

**BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE
DENTAL CLINICAL REVIEW CRITERIA**

Department	Utilization Management
Policy Number	D0011
Subject	Sedation and Behavior Management
Attachments	None

Overview

This clinical policy provides guidance regarding dental and medical necessity determinations related to member benefits. These criteria support consistent benefit administration and do not guarantee payment or specific outcomes. All coverage decisions are governed by the member’s benefit plan, including applicable terms, conditions, exclusions, limitations, and state and federal regulations. The policy is intended for informational purposes and does not replace professional medical or dental judgment.

Nitrous oxide, sedation and general anesthesia, may be covered benefits when required to safely complete dental treatment. Non-pharmacologic behavior management techniques (such as tell-show-do, modeling, distraction, and positive reinforcement) should be used as appropriate before or alongside pharmacologic methods.

Sedation or general anesthesia may be necessary when local anesthesia is contraindicated or insufficient, or when a member’s medical, developmental, or behavioral condition requires advanced management. These services may be considered when medically necessary and when provided in conjunction with covered dental services. Sedation will not be authorized if the associated dental procedure is non-covered, denied, or lacks medical/dental necessity.

Guidelines from the American Academy of Pediatrics and the American Academy of Pediatric Dentistry recognize that pediatric patients have unique physiological risks and may require deep sedation or general anesthesia in appropriately equipped and staffed facilities. Children are more susceptible to adverse events during sedation, necessitating heightened precautions.

Continuous and appropriate monitoring during and after sedation is mandatory. Sedation exists on a continuum, and patients may progress to deeper levels than intended, increasing the risk of respiratory depression, airway obstruction, apnea, loss of protective reflexes, and cardiovascular compromise.

1. Standards for Preoperative Evaluation, Sedation Authorization, and Anesthesia Record Compliance

Preoperative Evaluations and Assessments

- a. All Blue Cross Blue Shield of Arizona Health Choice members approved for general anesthesia must complete a preoperative evaluation performed by the anesthesia provider prior to the scheduled date of service. Pertinent medical and dental health information must be included.
- b. The anesthesia provider, not the treating dentist or dental office staff, is responsible for evaluating and assessing any member scheduled for sedation or anesthesia.
- c. Any required medical consultations or evaluations from the member's physician or relevant specialists necessary for the safe administration of sedation or anesthesia are the responsibility of the anesthesia provider and must be obtained prior to the scheduled date of service.
- d. Documentation of the preoperative evaluation, including the date completed, must be submitted with the dental claim form along with the sedation record.

Documentation Required for Authorization of Sedation Procedures

- a. Complete Treatment Plan
Must include all proposed procedures associated with the sedation request.
- b. Member Health History
A current and complete health history form must be provided.
- c. Narrative of Medical/Dental Necessity.
A detailed narrative supporting the medical and/or dental necessity for sedation. The narrative needs to include the date/ patient's name and doctor's name /endorsement.
- d. Diagnostic pre-operative x-rays or intraoral photographs when radiographs are not achievable or when the necessary details for the requested treatment are not visible on the available X-rays.
- e. Treatment rendered under emergency conditions, when prior authorization is not possible, requires submission of the sedation record along with all required documentation listed above. These materials must accompany the claim for post-service review and consideration of payment.
- d. Request for a higher level of sedation must include the failed sedation record, treatment notes along with a complete narrative of justification.

The drugs (medications) being used must be appropriate to achieve desired sedation. If sedation fails and the appropriate type/combination of medications were not used or a

correct dosage for the member's weight was not used, requests for a higher level of sedation will not be approved.

Sedation Record Requirements:

A completed time-based sedation record is required for sedation completed on an emergent basis or for failed Moderate (Conscious) Sedation, Moderate Intravenous (Conscious) Sedation, General Anesthesia and all hospital/surgery center cases. The minimum requirements are as follows:

- a. Date of Service
- b. Name
- c. Route
- d. Site
- e. Monitoring and recording of vital signs
- f. Health status updates
- g. Type and dose of sedation used (dosage/Kilograms)
- h. Type and dose of local anesthetic used
- i. Percentage of nitrous oxide/oxygen used
- j. Weight of patient
- k. Informed consent for techniques used
- l. Time of sedation given
- m. Time of nitrous oxide/oxygen started and discontinued
- n. Time and condition at dismissal
- o. Condition of child upon dismissal
- p. Effectiveness of administered drugs
- q. Presence of complications
- r. Use of restraints
- s. Pre- and post-operative instructions
- t. Rendering provider

Anesthesia Time is defined as the period between the beginning of the administration of the sedation agent(s) and the time that the anesthesiologist no longer in personal attendance.

An example of an all -inclusive record can be found at

<http://www.aapd.org/research/oral-health-policies--recommendations/sedation-record/>

2. Sedation Levels (Definitions) and Criteria

Local anesthesia:

The elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

Local anesthetic is considered part of the service for all operative and surgical procedures unless otherwise specified. This includes, but is not limited to, topical sprays and ointments, infiltrations, intraosseous injections, intrapulpal, intraligamental injections, and regional nerve block injections.

Minimal Sedation

Inhalation of Nitrous Oxide/Oxygen

Minimal sedation is a drug-induced state in which patients respond normally to verbal commands without impairment of ventilatory or cardiovascular function. When used for analgesia or anxiolysis, nitrous oxide/oxygen effectively reduces pain and anxiety while preserving consciousness and protective reflexes. Nitrous oxide is a colorless, odorless to mildly sweet-smelling inorganic gas that, when administered with oxygen, provides a safe and reliable method for managing discomfort and anxiety, as recognized by the ADA.

Providers are expected to employ appropriate non-pharmacologic behavior management techniques, such as tell-show-do, modeling, distraction, positive reinforcement, TLC gentle speaking, and voice control, as either alternatives to, or in conjunction with, nitrous oxide administration.

Objectives of Nitrous Oxide/Oxygen

Nitrous oxide/oxygen may be used to:

1. Reduce or eliminate anxiety
2. Improve communication and cooperation
3. Minimize movement and reactions to dental treatment
4. Increase the pain threshold
5. Improve tolerance for longer appointments
6. Reduce gagging
7. Facilitate treatment for members with physical, cognitive, or medical conditions
8. Potentiate the effect of other sedatives

Indications

Nitrous oxide/oxygen may be considered medically/dentally necessary for:

1. Patients who are fearful, anxious, or difficult to manage
2. Patients with special health care needs (physical, cognitive, developmental)
3. Patients whose gag reflex interferes with dental care
4. Patients for whom adequate local anesthesia cannot be achieved
5. Cooperative pediatric members undergoing lengthy or complex procedures

Contraindications

Nitrous oxide/oxygen is **not** appropriate for members with:

1. Current upper respiratory tract infection
2. COPD or significant pulmonary disease; cardiovascular instability or history of stroke
3. Severe emotional or psychiatric disorders; substance dependency
4. Recent middle ear surgery or pathology
5. Pregnancy (first trimester)
6. Treatment with bleomycin sulfate
7. MTHFR deficiency
8. Vitamin B-12 (cobalamin) deficiency
9. Previous adverse reaction to nitrous oxide
10. Increased intracranial pressure
11. Bowel obstruction
12. Claustrophobia
13. Minimal dental needs with adequate cooperation
14. Requests made for member or provider convenience
15. History of tolerating similar procedures without sedation
16. Instances where no covered or approved dental services are being rendered

Limitations and Exclusions

- Covered for **EPSDT members (ages 0–10)** without prior authorization
- Requires **prior authorization for members age 11 and older** with documented medical necessity
- Limited to **one unit per dental appointment**; proper administration documentation required

Moderate Sedation (Non-Intravenous Conscious Sedation)

Non-Intravenous Sedation: Sedation medications that are delivered through the oral, intranasal, or transmucosal routes.

Moderate sedation is a drug-induced depression of consciousness during which the patient responds purposefully to verbal commands or light tactile stimulation. No airway intervention is required, and spontaneous ventilation remains adequate. Dentists

administering moderate (conscious) sedation must hold a Section 1303 permit issued by the Arizona State Board of Dental Examiners.

Indications

Moderate (non-intravenous) conscious sedation may be indicated for members with:

1. Ineffective local anesthesia for any clinically documented reason
2. Dental anxiety or phobia
3. Documented risk of local anesthetic toxicity
4. Medical or developmental conditions requiring enhanced behavioral control (e.g., cerebral palsy, seizure disorders, developmental delays, movement disorders)
5. Traumatic or lengthy dental procedures
6. Special circumstances requiring substantial relaxation to safely complete treatment
7. Medical conditions exacerbated by stress (e.g., asthma, angina, epilepsy)
8. Pediatric members over 1 year of age
9. Members with cognitive or intellectual disabilities

Contraindications

Moderate (non-intravenous) conscious sedation is not appropriate when:

1. The member has medical or physical conditions that make moderate sedation unsafe
2. The member is cooperative and has minimal dental needs
3. Sedation is requested for provider or member convenience
4. The member has previously tolerated similar treatment without sedation
5. A safe alternative treatment option is available
6. A parent or legal guardian declines the use of sedation
7. No covered or approved dental services are scheduled

Intravenous Moderate/Conscious Sedation, Deep Sedation, and General Anesthesia (Including Advanced Airway)

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. Before administering Intravenous Moderate (Conscious) Sedation, a dentist shall possess a Section 1302 permit issued by the Arizona Dental Board.

Deep Sedation is a drug induced depression of consciousness during which patients cannot be easily aroused but respond purposefully after repeated verbal or painful stimulation. The ability to independently maintain ventilatory functions may be impaired.

The patient may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

General Anesthesia is 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 require assistance in maintaining a patent airway.

Before administering Deep Sedation/General Anesthesia in a dental office or dental clinic, a dentist shall possess a Section 1301 permit issued by the Arizona Dental Board.

Indications

IV Moderate Sedation, deep sedation or general anesthesia may be considered medically or dentally necessary when documentation supports one or more of the following:

1. Risk of toxicity from local anesthetics
2. Documented allergy to local anesthetics
3. Underlying medical conditions that are clearly documented and, by their nature, necessitate intravenous conscious sedation or general anesthesia to ensure safe delivery of dental care, for example, cerebral palsy, epilepsy, developmental delays, or movement disorders.
4. Failure of less intensive anesthesia techniques, particularly in infants and young children
5. Any alternative “special” situation which is clearly documented, and treatment may be considered when medically/dentally indicated.
6. Medical condition(s), which may require monitoring under anesthesia i.e. cardiac problems, severe hypertension.
7. Extreme anxiety or fear.
8. Severe dental phobic patients.
9. Members with significant cognitive, physical, or behavioral disabilities, including disorientation or age-related cognitive impairment
10. Traumatic, complex, or prolonged procedures where deep sedation/general anesthesia enhances safety
11. Children requiring extensive dental treatment, such as lengthy or multiple restorative procedures, treatment of numerous abscessed teeth, and/or multiple oral surgical procedures when behavior management needs make conventional treatment unsafe or impractical.
12. 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.

13. When there is a special medical condition which requires monitoring and/or if documentation is presented with the request which indicates that alternative behavioral management techniques are not appropriate or have failed (nitrous oxide/oxygen, moderate sedation (conscious), intravenous moderate (conscious) sedation).

Contraindications

IV Moderate Sedation, deep sedation or general anesthesia is not appropriate when:

1. The member has medical or physical conditions that make general anesthesia unsafe
2. The member is cooperative with minimal dental needs
3. Sedation is requested for convenience of the member or provider
4. The member has previously tolerated similar dental procedures without sedation
5. A safe alternative treatment option exists
6. A parent or legal guardian objects to the use of sedation or general anesthesia
7. No covered or approved dental services are planned

Limitations

- Authorization for general anesthesia is typically limited to one visit per treatment plan, not to exceed 3 hours.

Operating Room Or Surgery Center Cases

Surgery center or hospital-based sedation may be authorized for covered dental procedures **when one or more of the following criteria are met**. Authorization must be supported by documentation demonstrating that treatment in an in-office setting is not medically appropriate, not safe, or has been previously attempted and failed.

1. Children requiring extensive operative treatment, including multiple restorations, management of multiple abscesses, and/or oral surgical procedures, when documentation indicates that in-office modalities (e.g., Nitrous Oxide/Oxygen, Moderate/Conscious Sedation, Intravenous Sedation, or General Anesthesia) are not appropriate or have been unsuccessful.
2. Use of an Operating Room or Ambulatory Surgery Center (ASC) shall *not* be approved solely for the purposes of reducing or managing apprehension, based on age alone, due to the extent of treatment, or for provider or member convenience.
3. Patients requiring extensive dental procedures who are classified as American Society of Anesthesiologists (ASA) Class III or ADA Class IV, including those with

uncontrolled systemic disease (e.g., recent myocardial infarction or stroke, new-onset chest pain) or severe systemic disease posing a constant threat to life.

4. Medically compromised patients whose medical history indicates a need for continuous monitoring of vital signs or immediate access to resuscitative equipment during extensive dental procedures.
5. Patients with uncontrolled bleeding disorders, severe cerebral palsy, or other medical conditions that render in-office treatment medically inappropriate for extensive dental procedures.
6. Patients requiring extensive dental treatment with documented psychosomatic disorders necessitating specialized care in a controlled surgical environment.
7. Cognitively disabled individuals requiring extensive dental procedures when prior history supports that hospitalization is the appropriate treatment setting.
8. Children with compromised or obstructed airways who require extensive dental procedures and for whom in-office treatment presents increased risk.
9. Cases where local factors or state regulations permit or require treatment in an ASC, even if the case would otherwise meet in-office criteria.

3. American Society of Anesthesiologists (ASA) Recommendations:

The American Society of Anesthesiologists (ASA) recommends that dental office-based practices adhere to the following standards when administering sedation and anesthesia:

- Ensure all sedation and anesthesia services are delivered only by providers who are appropriately trained, qualified, and licensed for the level of sedation being administered.
 - The individual providing sedation and/or anesthesia care should successfully complete training in age-appropriate resuscitative and related emergency measures. In settings where pediatric patients are administered sedation and/or anesthesia, Pediatric Advanced Life Support (PALS) education and training should be maintained. Basic Life Support for Healthcare Providers (BLS) and Advanced Cardiac Life Support (ACLS) education and training should likewise be documented and maintained within the dental office-based setting where non-pediatric patients undergo treatment.
- Maintain facilities, equipment, and emergency preparedness consistent with the level of sedation or anesthesia provided, including immediate access to resuscitative equipment and medications.

- Conduct a comprehensive preoperative evaluation for every patient, including review of medical history, risk assessment, and classification according to ASA Physical Status criteria.
 - Pediatric patients and adults with major medical problems (ASA Physical Status III and above) are at higher risk of adverse events. For these high-risk patients and younger pediatric patients, ASA recommends evaluation by a primary care physician or physician anesthesiologist prior to scheduling a procedure.
 - 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 patients and parents, should consider more suitable facilities for the procedure.
- Use sedation and anesthesia only when medically appropriate, when behavioral management techniques are insufficient, or when local anesthesia alone is inadequate for safe and effective treatment.
- Provide continuous patient monitoring during and after the procedure, ensuring proper documentation of vital signs, medications given, patient responses, and recovery status.
- Ensure staff assisting with sedation or anesthesia are trained in monitoring, emergency procedures, and basic life support, with at least one individual present who is certified in advanced life support appropriate for the patient population.
 - A designated individual, other than the individual performing the procedure, should be continuously present to monitor the patient throughout procedures performed with minimal or moderate sedation. During deep sedation and/or general anesthesia, this individual should have no other responsibilities.
- Maintain clear postoperative discharge criteria and ensure patients are released only when they meet established recovery benchmarks for safety.
- Adhere to all applicable federal, state, and professional regulatory requirements, including facility permits, provider certifications, and documentation standards.

Therapeutic Parenteral Drug Administration (Single or Two or More Administrations)

Therapeutic parenteral drug administration may be indicated to support postoperative recovery, promote optimal healing following surgical procedures, manage post-procedure

nausea and vomiting, or reduce pain and the risk of infection. Commonly used medications include antibiotics, steroids, anti-inflammatory agents, and antiemetics.

Parenteral administration refers to any route of medication delivery that bypasses the gastrointestinal tract. These routes include, but are not limited to, intravenous infusion, intramuscular injection, subcutaneous injection, as well as transdermal patches and intranasal sprays. Additionally, various medications may be dispensed in the dental office for home use, such as prescription-strength toothpaste and mouth rinses, antibiotics, and analgesics.

Limitations and exclusions:

1. Therapeutic drug administration is not considered appropriate when performed in conjunction with general anesthesia if the request for general anesthesia has not been approved.
2. AHCCCS and Blue Cross Blue Shield of Arizona Health Choice do not cover therapeutic Parenteral Drug Administration (Single or Two or More Administrations) for Medicaid members 20 years of age and older as this is not a covered service under the adult dental emergency benefits.

4. Coding/Billing

The codes listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by dental necessity criteria and specific benefit plans or other regulatory conditions. This list of codes may not be all inclusive.

CDT codes

Key:

C.....Covered service

N.....Non-covered service

Code	Description	Medicaid Age 0-20	Medicaid Age 21+	Medicare HCP
D9222	Deep sedation / general anesthesia first 15 minutes	C	C	C
D9223	Deep sedation/general anesthesia – each 15-minute increment	C	C	C

D9224	Administration of general anesthesia with advanced airway-first 15-minute increment, or any portion of thereof	C	C	N
D9225	Administration of general anesthesia with advanced airway-each subsequent 15-minute increment, or any portion thereof	C	C	N
D9230	Administration of nitrous oxide/analgesia, anxiolysis	C	C	C
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	C	C	C
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15-minute increment	C	C	C
D9244	In-office administration of minimal sedation-single drug-enteral	C	C	N
D9245	Administration of moderate sedation-enteral	C	C	N
D9246	Administration of moderate sedation-non-intravenous parenteral-first 15-minute increment, or any portion thereof	C	C	N
D9247	Administration of moderate sedation-non-intravenous parenteral-each subsequent 15-minute increment, or any portion thereof	C	C	N
D9420	Hospital or ambulatory surgical center call	C	N	C
D9610	Therapeutic parenteral drug, single administration	C	N	C
D9612	Therapeutic parenteral drugs, two or more administrations, different meds	C	N	C
D9920	Behavior management, by report	C	N	N

The following CDT codes are not covered:

Codes	Description
D9128	Photobiomodulation therapy-first 15 minute increment, or any portion thereof
D9129	Photobiomodulation therapy-each subsequent 15 minute increment, or any portion thereof
D9211	Regional Block Anesthesia

D9215	Local anesthesia in conjunction with operative or surgical procedures
D9219	Evaluation for moderate sedation, deep sedation, or general anesthesia
D9613	Infiltration of sustained-release therapeutic drug, per quadrant
D9630	Other drugs/medicaments, by report
D9997	Dental case management- patients with special health care needs

References:

- American Academy of Pediatric Dentistry. Use of nitrous oxide for pediatric dental patients
- American Academy of Pediatric Dentistry. Policy on the Use of Deep Sedation and General Anesthesia in the Pediatric Dental
- American Dental Association. Guidelines for Use of Sedation and General Anesthesia by Dentists.
- American Dental Association. Guidelines for Teaching Pediatric Pain Control and Sedation to Dentists and Dental Students (2021).
- American Academy of Pediatrics; American Academy on Pediatric Dentistry. Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures (2019).
- American Society of Anesthesiologists (ASA). Statement on Sedation & Anesthesia Administration in Dental Office-Based Settings. Original approval 2017. Amended 2022.
- American Dental Association. CDT 2026 Current Dental Procedures (2026).
- AHCCCS Medical Policy Manual Chapter 400 – Maternal and Child Health 431- Oral Health Care for Early and Periodic Screening, Diagnosis and Treatment Aged Members.
- AHCCCS Medical Policy Manual Chapter 300-Covered Services- 310-D1–Dental Services for Members 21Years of Age And Older.
- The Handbook of Local Anesthesia, 7th Edition, 2020, Stanley F. Malamed, (Chapters 13-15), pages 204 - 288.

Policy History/Review Date:

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This policy will be reviewed on an annual basis.