

Dental Clinical Policy: IV Moderate Sedation, IV Deep Sedation, and General Anesthesia

Reference Number: CP.DP.9

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

The administration of Intravenous Moderate Sedation and Intravenous Deep Sedation/General Anesthesia in the dental office, inpatient hospital, or ambulatory surgical center may be necessary to safely provide dental care. These procedures generally are safe when administered by trained, certified providers in the appropriate setting, but are not without risk.

According to the American Academy of Pediatrics and the American Academy of Pediatric Dentistry (AAPD), the sedation of children is different from the sedation of adults, and the in-office use of deep sedation or general anesthesia may be appropriate on select pediatric dental patients administered in appropriately equipped and staffed facilities. Pediatric patients are subject to higher risk of adverse outcomes with sedation.

Policy/Criteria

- I. It is the policy of Envolve Dental Inc.® that intravenous moderate sedation, intravenous deep sedation, and general anesthesia are **medically necessary** when:
 - A. Any of the following conditions are met:
 1. When there is documented extreme anxiety or fear and documentation of failed local anesthesia, inhalation of nitrous oxide, or oral conscious sedation attempts;
 2. When dental and medical records documentation substantiates a physical, cognitive, or developmental disability (including, but not limited to, congenital cardiac defect, cerebral palsy, epilepsy) that would render the patient non-compliant;
 3. When underlying medical conditions are supported by patient records;
 4. When there is documentation of allergy or sensitivity to local anesthesia;
 5. When there are lengthy and numerous (more than four) restorative procedures for pediatric patients;
 6. When documentation indicates a child has resisted all other conventional behavior management procedures;
 7. When documentation indicates a child has history of uncooperative behaviors that may result in the compromised safety of the patient, provider, or staff;
 8. When there is documented history of relevant social impact conditions;
 9. When there are complex and extensive surgical procedures such as two or more impacted teeth in two or more quadrants, or two or more extractions of permanent teeth per quadrant in at least two quadrants;
 - B. When none of the following contraindications apply:
 1. When a member has predisposing medical and/or physical conditions that would make general anesthesia unsafe;
 2. When members are cooperative and have minimal dental needs;
 3. When performed for member or dentist convenience;
 4. When members have histories of tolerating similar dental procedures without the need for sedation;
 5. When a member has a choice of an alternative option for treatment;
 6. When language or cultural barriers are present;

7. When a member has an allergy to oral sedatives or reversal agents;
 8. When a parent or guardian objects to the sedation or general anesthesia;
 9. When there are no covered and approved dental services to be rendered.
- C.** Required documentation to support medical necessity include the following:
1. Current (less than 6 months) diagnostic quality pre-operative radiographs (when achievable);
 2. Intraoral photographic images if radiographs are not achievable or if requested treatment is not visualized in the radiographs;
 3. Patient chart and treatment notes documenting conditions supporting medical necessity and all relevant dental and medical diagnoses and/or ICD-10 diagnosis codes;
 4. Patient chart and treatment notes documenting applicable non-clinical and/or relevant social conditions;
 5. A complete treatment plan;
 6. ASA physical status classification (ASA Classes III and IV for pediatric patients under the age of 8 will not be approved for a dental office setting);
 7. Specific history of failed anesthesia, sedation, or analgesia/anxiolysis attempts;
 8. Referring dentist evaluation records;
 9. State-mandated outpatient (OP) form, if applicable.
- II.** It is the policy of Envolve Dental Inc.[®] that in-office IV sedation or general anesthesia is **medically necessary** and the appropriate venue when any of the following conditions are met:
- A.** When the member has no significant medical comorbidities and any of the following:
1. When the member exhibits moderate or situational anxiety;
 2. When the member is a pediatric patient with limited treatment need (4-6 teeth requiring restoration, pulpotomy, or extraction);
 3. When pediatric members have social impact conditions necessitating completion of all treatment needs during a single visit;
 4. When a pediatric member is under the age of 8 with dental services meeting clinical criteria and has an ASA I or II classification;
 5. When a pediatric member is under the age of 8 with dental services meeting clinical criteria and has an uncompromised airway;
 6. When the member requires extraction of two or more impacted teeth in two or more quadrants;
 7. When the member requires extraction of two or more permanent teeth per quadrant involving two or more quadrants;
- III.** It is the policy of Envolve Dental Inc.[®] that ambulatory surgical center (ASC) or hospital outpatient IV sedation or general anesthesia is **medically necessary** and the appropriate venue when any of the following conditions are met:
- A.** When the member has compromising medical comorbidities;
- B.** When local factors (e.g., access to care) or state regulations permit treating cases in an ASC that meet in-office approval conditions;
- C.** When the member is a pediatric patient with extensive treatment needs (7+ teeth requiring restoration, pulpotomy, or extraction of primary teeth);

- D.** When the member is a pediatric patient with a combination of at least four teeth requiring restoration, pulpotomy, or extraction of primary teeth and the presence of at least one major medical comorbidity (e.g., documented anxiety disorder, uncontrolled asthma, pre-combative or combative behavior);
- E.** When pediatric members have social impact conditions necessitating completion of all treatment needs during a single visit and in-office IV sedation or general anesthesia is not accessible;
- F.** When pediatric members have social impact conditions necessitating completion of all treatment needs during a single visit in combination with a major medical comorbidity;
- G.** When a pediatric member is under the age of 8 with dental services meeting clinical criteria and having ASA III or IV classifications;
- H.** When a pediatric member is under the age of 8 with dental services meeting clinical criteria and has a compromised or obstructed airway;
- I.** When the member requires extraction of two or more impacted teeth in two or more quadrants in combination with a major medical comorbidity;
- J.** When the member requires extraction of two or more permanent teeth per quadrant involving two or more quadrants in combination with a major medical comorbidity.

IV. Background

- A.** According to the American Dental Association (ADA), dentists must comply with their state laws, rules and/or regulations when providing sedation and anesthesia, and follow the educational and training requirements for the level of sedation intended. The ADA maintains clinical guidelines and educational/training requirements for all levels of sedation and includes specific information for the following:
 - 1. Patient history and evaluation
 - 2. Personnel and equipment requirements
 - 3. Monitoring and documentation (including consciousness, oxygenation, ventilation, and circulation)
 - 4. Recovery and discharge
 - 5. Emergency management
- B.** Envolve Dental Inc.[®] encourages providers to embrace and utilize the following American Academy of Pediatrics (AAP), American Academy of Pediatric Dentistry (AAPD), American Society of Anesthesiologists (ASA), Society for Pediatric Anesthesia, American Society of Dentist Anesthesiologists, and Society for Pediatric Sedation guidelines and/or recommendations.
 - 1. High-risk patients and pediatric patients under the age of 8 should be evaluated by a primary care physician or physician anesthesiologist prior to scheduling a procedure.
 - 2. Prolonged and extensive procedures with longer periods of sedation and anesthesia care are of concern in the office-based setting and qualified anesthesia providers, in consultation with such patients, should consider more suitable facilities for the procedure.
 - 3. A second trained and PALS-certified observer, who is skilled in the ability to open the airway, suction secretions, provide CPAP, insert supraglottic devices (oral airway, nasal trumpet, laryngeal mask airway), and perform successful bag-valve-mask ventilation, tracheal intubation, cardiopulmonary resuscitation, and intravenous drug administration should be utilized, especially in an in-office setting.

4. PALS-certified observers should be present to monitor the patient throughout procedures performed with sedation and have no other responsibilities during deep sedation and/or general anesthesia.
 5. Oral surgeons and other dental practitioners who provide intravenous deep sedation or general anesthesia should discontinue the use of the single provider/operator model for the care of pediatric patients under the age of 8 when sedated in dental offices.
- C.** Drugs, medicaments, and gases used for the following levels of anxiolysis/analgesia, oral conscious sedation, IV moderate sedation, IV deep sedation/general anesthesia include, but are not limited to the following:
1. Anxiolysis/Analgesia
 - a. Nitrous oxide and oxygen
 2. Oral Conscious Sedation
 - a. Midazolam – Schedule IV
 - b. Hydroxyzine
 - c. Diphenhydramine
 3. IV Moderate Sedation
 - a. Benzodiazapine
 - b. Opioids – Schedule II
 4. IV Deep Sedation/General Anesthesia
 - a. Propofol
 - b. Benzodiazapine
 - c. Ketamine – Schedule III
 - d. Dexmedetomidine
 - e. Sevoflurane
 - f. Desflurane
 - g. Isoflurane
 - h. Methohexital – Schedule IV
 - i. Succinylcholine
 - j. Opioids – Schedule II
- D.** Sedation / General Anesthesia Definitions
1. IV Moderate 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. Cardiovascular function is usually maintained.
 2. IV Deep Sedation: A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully after repeated verbal or painful stimulation (e.g., purposefully pushing away the noxious stimuli). Reflex withdrawal from a painful stimulus is not considered a purposeful response and is more consistent with a state of general anesthesia. The ability to maintain ventilator function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
 3. General Anesthesia: A drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain respiratory 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.

Coverage Limitation/Exclusions

- A.** One D9222 or D9239 per date of service.
- B.** More than four units of D9223 or D9243 per date of service requires a copy of the sedation log, subject to state-specific regulations.

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
D9222	Deep sedation/general anesthesia – first 15 minutes
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment
D9239	IV moderate (conscious) sedation/analgesia – first 15 minutes
D9243	IV moderate (conscious) sedation/analgesia – each subsequent 15 minute increment
D9248	Non-intravenous conscious sedation

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
	Dental-related Codes
K01.1	Impacted teeth
K02.3	Dental caries
K04.02	Irreversible pulpitis
K05.323	Chronic periodontitis
K08.3	Retained dental root
K08.419	Partial loss of teeth – trauma
K08.429	Partial loss of teeth – perio
S02.401	Maxillary fracture
S02.600	Mandibular fracture
T88.52	Failed moderate sedation
	Behavioral Health-related Codes
F90.9	ADD / ADHD

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F84.0	Autism
R45/5	Combative behavior
F44.9	Hysteria
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	
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
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Annual Review	11/21	11/21
Policy reformatted to Centene medical policy format	11/22	11/22
Annual Review	12/22	12/22
Annual Review	12/24	12/24

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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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