

Code Replacements for ADA Code D9248 (non-intravenous conscious sedation)

DEFINITIONS

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.¹

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.¹

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.¹

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.¹

ENTERAL – any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa [i.e., oral, rectal, sublingual].¹

PARENTERAL – a technique of administration in which the drug bypasses the gastrointestinal (GI) tract [i.e., intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC), intraosseous (IO)].¹

¹ Guidelines for the Use of Sedation and General Anesthesia by Dentists, American Dental Association, 2016

SEDATION CODES

ADA Code	Nomenclature	Descriptor	Comment
D9244	IN-OFFICE ADMINISTRATION OF MINIMAL SEDATION – SINGLE DRUG – ENTERAL	In-office administration of a drug, as a single or divided dose, to achieve the desired clinical effect, not to exceed the FDA maximum recommended dose (MRD) for unmonitored home use. The single drug may be administered with or without co-administration of nitrous oxide.	If a single or divided drug dose, not exceeding the maximum recommended dose (MRD) is used, this would constitute minimal sedation.
D9245	ADMINISTRATION OF MODERATE SEDATION – ENTERAL	When moderate sedation is achieved by administration of drug(s) by enteral route only. With or without co-administration of nitrous oxide. The level of anesthesia is determined by the provider's documentation of the anesthetic effects upon the central nervous system.	If two or more drugs, with the exception of nitrous oxide, or a dose exceeding the maximum recommended dose (MRD) are used, this would constitute moderate sedation, not minimal.
D9246	ADMINISTRATION OF MODERATE SEDATION – NON-INTRAVENOUS PARENTERAL – FIRST 15 MINUTE INCREMENT, OR ANY PORTION THEREOF	When moderate sedation is achieved by administration of drug(s) by parenteral route, <u>not including intravenous</u> . With or	The period of anesthesia starts when the doctor begins to administer the anesthetic agent and ends when the

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		without coadministration of nitrous oxide.	doctor may safely leave the room; thus leaving the patient with trained personnel to be monitored during the recovery period. The time for recovery and monitoring by trained personnel after the doctor has left the room should not be billed as sedation.
D9247	ADMINISTRATION OF MODERATE SEDATION – NON-INTRAVENOUS PARENTERAL – EACH SUBSEQUENT 15 MINUTE INCREMENT, OR ANY PORTION THEREOF	When moderate sedation is achieved by administration of drug(s) by parenteral route, <u>not including intravenous</u> . With or without coadministration of nitrous oxide.	The period of anesthesia starts when the doctor begins to administer the anesthetic agent and ends when the doctor may safely leave the room; thus leaving the patient with trained personnel to be monitored during the recovery period. The time for recovery and monitoring by trained personnel after the doctor has left the room should not be billed as sedation.
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	This includes non-IV minimal and moderate sedation	Code was deleted as of 12/31/25. Code can no longer be submitted for payment.

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- Reimbursement from previously contracted rates for D9248 will be applied to non-unit based codes or the first unit of unit based codes.
- Benefit frequency as well as authorization requirements inclusive of clinical criteria and documentation requirements will mirror those of IV and Non IV conscious sedation codes.
- Service lines containing the newly implemented CDT codes listed above will be processed as described until the Department of Human Services releases a MA Bulletin or Ops memo stating otherwise.

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