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# Renaissance Clinical Criteria for Utilization Management Decisions

## Clinical Criteria for Anesthesia and Intravenous Sedation

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### Introduction

This Renaissance clinical criteria document addresses criteria for the planning and provision of general anesthesia, deep sedation and intravenous moderate conscious sedation for dental procedures. The purpose of this document is to provide written clinical criteria to ensure that Renaissance consistently applies sound and objective clinical evidence when determining the medical necessity and clinical appropriateness of anesthesia or intravenous sedation performed in conjunction with dental procedures, as well as taking individual patient circumstances and the local delivery system into account.

Anesthesia or intravenous sedation may be performed in conjunction with dental procedures when the provision of necessary dental care is complicated by the condition of the patient and/or the complexity of treatment. The purpose of utilizing anesthesia or intravenous sedation for dental treatment is to ensure that care may be rendered safely, humanely and efficaciously by controlling patient behavior, pain perception and movement during dental procedures.

In *Guidelines for the Use of Sedation and General Anesthesia by Dentists*, the American Dental Association provides the following definitions for general anesthesia and the levels of sedation/analgesia:

- **Minimal Sedation** (previously known as anxiolysis): A minimally depressed level of consciousness, produced by a pharmacological method that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.
- **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.
- **Deep Sedation**: A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
- **General Anesthesia**: A drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory 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.

When determined to be medically necessary as an adjunct to the provision required dental procedures, the route, level and duration of the anesthesia or intravenous sedation administered will depend on the nature and extent of the dental treatment and the condition of the patient. Anesthesia and intravenous sedation for dental procedures may be administered by properly trained and qualified clinicians in appropriately equipped practitioner offices, ambulatory surgery centers or hospital operating rooms, the setting being dependent on the patient's condition, the required dental treatment and consideration of available services in the local health care delivery system.

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## Applicable 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 and reporting anesthesia or intravenous sedation for dental procedures. The choice of procedure codes to report anesthesia and sedation services should not be based on the route of administration, but rather on the practitioner's documentation of the level of anesthesia/sedation as determined by the anesthetic/sedative agent's effects on the patient's central nervous system.

When reporting anesthesia/sedation services using the D9222, D9223, D9239 and D9243 procedure codes, treatment time begins when the clinician administering the anesthetic/sedative agent(s) initiates the appropriate procedure and remains in continuous attendance of the patient. Anesthesia/sedation services are considered completed when the patient may be safely left under the observation of trained personnel and the administering clinician may safely leave the room to attend to other patients or duties.

Inclusion of these procedure codes here is for informational purposes only and does not imply benefit coverage or noncoverage of anesthesia or intravenous sedation 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 anesthesia or intravenous sedation performed in conjunction with dental procedures is 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
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

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## Clinical Criteria<sup>1</sup>

When approval of benefit payment for anesthesia or sedation by a member's dental plan requires a determination by Renaissance that the procedure is medically necessary and clinically appropriate, the patient's dental record must document a generally accepted indication for performing the procedure. Indications for anesthesia or sedation to be considered for benefit payment include:

- Physical compromising conditions such as inability to obtain adequate pain control with local anesthesia, allergy to local anesthetics or other known contraindications to local anesthesia
- Medical compromising conditions such as diseases and conditions with severe spasticity, closed head trauma or stroke causing inability to cooperate with directions

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<sup>1</sup> 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.

- Behavioral, intellectual, cognitive, emotional or psychological compromising conditions where there is a need to depress a patient's level of consciousness, anxiety and/or pain in order for the patient to safely and efficaciously undergo a required dental procedure
- Long, extensive or complex dental procedures necessary to treat a patient's dental condition such as surgical removal of teeth involving multiple quadrants or conditions where unexpected patient movement could compromise the outcome of required dental treatment
- Young patients with limited understanding, anxiety and/or uncooperative behavior where alternate nonpharmacologic methods of control are not safe and effective
- Other conditions where medically necessary dental treatment cannot be safely provided to a patient without the use of anesthesia or intravenous sedation

The following conditions are generally considered to make the performance of anesthesia or sedation inadvisable, unnecessary or deficient in clinical quality and may result in disapproval of benefits based on a determination that the procedure is not medically necessary or clinically appropriate:

- Provision of dental care to the patient is not complicated by a condition in one of the categories listed above and treatment may be safely and efficaciously rendered without the use of anesthesia or intravenous sedation
- Anesthesia or intravenous sedation submitted with no documentation of the procedure(s) it was utilized for
- Anesthesia or intravenous sedation submitted with a procedure that was not medically necessary or clinically appropriate
- The duration of anesthesia or sedation exceeds the treatment time required for a patient's condition and/or type of dental treatment provided
- The use of anesthesia or intravenous sedation is solely for the convenience of the patient and/or practitioner
- Safe and effective alternatives to anesthesia/sedation and/or planned dental procedures are available that may be expected to meet a patient's dental needs
- Certain patient medical conditions, airway issues or serious comorbidities may present relative contraindications to certain settings and regimens for anesthesia or sedation utilized for dental procedures
- The diagnosis (reason for anesthesia or sedation) and the description of the anesthesia or sedation procedure reported by the treating provider is not supported by the patient record

Additional quality of care criteria derived from accepted professional guidelines for the administration of anesthesia or intravenous sedation in conjunction with dental procedures include:

- The use of anesthesia or sedation should be limited to situations where controlling patient behavior, pain perception and movement during dental procedures cannot be managed with alternate nonpharmacological methods.
- Practitioners administering anesthesia or intravenous sedation for dental procedures must have appropriate education and training consistent with relevant guidelines including the educational requirements prescribed in the American Dental Association *Guidelines for the Use of Sedation and General Anesthesia by Dentists*.
- Anesthesia or intravenous sedation administered for dental procedures must be provided in compliance with all applicable government statutes, rules and regulations.
- Anesthesia or intravenous sedation administered for dental procedures must be provided in a manner consistent with the provisions of applicable guidances on anesthesia and sedation in dental settings from the American Academy of Pediatric Dentistry, American Association of Oral and Maxillofacial Surgery, American Dental Association and American Society of Anesthesiologists including, but not limited to:

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- *Informed Consent:* Prior to an anesthesia or sedation procedure, the patient or responsible person must be provided with information about the procedure, the agents to be utilized, the benefits and risks of the procedure and potential alternatives. Written informed consent for anesthesia or sedation must be obtained and any preprocedure instructions provided. Unless otherwise justifiable, these activities should be carried out at an appointment before the planned anesthesia/sedation appointment.
- *Preprocedure Patient Assessment:* Prior to the administration of anesthesia or sedation performed in conjunction with dental treatment, a physical evaluation of the patient appropriate for the planned anesthesia/sedation must be conducted. The evaluation must include a review of the patient's medical history, assessment of medication use, review of problems with prior anesthesia or sedation, recording of baseline vital signs and consideration of any underlying conditions that could increase the risk of anesthesia or sedation complications. If a patient has medical issues that increase the risk of an adverse event occurring during anesthesia/sedation, the relevant physician(s) must be consulted. Unless otherwise justifiable, patient evaluation should be carried out at an appointment before the planned anesthesia/sedation appointment.
- *Equipment and Supplies:* All equipment and supplies utilized for anesthesia or sedation must be used and maintained consistent with manufacturer instructions and must be checked for proper condition prior to each session of anesthesia or sedation administration.
- *Emergency Management Protocols:* Clinicians administering anesthesia or sedation must have emergency life support protocols in place for trained personnel, age-appropriate equipment and drugs and access to emergency services that's appropriate for the level of anesthesia/sedation being provided. Protocols must be designed for effective management of unexpected occurrences during treatment including sedation progressing to a deeper level than intended. An appropriate system to deliver positive-pressure oxygen to patients must be available for immediate use in treatment and recovery areas.
- *Patient Monitoring:* Accurate and reliable real-time patient monitoring must be continuously carried out during treatment including assessment of patient consciousness, ventilation, oxygenation and circulation as appropriate to the anesthesia or sedation procedure and the patient's condition. Monitoring should be carried out by a trained individual other than the practitioner performing the dental procedure. The clinician responsible for administering the anesthesia or sedation must remain in continuous attendance of the patient until the patient meets the criteria for recovery and may be safely left under the observation of appropriately trained personnel.
- *Recovery and Discharge:* During recovery, the patient must be monitored by the administering clinician or appropriately trained personnel. Prior to the patient being discharged, the clinician must determine and document that the condition of the patient is satisfactory for discharge and that the patient is not at increased risk for central nervous system or cardiorespiratory depression after discharge. When it is safe for the patient to be discharged from the facility, the patient or responsible person must be provided with appropriate verbal and written post-operative instructions and the patient discharged into the care of a responsible person.
- *Anesthesia/Sedation Record:* An accurate and contemporaneous record must be kept of anesthesia and sedation procedures that documents informed consent, the names of anesthesia/sedation team members, preprocedure patient assessment, drugs and dosages administered, times of drug administration, intraoperative and postoperative patient monitoring measurements, complications encountered, discharge details and any postoperative communication with the patient.

Failure to appropriately comply with requirements for anesthesia and sedation safety or the administration of anesthesia or sedation by an individual who is not appropriately licensed and qualified will result in denial of benefit payment and referral to the appropriate regulatory agency.

- *Sedation of Pediatric Patients:* The American Academy of Pediatric Dentistry (AAPD) and the American Society of Anesthesiologists (ASA) caution that sedating children is not the same as sedating adults and that the same sedative

dosage may result in minimal sedation in one child but deep sedation or general anesthesia in a different child. The need to immobilize very young patients to safely provide dental care may require an increased depth of sedation for children who are more at risk for unexpected adverse events, particularly involving compromised breathing (apnea, airway obstruction, laryngospasm).

The AAPD Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures emphasize that:

- Sedative agents must be appropriate for the intended pediatric dental procedures.
  - Administering clinicians must understand the pharmacokinetics, pharmacodynamics and drug interactions of sedative agents used with children and be able to recognize the various levels of sedation.
  - An individual who is not directly involved performing dental treatment and who is competent in advanced pediatric life support must carry out appropriate physiologic monitoring and continuously observe the sedated pediatric patient.
  - If an unexpected adverse event occurs during pediatric sedation, such as a child passing into a deeper level of sedation than intended, the AAPD states that the care team must have the skills and equipment to "rescue a child with apnea, laryngospasm, and/or airway obstruction, including the ability to open the airway, suction secretions, provide CPAP, and perform successful bag-valve-mask ventilation should the child progress to a level of deep sedation."
- Practitioners involved in treatment of pediatric dental procedures involving anesthesia or sedation are expected to follow applicable AAPD and ASA guidelines for minimal, moderate and deep sedation/general anesthesia in all settings in which pediatric sedation may appropriately be performed.
  - When dental benefit programs have established program-specific criteria that define when anesthesia or intravenous sedation is considered medically necessary and eligible for benefit coverage or that place other limitations on anesthesia or intravenous sedation coverage, Renaissance will apply that criteria when there is a need to evaluate anesthesia or intravenous sedation procedures for medical necessity. For example, dental benefit programs may not provide coverage for anesthesia or intravenous sedation performed in conjunction with non-covered services.

## **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 administer anesthesia or intravenous sedation on a dental patient should be based on a thorough clinical evaluation that facilitates the formulation of an appropriate treatment plan. When the payment of benefits for anesthesia or intravenous sedation for dental procedures by a member's dental plan depends on a review of the procedure's medical necessity and clinical appropriateness, the treating practitioner may be requested to submit the

following information from the patient's dental record. If the practitioner is unable to provide this information, benefit payment may be disapproved.

- Current diagnostic radiographs showing the area(s) of proposed or rendered dental treatment
- The patient's dental treatment plan documenting the diagnostic rationale for the proposed or rendered dental treatment requiring administration of anesthesia or intravenous sedation
- The patient's record documenting the reason that administration of anesthesia or intravenous sedation was medically necessary to provide dental treatment
- The patient's anesthesia/sedation record
- Claims for anesthesia or intravenous sedation sessions that extend more than one hour must be supported with clinical documentation that provides credible evidence of particular need, e.g., extra anesthesia/sedation time required for special needs patients

When determining coverage based on medical necessity or clinical appropriateness, Renaissance 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.

Renaissance's clinical criteria are developed and annually updated by a panel of licensed dental general practitioners and specialists serving on Renaissance'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, Renaissance 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.

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

## **Appendix A**

Anesthesia and sedation - purpose of utilizing anesthesia or intravenous sedation for dental treatment is to ensure that care may be rendered safely, humanely and efficaciously by controlling patient behavior, pain perception and movement during dental procedures.

Clinical criteria and/or documented indications for approval:

- Documented extreme anxiety or fear or evidence of resistance to conventional behavior management techniques.
- Physical compromising conditions such as inability to obtain adequate analgesia with local anesthesia, allergy to local anesthetics or other known contraindications to local anesthesia.

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- Management of a gag reflex.
- Medically compromising conditions such as diseases and conditions with severe spasticity, closed head trauma, or stroke-causing inability to cooperate with directions.
- Behavioral/intellectual/psychological compromising conditions such as developmental disability disorders characterized by significant limitations in intellectual functioning, adaptive behavior, and/or physical functioning.
- Long, extensive, complex, and/or radical dental procedures necessary to treat a patient's dental condition(s) such as surgical removal of teeth involving multiple quadrants or treatment where unexpected patient movement may compromise treatment results, such as the removal of a third molar tooth in intimate contact with the inferior alveolar nerve.
- Members should be evaluated individually, and the most effective and least invasive form of sedation should be utilized by the medical and/or dental provider.

Anesthesia/sedation may be contraindicated if:

- A patient has predisposing medical and/or physical conditions that would make general anesthesia unsafe (including allergies to any of the sedative agents to be used).
- The patient is cooperative and has minimal treatment needs.
- Provided for the convenience of the patient or dentist.
- None of the services to be provided warrant sedation.
- The parent, guardian, or legally appointed representative object to the provision of such.

## References

American Academy of Pediatric Dentistry. Policy on the Use of Deep Sedation and General Anesthesia in the Pediatric Dental Office. *Pediatr Dent*. 2016 Oct;38(6):94-95.

American Dental Association, CDT 2025: Current Dental Terminology. American Dental Association, Chicago, IL, 2024.

American Association of Oral and Maxillofacial Surgeons. Parameters of Care: Clinical Practice Guidelines for Oral and Maxillofacial Surgery (AAOMS ParCare 2023). *J Oral Maxillofac Surg*. 2023 Nov;81(11):E35-E50.

Coté CJ, Stephen Wilson S. Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures. *Pediatr Dent*. 2019 Jul 15;41(4):259-260.

Guidelines for the Use of Sedation and General Anesthesia by Dentists. American Dental Association. [https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/library/oral-health-topics/ada\\_sedation\\_use\\_guidelines.pdf](https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/library/oral-health-topics/ada_sedation_use_guidelines.pdf). Accessed April 8, 2024

Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. American Dental Association. [https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/library/oral-health-topics/ada\\_sedation\\_use\\_guidelines.pdf](https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/library/oral-health-topics/ada_sedation_use_guidelines.pdf). Accessed April 8, 2024

Joint Statement on Pediatric Dental Sedation. American Society of Anesthesiologists, the Society for Pediatric Anesthesia, the American Society of Dentist Anesthesiologists and the Society for Pediatric Sedation. <https://pedsanesthesia.org/joint-statement-on-pediatric-dental-sedation/>. Accessed April 8, 2024

Office-Based Anesthesia Provided by the Oral and Maxillofacial Surgeon White Paper. American Association of Oral and Maxillofacial Surgeons. [https://www.aaoms.org/docs/govt\\_affairs/advocacy\\_white\\_papers/office\\_based\\_anesthesia\\_whitepaper\\_1.pdf](https://www.aaoms.org/docs/govt_affairs/advocacy_white_papers/office_based_anesthesia_whitepaper_1.pdf). Accessed April 8, 2024

Practice Guidelines for Moderate Procedural Sedation and Analgesia 2018. American Society of Anesthesiologists Task Force on Moderate Procedural Sedation and Analgesia, the American Association of Oral and Maxillofacial Surgeons, American College of Radiology, American Dental Association, American Society of Dentist Anesthesiologists and Society of Interventional Radiology. <https://pubs.asahq.org/anesthesiology/article/128/3/437/18818/Practice-Guidelines-for-Moderate-Procedural>. Accessed April 8, 2024

Silverman J, Reggiardo P, Litch C. An essential health benefit: general anesthesia for treatment of early childhood caries. Technical Report 2-2012. Pediatric Oral Health Research and Policy Center. <https://www.aapd.org/assets/1/7/POHRPCTechBrief2.pdf>. Accessed April 8, 2024

Statement on Sedation & Anesthesia Administration in Dental Office-Based Settings. American Society of Anesthesiologists. <https://www.asahq.org/standards-and-practice-parameters/statement-on-sedation--anesthesia-administration-in-dental-officebased-settings>. Accessed April 8, 2024.