



General Anesthesia and IV Sedation for Pediatric Dental Services

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare’s reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member’s benefit plans supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

Molina Healthcare covers general anesthesia or IV sedation for oromaxillofacial surgery (OMS) and dental-type services for pediatric patients when medically necessary. According to guidelines from the American Academy of Pediatric Dentistry, the indications for deep sedation and general anesthesia in pediatric dental patients include:

- Patients with certain physical, mental or medical compromising conditions
- Patients with dental restorative or surgical needs for whom local anesthesia is ineffective
- The extremely uncooperative, fearful, anxious or physically resistant child or adolescent with substantial dental needs and no expectation that the behavior will improve soon
- Patients who have sustained extensive orofacial or dental trauma
- Patients with dental needs who otherwise would not receive comprehensive dental care

Reimbursement Guidelines

Molina does not reimburse unlisted codes for general anesthesia and/or IV sedation for pediatric dental services when there is a more appropriate code available for the services. The following codes are reimbursement for general anesthesia and/or IV sedation for pediatric dental services:

- D9222 — deep sedation/general anesthesia - first 15 minutes
- D9223 — deep sedation/general anesthesia – each subsequent 15 minutes
- D9239 — intravenous moderate (conscious) sedation/analgesia - first 15 minutes
- D9243 — intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minutes

Molina Healthcare retains the authority to deny, review, audit, and recoup claims based on medical necessity as outlined in the above policy.

Supplemental Information

Definitions

Term	Definition
CMS	the Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children’s Health Insurance Program (CHIP), and health insurance portability standards.



State Exceptions

State	Exception

Documentation History

Type	Date	Action
Effective Date	02/08/2025	New Policy
Revised Date		

References

This policy was developed using.

- CMS
- State Medicaid Regulatory Guidance
- State Contracts
- [American Dental Association. Guidelines for the use of sedation and general anesthesia by dentists \(PDF\).](#)
- [Regarding New Hospital Code for Dental Treatment Under General Anesthesia | AAOMS](#)