recovery is rapid and complete. Additionally, nitrous oxide/oxygen inhalation mediates a variable degree of analgesia, amnesia, and gag reflex reduction.
3. *Non-Intravenous (Oral) Moderate (Conscious) Sedation*: A medically controlled state of depressed consciousness while maintaining the patient’s airway, protective reflexes and the ability to respond to stimulation or verbal commands. It includes non-intravenous administration of sedative and/or analgesic agent(s) and appropriate monitoring.
4. *IV Sedation*: A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate.
5. *General Anesthesia*: A drug-induced loss of consciousness during which patients are not aroused, even by painful stimulation. The ability to independently maintain ventilator function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of dental practice; peer-reviewed dental/medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national dental and health professional organizations; views of dentists practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. Envolve Dental makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of dental practice current at the time that this clinical policy was approved. “Envolve Dental” means a dental plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Benefit Options, Inc, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to dental and medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It

does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Envolve Dental administrative policies and procedures.

This clinical policy is effective as of the date determined by Envolve Dental. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Envolve Dental retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute dental or medical advice, dental treatment or dental care. It is not intended to dictate to providers how to practice dentistry. Providers are expected to exercise professional dental and medical judgment in providing the most appropriate care, and are solely responsible for the dental and medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating dentist in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom Envolve Dental has no control or right of control. Providers are not agents or employees of Envolve Dental.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <https://www.cms.gov> for additional information.

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