

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

Reference Number: HI.CP.MP.61

[Coding Implications](#)

Date of Last Revision: 11/25

[Revision Log](#)

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

Description

Medical necessity guidelines for dental anesthesia, including intravenous (IV) moderate sedation and intravenous deep sedation/general anesthesia.

Policy/Criteria

- I.** It is the policy of Ohana Health Plan that requests for dental procedures under *general anesthesia* are considered **medically necessary** when **one of the following** is met:
 - A. Member has an intellectual or developmental disability that prevents cooperation necessary to safely complete a needed and specific procedure;
 - B. Member has a medical condition where necessary local anesthesia is ineffective or contraindicated for a needed procedure;
 - C. Member has sustained extensive orofacial or dental trauma for which treatment under local anesthesia would be ineffective or compromised;
 - D. All of the following conditions are met:
 1. Member is extremely physically resistant/uncooperative;
 2. Extensive oral treatment is necessary;
 3. Postponement of treatment is likely to result in significant adverse effects upon member's medical or dental condition;
 4. Alternative dental treatment cannot be completed both safely and effectively in an office using adjunct techniques or modalities including but not limited to behavioral management, protective stabilization, sedative medications, caries arrest (silver diamine) applications, or nitrous oxide or conscious sedation.
- II.** It is the policy of Ohana Health Plan that requests for dental procedures under *general anesthesia* are considered **not medically necessary** when requested for any of the following indications:
 - A. Avoid dentist, member, or parental apprehension about treatment;
 - B. Avoid situations with nervousness, anxiety, or crying in a member;
 - C. Reduce scheduling inconveniences to the member, parents, or dentist related to multiple in-office appointments;
 - D. Perform a clinical examination to determine if pathology is present;
 - E. When alternate therapies/modalities can/could successfully address the clinical problems.
- III.** It is the policy of Ohana Health Plan that requests for moderate/IV sedation are **medically necessary** when all the following indications are met:
 - A. The member displays or expresses an inability to perform the procedures without IV sedation;
 - B. IV sedation is used in conjunction with a completed endodontic procedure or surgical procedure with a program benefit;

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- C. Member has a formal medical diagnosis that involves emotional or behavioral dysregulation due to mental health condition, or neurodivergent condition. This may include, but is not limited to: autism spectrum disorder, anxiety disorder, ADHD, PTSD, dementia, or traumatic brain injury;
- D. Supporting documentation from a Hawaii licensed medical provider of a formal diagnosis involving emotional or behavioral dysregulation and member's displayed or expressed inability to cooperate safely without sedation for a qualifying procedure.

IV. It is the policy of Ohana Health Plan that requests for nitrous oxide are considered **medically necessary** when all of the following criteria are met:

- A. Supporting documentation from a Hawaii licensed medical provider of a formal diagnosis involving emotional dysregulation;
- B. Member's displayed or expressed inability to cooperate without nitrous oxide;
- C. Nitrous oxide is used in conjunction with a completed endodontic procedure or a surgical dental procedure;
- D. Medical need is confirmed by a formal medical diagnosis that involves emotional dysregulation due to mental health condition, or neurodivergent condition. This may include, but is not limited to: autism spectrum disorder, anxiety disorder, ADHD, PTSD, dementia, or traumatic brain injury;

Background

Sedation and anesthesia for dental procedures performed on patients in nontraditional settings, such as acute inpatient facility or ambulatory surgery center, have increased over the past several years. Providers must be qualified and appropriately trained individuals in accordance with state regulations and professional society guidelines. 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. Providers are encouraged to embrace and utilize the 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.²

All locations that administer general anesthesia must be equipped with anesthesia emergency drugs, appropriate resuscitation equipment, and properly trained staff to skillfully respond to anesthetic emergencies. Locations covered under this policy are acute care inpatient facilities and ambulatory surgery centers.

General anesthesia allows for the safe and humane provision of dental diagnostic and surgically invasive procedures. General anesthesia is only necessary for a small subset of patients but is an effective, efficacious, and safe way to provide necessary treatment. Those included in this subset are children who may be cognitively immature, highly anxious or fearful, have special needs, or medically compromised and unable to receive treatment in a traditional office setting.⁴

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Limiting access to general anesthesia can result in reduced access to quality oral health care and long-term consequences. Less effective management may increase avoidance behaviors of oral health professionals in the future and increase care being sought in the emergency department. Improved diagnostic yield and greater quality of procedures improves the cost-effectiveness of general anesthesia over local anesthesia in some children.⁴ General anesthesia (GA) for dental procedures is considered a last-resort option, typically reserved for rare and exceptional cases where preventive measures, early interventions, and behavior management strategies have not successfully addressed severe oral health conditions.¹

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2024, American Medical Association. All rights reserved. CPT codes and CPT 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.

CDT® Codes	Description
D9222	Deep sedation/general anesthesia-first 15 minutes
D9223	Deep sedation/general anesthesia-each subsequent 15 minute increment
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 minutes
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute increment
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxolysis

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy developed.	11/25	11/25

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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 medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional

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organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan 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 medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to 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 Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. 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. The Health Plan 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 medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

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

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, 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.

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Note: For Medicare members/enrollees, 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 <http://www.cms.gov> for additional information.

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