
Delta Dental of Ohio Clinical Criteria for Utilization Management Decisions

Clinical Criteria for Non-Pharmacologic Behavior Management

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Introduction

This Delta Dental of Ohio clinical criteria document addresses non-pharmacologic behavior management services. The purpose of this document is to provide written clinical criteria to ensure that Delta Dental of Ohio consistently applies sound and objective clinical evidence when determining the medical necessity and clinical appropriateness of using behavior management/behavior guidance techniques, as well as taking individual patient circumstances and the local delivery system into account.

The term "behavior guidance" is generally favored over "behavior management" because the former term better describes the process of interacting with a patient to promote behavior conducive to achieving and maintaining good dental health. The former term will be used in this document when describing specific techniques and the latter term will be used when referring to benefit coverage of behavior management services.

The American Academy of Pediatric Dentistry (AAPD) describes behavior guidance as pharmacological and non-pharmacological techniques that "...are used to alleviate anxiety, nurture a positive dental attitude, and perform quality oral health care safely and efficiently for infants, children, adolescents, and persons with special health care needs...". The AAPD lists the goals of behavior guidance as (1) establishing communication with patients, parents and responsible persons, (2) mitigating patient fear of dental treatment, (3) educating patients, parents and responsible persons on the importance of oral health, (4) helping patients develop a positive attitude towards oral health care, (5) interacting with patients, parents and responsible persons to build a level of trust with dental team members and (6) providing safe and effective dental care for patients requiring behavior guidance.

Depending on the short-term and long-term goals for an individual patient's oral health care, techniques commonly categorized as basic behavior guidance and/or advanced behavior guidance may be utilized as part of the patient's treatment plan. Non-pharmacologic-based behavior guidance can include both basic and advanced techniques. Pharmacologic-based behavior guidance involves advanced techniques, including sedation and general anesthesia, which are not covered in this document.¹

- **Basic Behavior Guidance**

Basic behavior guidance techniques focus on communication between the clinician and the patient. Communicative guidance includes a range of techniques that can facilitate bidirectional communication with the patient, allowing the clinician to convey requests and directives to the patient in a manner that encourages compliance. Depending on the patient, different behavior guidance techniques or combinations of techniques in a continuum of interactions may offer the best outcomes. Basic communicative guidance techniques that may be employed include:

- **Tell-Show-Do**

The purpose of the tell-show-do technique is to familiarize and desensitize the patient with respect to planned procedures of dental care and encourage a positive response. This technique involves telling the patient about a pending dental procedure in terms appropriate to the patient's developmental/cognitive level, then demonstrating the sensory elements of the procedure, instrument and/or material to the patient in a non-threatening manner and finally completing treatment in the manner of the explanation and demonstration.

- **Non-Verbal Behavior Guidance**

¹ See the Delta Dental of Ohio *Clinical Criteria for Anesthesia and Intravenous Sedation* at <https://deltadental.pub/clinicalcriteria>

Methods of intentional nonverbal communication can be utilized in conjunction with verbally-based behavior guidance techniques to focus a patient's attention on the clinician and help foster more effective communication. This technique is intended to provide non-verbal cues to patients via facial expressions, body language and appropriate contact to help convey a positive message about what a patient may expect from the dental visit.

- **Positive Reinforcement**

Positive reinforcement is another process that may be used synergistically with other behavior guidance techniques to increase the likelihood of positive patient behavior occurring again. The principle of this technique is to provide social reinforcement to specifically recognize and reward desired behavior, e.g., a child cooperating by sitting still for a dental care procedure. Both social and non-social reinforcers may be utilized such as verbal praise and tangible rewards such as a toy or other patient-appropriate object.

- **Distraction**

Distraction-based behavior guidance is another strategy that can be employed with other behavior guidance techniques. The distraction technique involves diverting a patient's attention from a dental procedure by conversation, storytelling, music, visual media and other means of decreasing a patient's perception of an unpleasant experience by focusing on a pleasant stimulus.

- **Voice Control**

Voice control is a behavior guidance technique generally used in pediatric dentistry where the clinician intentionally alters voice volume and/or tone when speaking to a patient. This technique is typically utilized when a patient ignores a request made by a clinician in a normal volume and tone of voice. With the voice control technique, the request is then clearly rephrased in what is usually a more assertive tone of voice that may be increased in volume to gain the patient's attention and cooperation. When compliance is achieved, positive reinforcement is recommended to positively reinforce the desired patient behavior.

- ***Advanced Behavior Guidance: Protective Stabilization***

When basic behavior guidance techniques are ineffective, advanced non-pharmacologic behavior guidance in the form of protective stabilization techniques may be required. The AAPD describes protective stabilization in the Academy's best practices guideline on the subject as "the term utilized in dentistry for the physical limitation of a patient's movement by a person or restrictive equipment, materials, or devices for a finite period of time in order to safely provide examination, diagnosis, and/or treatment."

The use of protective stabilization is intended to partially or completely immobilize a patient when definitely needed to protect the patient and/or dental team members when providing necessary dental care. Protective stabilization should be employed only when basic behavior guidance techniques are ineffective or unfeasible. In those cases, the least restrictive stabilization method should be selected that allows safe treatment of the patient. Protective stabilization should only be employed by trained clinicians and staff with informed consent of parents or responsible persons and with full documentation including the reason for the use of protective stabilization, a description of the device used and a record of the duration and outcome of use. Examples of protective stabilization methods include the use of wraps to stabilize arms and legs, utilization of supportive seat belts and the use of the stabilization devices commonly known as "papoose" boards.

Behavior guidance techniques may be performed by general dentists, pediatric dentists and other dental specialists in a variety of healthcare facilities.

Applicable Dental Procedure Codes

The following dental procedure codes defined in the current version of the American Dental Association's Code on Dental Procedures and Nomenclature (the CDT® Code) are applicable to this document and are the appropriate codes to use when documenting behavior management services. Inclusion of these codes here is for informational purposes only and does not imply benefit coverage or noncoverage of a procedure by a member's dental plan. A determination that a dental procedure is medically necessary and clinically appropriate does not guarantee that the procedure is a covered benefit of a member's dental plan. To determine if behavior management services are a covered benefit of an individual member's dental plan, please refer to the plan documents in effect on the date of service.

CDT® Procedure Code	Procedure Code Nomenclature
D9920	behavior management, by report

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Clinical Criteria²

When approval of benefit payment for non-pharmacological behavior management services by a member's dental plan requires a determination by Delta Dental of Ohio that behavior management is medically necessary and clinically appropriate, the patient's dental record must document a generally accepted indication for behavior management. The following conditions are generally considered to be indications for the utilization of behavior guidance techniques.

- *Basic Behavior Guidance*

Basic behavior guidance techniques are indicated for patients who can be treated in the dental office setting, but where there is documentation of a physical, developmental, behavioral, psychological or other condition that requires non-pharmacologic basic behavior guidance interventions to avert negative behaviors that would otherwise preclude the safe delivery of quality dental care. Examples of conditions where non-pharmacologic basic behavior guidance may be indicated include, but are not limited to:

- Young children with limited cooperative potential where the use of behavior guidance techniques may produce manageable patient compliance
- Patients with a high level of anxiety associated with the dental setting who are receptive to basic behavior guidance interventions provided to manage fear and allow care to be delivered
- Patients with barriers to bidirectional verbal communication due to medical, cultural, psychosocial or other conditions that may be overcome through behavior guidance
- Patients with cognitive disabilities with a limited ability to understand and follow clinician directives where additional time spent on behavior guidance may result in adequate patient compliance
- Patients with emotional conditions resulting in uncooperative behavior in the dental setting that may be adequately improved with basic behavior guidance interventions

² Government regulations or the provisions of a member's dental plan that define when a dental procedure may be considered medically necessary and clinically appropriate with respect to benefit coverage may take precedence over these clinical criteria.

- *Advanced Behavior Guidance: Protective Stabilization*

Protective stabilization is indicated for unsedated patients who exhibit uncontrolled movements detrimental to safely receiving quality dental care, uncooperative patients requiring limited treatment for whom sedation/general anesthesia is not an option and patients who require urgent care who have uncontrolled movements or are uncooperative due to level of development or mental conditions.

Prior to utilizing protective stabilization on a patient, the clinician should evaluate the patient's physical, medical and/or psychological condition that is an indication for advanced non-pharmacologic behavior guidance, any patient-specific contraindications for the application of basic behavior guidance techniques, the patient's dental condition and treatment needs and the specific protective stabilization method to be employed.

Any use of protective stabilization must be performed by clinicians with appropriate training and experience and must be applied in a manner consistent with the AAPD's requirements for objectives, indications, contraindications, alternate behavior guidance modalities and precautions for patient safety.

For patients who do not meet the published qualifying criteria for non-pharmacological behavior management services, Delta Dental of Ohio will consider documentation from relevant clinicians that explains the necessity of covering behavior management techniques for conditions not included in the criteria.

Depending on the clinical circumstances, the use of behavior management techniques under the following conditions may be considered not medically necessary, inadvisable or deficient in clinical quality and may result in disapproval of benefits based on a professional determination that treatment is not medically necessary or not clinically appropriate:

- The use of basic or advanced behavior guidance techniques on a cooperative unsedated patient
- The use of basic or advanced behavior guidance techniques when applied solely for the convenience of the clinician or dental team
- The use of behavior guidance techniques that are inappropriate to a patient's condition and circumstances (e.g., attempting to use voice control on with a hearing-impaired patient, using communicative guidance techniques on a patient with insufficient cognitive development)
- Employing a protective stabilization device with a patient who has a physical, medical or psychological condition that contraindicates utilizing restraint
- Employing a protective stabilization device on a patient where the clinician and dental team lack the appropriate education and experience
- Immobilizing a patient with a stabilization device when there is no need to provide treatment requiring stabilization at a particular dental visit
- Conditions where alternative approaches are more appropriate including deferral of treatment or utilization of pharmacological behavior management

Depending on an individual patient's condition and circumstances, the following additional criteria for behavior management services may be applied for coverage determinations:

- Submission of the behavior management procedure code D9920 should be limited to reporting cases where additional clinical staff and/or additional time are required beyond normal staffing and/or treatment time to apply generally accepted non-pharmacologic behavior guidance techniques in order to alter or control patient actions for safe completion of necessary dental treatment. D9920 is intended for reporting of specific non-pharmacologic behavior management interventions and should not be reported for time spent reassuring a mild-to-moderately nervous patient, for reviewing and/or explaining complex dental conditions or procedures or for additional treatment time required for reasons other than patient behavior issues. Advanced pharmacologic-based behavior guidance techniques, including sedation and general anesthesia, should be reported using their appropriate procedure codes.

- When covered by a patient's dental plan, D9920 is not considered eligible for benefit payment when submitted in conjunction with pharmacologic advanced behavior guidance procedures, including sedation and general anesthesia.
- Coverage of behavior management services depends on whether an individual's dental benefit program allows, limits or excludes benefits for the particular service. A dental benefit program may allow coverage only for specific patient conditions and/or particular behavior guidance techniques, or may exclude coverage in all circumstances. Delta Dental of Ohio must determine the eligibility of behavior management services for benefit payment based on the provisions of an individual's specific dental benefit program.
- When dental benefit programs have established program-specific criteria that define when behavior management services are considered medically necessary and eligible for benefit coverage, or that place other limitations on behavior management coverage, Delta Dental of Ohio will apply that criteria when there is a need to evaluate behavior management services for medical necessity.

Other Considerations

When the payment of benefits for a dental procedure by a member's dental plan depends on the application of clinical criteria to determine whether the procedure is medically necessary or clinically appropriate, the following additional information will be taken into consideration, if applicable:

- Individual patient characteristics including age, comorbidities, complications, progress of treatment, psychosocial situation and home environment
- Available services in the local dental delivery system and their ability to meet the member's specific dental care needs when clinical criteria are applied

Required Documentation

The decision to utilize behavior guidance techniques on a patient should be based on a thorough clinical and radiographic examination that facilitates the formulation of an appropriate treatment plan. When the payment of benefits for behavior management services by a member's dental plan depends on a review of the procedure's medical necessity and clinical appropriateness, the treating practitioner should submit with the claim the following information as applicable from the patient's dental record. If the practitioner is unable to provide this information, benefit payment may be disapproved.

- Explanation of the diagnostic rationale for the utilization of behavior guidance techniques specific to the particular patient and treatment episode where behavior guidance was deemed to be required
- Relevant information from the patient's record that substantiates the need for behavior management services, such as the patient's age, physical, developmental, behavioral, psychological or other limiting condition, dental condition, planned dental treatment and specific behavioral impediments to care delivery
- Information on the behavior management services rendered including technique(s) utilized, extra appointment time needed (i.e., the time required beyond the normal treatment time) and any additional staff assistance required to provide behavior guidance
- If protective stabilization is used, include a copy of an informed consent form signed by the responsible person

When determining coverage based on medical necessity or clinical appropriateness, Delta Dental of Ohio may request other clinical information relevant to a patient's care if needed to make coverage decisions.

Additional Information

The provision of dental advice and clinical treatment of patients is the sole responsibility of treating dentists, and these clinical criteria are not intended to restrict dentists from carrying out that responsibility or recommend treatment to their patients.

Delta Dental of Ohio's clinical criteria are developed and annually updated by a panel of licensed dental general practitioners and specialists serving on Delta Dental of Ohio's Utilization Management (UM) Committee, including the Dental Director and Utilization Management Director. The criteria are developed in alignment with evidence-based clinical recommendations, guidelines and parameters of care of leading nationally recognized dental public health organizations, health research agencies and professional organizations, credible scientific evidence published in peer-reviewed medical and dental literature, the curriculum of accredited dental schools, the regulatory status of relevant dental technologies, the rules and requirements of the Centers for Medicare and Medicaid Services, Delta Dental of Ohio national processing policies and input from practicing dentists. New and revised clinical criteria must be approved by the Dental Director and adopted by the UM Committee prior to release.

Federal or state statutes or regulations, dental plan contract provisions, local or national claim processing policies or other mandated requirements may take precedence over these clinical criteria.

Delta Dental of Ohio reserves the right to modify or replace this document at any time as appropriate to ensure the soundness, accuracy and objectivity of Delta Dental of Ohio's clinical criteria.

References

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