



Dental Clinical Criteria

Last Revised: 1/2024

Adjunctive General Services

Anesthesia

Submission for IV anesthesia or sedation should include the initial fifteen (15) minutes and each additional fifteen (15) minute increment.

Intravenous general anesthesia (deep sedation) or moderate (conscious) sedation is covered with the following services:

Procedure Codes That Allow Sedation/Anesthesia

- Endodontics Codes
 - Apicoectomy—D3410, D3421, D3425, D3426
 - Root amputation—D3450
 - Hemisection—D3920
- Periodontal Codes
 - Osseous surgery—D4260, D4261
 - Osseous graft—D4263, D4264
 - Pedicle graft—D4270
 - Free soft tissue graft—D4271, D4273, D4277, D4278
- Implants (surgical service, only)
 - Surgical placement of implant body—D6010
 - Implant removal—D6100
 - Bone graft for repair of peri-implant defect—D6103
- Oral Surgery Codes
 - Surgical impactions—D7220, D7230, D7240, D7241, D7250
 - Surgical extractions—D7210 general anesthesia is not covered if billed for a single surgical tooth extraction on a claim. If a statement of medical necessity is submitted with the claim, it will be considered.
 - Oral closures—D7260, D7261
 - Tooth implantation—D7270, D7272
 - Surgical exposure—D7280, D7282
 - Placement of device to facilitate eruption of impacted tooth D7283
 - Surgical repositioning—D7290
 - Alveoloplasty—D7310, D7320, D7311, D7321
 - Vestibuloplasty—D7340, D7350
 - Excision tumor/cyst—D7440, D7441, D7450, D7451, D7460, D7461, D7465
 - Removal of exostosis—D7471, D7472, D7473, D7485, D7490
 - Incision & Drainage—D7510, D7520, D7511, D7521
 - Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla—D7950
 - Bone replacement graft for ridge preservation—per site—D7953
 - Excision Hyperplastic tissue—D7970, D7971, D7972

