

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

Reference Number: CP.MP.61

Date of Last Revision: 09/25

[Coding Implications](#)

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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 health plans affiliated with Centene Corporation[®] that requests for *general anesthesia or intravenous (IV) sedation* are considered **medically necessary** when any of the following is met:
 - A. Age younger than six years with a dental condition that requires complex treatment (e.g., multiple amalgam and/or resin-based composite restorations, pulpal therapy, extractions, or any combination of these or other dental procedures);
 - B. Has physical, intellectual, or medical conditions that make dental treatment under local anesthesia unsafe and potentially ineffective;
 - C. Member/enrollee demonstrates uncooperativeness, fear, anxiety, or inability to communicate, with dental needs of such severity that postponing treatment would compromise the member/enrollee's health;
 - D. Has sustained oral-facial and/or dental trauma, for which treatment under local anesthesia would be ineffective or compromised.

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.¹

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.

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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.³

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.³

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.

CPT® Codes	Description
00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified
00190	Anesthesia for procedures on facial bones or skull; not otherwise specified

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy developed.		06/13
Annual review. References reviewed and updated. Replaced all instances of member with member/enrollee. Specialist reviewed.	02/21	03/21
Annual review. References reviewed, updated, and reformatted. Changed “review date” in the header to “date of last revision” and “date” in the revision log header to “revision date.”	10/21	10/21
Changed title from “Dental Anesthesia” to “IV Moderate Sedation, IV Deep Sedation, and General Anesthesia for Dental Procedures” and adopted the Envolve Dental Policy criteria from ENVD.UM.CP.0009, approved 11/21. Removed HCPCS code D9230. Minor rewording without clinical significance. Specified that general criteria in I. must be met in addition to POS-specific criteria in II or III. Clarified in I. that A (indications), B (lack of contraindications), and C (documentation) must all be met. Specified in II that absence of comorbidities applies to all indications. Moved professional society guidelines/recommendations,	10/22	10/22

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Reviews, Revisions, and Approvals	Revision Date	Approval Date
list of sedation/anesthesia drugs, and definitions to the background. References reviewed, updated, and reformatted.		
Annual Review. In I.A. replaced “any” with “one or more” with no impact to criteria. Combined I.C.1. and I.C.2. Background: added “pre-operative preparation” and restructured wording with no impact to criteria. Added CDT disclaimer under coding implications. References reviewed and updated. Reviewed by internal specialist.	10/23	10/23
Annual review. Background updated with no impact on criteria. References reviewed and updated. Reviewed by external specialist.	8/24	8/24
Annual review. Extensive revisions made to all existing policy criteria. Background updated with no impact on criteria. Coding and descriptions reviewed. References reviewed and updated. Reviewed by external specialist.	9/25	9/25

References

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2. American Academy of Pediatric Dentistry. General Anesthesia Coverage. <https://www.aapd.org/advocacy/legislative-and-regulatory-issues/general-anesthesia-coverage/>. Accessed July 25, 2025.
3. American Academy of Pediatric Dentistry. Technical Report 2-2012: An essential health benefit: general anesthesia for treatment of early childhood caries. <http://www.aapd.org/assets/1/7/POHRPCTechBrief2.pdf>. Published May 2012. Accessed July 31, 2025.
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 10. American Association of Oral and Maxillofacial Surgeons. Parameters of Care: Clinical Practice Guidelines for Oral and Maxillofacial Surgery (AAOMS ParCare 2023) -Anesthesia in outpatient facilities. *J Oral Maxillofac Surg*. 2023;81:e35-e50. https://aaoms.org/wp-content/uploads/2024/08/parcare_anesthesia_in-outpatient.pdf. Accessed August 20, 2025.
 11. Berry EJ. A review on moderate sedation in pediatric dentistry: a focus on indications, safety and the newest medications. *Journal of Oral and Maxillofacial Anesthesia*. Published June 25, 2025. Accessed August 22, 2025.

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 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.

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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.

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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