



Health Plans

Manual: IU Health Plans
Department: Utilization
Management
Policy # MP024
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Medicare Advantage

X Commercial

Dental Anesthesia Policy

I. Purpose

Indiana University Health Plans (IU Health Plans) considers clinical indications when making a medical necessity determination for Dental Anesthesia.

II. Scope

This policy applies to all Utilization Management staff having decision-making responsibilities where authorization is required for Fully insured commercial plans.

III. Exceptions

The following services are **not** covered:

1. Services performed for cosmetic or aesthetic reason.
2. General anesthesia associated with removal of asymptomatic, non-pathologic, third molars.
3. Services encompassing orthognathic or prognathic surgical procedures and otherocclusal defects.
4. Services submitted by more than one provider or facility, including ASCs (Ambulatory Surgical Centers) that are the same services performed on the same dates for the same patient.
5. Local anesthesia when billed for separately by a dentist.
6. No coverage for nitrous oxide or non-intravenous conscious sedation.

Medicare: CPT D9248 (non-intravenous (Conscious) sedation is not a covered benefit.

IV. Definitions

Dental Anesthesia- the use of conscious sedation or general anesthesia to allow for dental procedures in patients who are unable to cooperate due to young age or developmental status.

The American Academy of Pediatric Dentistry states that dental treatment under general anesthesia provides a safe approach for children and persons with special health care needs who cannot accept treatment in a conventional office setting. It includes a clinician-controlled state of patient unconsciousness accompanied by a loss of protective reflexes, including the ability to maintain an airway independently and respond purposefully to physical stimulation or verbal command. The use of anesthesia sometimes is necessary to provide quality dental care for the child. Depending on the patient and other factors, it can be done in a hospital or ambulatory setting, including the dental

office.

V. Policy Statements

IU Health Plans considers **Dental Anesthesia** medically necessary for **ONE of the following** indications:

1. The patient is a child seven years of age or younger, or is developmentally disabled (physically, intellectually, or other medically compromising conditions) for whom a successful result cannot be expected for treatment under local anesthesia and for whom a superior result can be expected for treatment under general anesthesia.
2. At any age, requests will be reviewed for medical necessity on a **case-by-case** basis for **any of the following** conditions:
 - a. Severe infection at the oral injection site
 - b. Member has documented medical conditions that preclude the use of local anesthesia
 - c. Member who is unmanageable using local anesthesia due to **any of the following** documented conditions:
 1. Developmentally disabled (as defined in Indication #1 above)
 2. Diagnosed mental health condition
 3. Physical conditions that limit functionality.
 - d. When there are multiple extractions in more than one quadrant of the mouth and treatment is simple or surgical extractions with **one of the following**:
 1. Two or more quadrants having at least two teeth extracted per quadrant
 2. Three or more quadrants having at least one tooth extracted per quadrant

Requirements for Dental Anesthesia Coverage:

1. The Anesthesiologist or Dentist uses his/her discretion with regard to member safety when evaluating members for type of anesthesia and location of service.
2. Anesthesia must be provided by a credentialed anesthesiologist or properly trained clinician in accordance with applicable state or federal laws/regulations.

Codes:

CPT/HCPCS /ICD codes covered if selection criteria are met (If Appropriate):	
D9222	Deep sedation/general anesthesia- first 15 minutes- equivalent facility CPT 41899
D9223	Deep sedation/general anesthesia- each subsequent 15-minute increment- facility CPT 41899 or office 00170
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis-Not a covered service
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes- Equivalent code 99152
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15-minute increment - Equivalent code 99153
D9248	Non-intravenous conscious sedation- Not a covered service for Medicare
G0330	Facility Services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia and use of an operating room
00170-00176	Anesthesia for intraoral procedures, including biopsy; not otherwise specified
00190-00192	Anesthesia for procedures on facial bones or skull; not otherwise specified

41899	Unlisted procedure, dentoalveolar structures [for anesthesia services billed on a facility claim listing this code as the primary procedure]
99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes of intraservice time
99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes of intraservice time

VI. Procedures

None

VII. References/Citations

1. American Academy of Pediatric Dentistry. (copyright 2023). Sedation and General Anesthesia Safety. [AAPD | Sedation and General Anesthesia Safety](#)
2. American Society of Anesthesiologists. (Last Updated August 2, 2023). Office Based Anesthesia and Dental Anesthesia. [Office Based Anesthesia and Dental Anesthesia | American Society of Anesthesiologists\(ASA\)](#)

- asahq.org)
3. Centers for Medicare and Medicaid Services (CMS). Modified 11/07/2023 1. Medicare Dental Coverage [Medicare Dental Coverage | CMS](#)
 4. Cote, C.J, Wilson, S. (2019, July/August). Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures. *Pediatric Dentistry*. Vol 41, No 4. [AAPD | Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures](#)
 5. Goodchild, J.H. & Donaldson, M. (March 1, 2017) New Sedation and General anesthesia guidelines: Why the changes? Journal of American Dental Association, Vol 148, Issue 3. [New sedation and general anesthesia guidelines - The Journal of the American Dental Association \(ada.org\)](#)

VIII. Forms/Appendices

None

IX. Responsibility

Medical Director

This Policy is proprietary and confidential. No part of this Policy may be disclosed in any manner to a third party without the prior written consent of IU Health Plans, Inc.