Guide to Sedation Code Updates for 2026

Charles Blair, D.D.S.
Coding WITH CONFIDENCE
Practice Booster®

During the ADA's Code Maintenance Committee (CMC) meeting in March of 2024, it was determined that a substantial reworking of the sedation and anesthesia CDT codes was necessary, prompted by several anesthesia-related submissions for CDT 2025. These changes were discussed during the action request review period and at the actual March 2024 CMC meeting. A working group was established at the direction of the Council on Dental Benefit Programs (CDBP) following a recommendation from the CMC.

The working group subsequently developed and submitted action requests for consideration in CDT 2026. These submissions were reviewed and addressed by the CMC during its March 2025 meeting. The working group was chaired by a CDBP member and included representation from the American Association of Oral and Maxillofacial Surgeons (AAOMS), American Society of Dental Anesthesiologists (ASDA), American Academy of Pediatric Dentistry (AAPD), American Academy of Periodontology (AAP), and the Academy of General Dentistry (AGD).

Over the course of a year, they created new code proposals based on the ADA's 2016 ***Guidelines for the Use of Sedation and General Anesthesia by Dentists***. The full pdf document includes definitions, education requirements, and clinical guidelines for administration, and may be found at this link or by scanning the QR code below.

The revisions proposed by the CMC Anesthesia Working Group base code selection on time spent, route of administration, and level of sedation, consistent with the ADA document above. As such, these routes and levels must be defined.

Routes of Administration

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

Levels of Sedation

- **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. Patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of minimal sedation.

  The following definitions apply to the administration of minimal sedation:

- **Maximum recommended dose (MRD)** – maximum FDA-recommended dose of a drug, as printed in FDA-approved labeling for unmonitored home use.
- **Dosing for minimal sedation via the enteral route** – minimal sedation may be achieved by the administration of a drug, either singly or in divided doses, by the enteral route to achieve the desired clinical effect, not to exceed the maximum recommended dose (MRD).

The administration of enteral drugs exceeding the maximum recommended dose (MRD) for unmonitored home use during a single appointment is considered to be moderate sedation, and the moderate sedation guidelines apply.

If more than one enteral drug is administered to achieve the desired sedation effect, with or without the concomitant use of nitrous oxide, the guidelines for moderate sedation must apply.

Note: In accord with this particular definition, the drug(s) and/or techniques used should carry a margin of safety wide enough never to render unintended loss of consciousness. The use of the MRD to guide dosing for minimal sedation is intended to create this margin of safety.

- **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. A patient whose only response is reflex withdrawal from a painful stimulus is not considered to be in a state of moderate sedation.

  The administration of enteral drugs exceeding the maximum recommended dose (MRD) for unmonitored home use during a single appointment is considered to be moderate sedation, and the moderate sedation guidelines apply.

  If more than one enteral drug is administered to achieve the desired sedation effect, with or without the concomitant use of nitrous oxide, the guidelines for moderate sedation must apply.

- **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.

Other Considerations

Updates for 2026 also included changes and/or proposed new nomenclature for all of the time-based anesthesia codes, noting that they are reported in 15-minute increments, "or any portion thereof." This resolved issues where payors reimbursed only on complete increments. Language was also made consistent between all time-based codes.

Sedation Codes and Selection

Nitrous Oxide Administration

Nitrous oxide/oxygen, when used in combination with sedative agent(s), may produce minimal, moderate, deep sedation or general anesthesia. Changes were made to **D9230** to clarify that separate reporting of nitrous oxide should occur only when it is used as a single agent, not when it is combined with other forms of sedation administered in the office. It also allowed for the removal of the word "anxiolysis," which is considered outdated terminology.

D9230 ADMINISTRATION OF NITROUS OXIDE
When nitrous oxide is administered as a single agent.

Minimal Sedation

Minimal sedation — enteral (D9944) is appropriate to report when a single sedative medication is administered by mouth or sublingually in the office, at a level below the maximum FDA-recommended dose (MRD) listed in the drug's FDA-approved labeling for unmonitored home use. If nitrous is used in addition to the sedative agent given in office, it is not reported separately. Patients who take a sedative medication at home before coming to the office do not qualify for the D9244, as the code language specifies in-office administration. When no additional medication is administered in office, nitrous oxide may be reported separately.

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.

Moderate Sedation

Moderate sedation — enteral (D9945) is appropriate to report when more than one drug is administered by mouth to achieve sedation, or when a single drug is administered at levels higher than the maximum FDA-recommended dose (MRD) listed in the drug's FDA-approved labeling for unmonitored home use. In this case, if the patient has taken some medication before coming to the office and additional medication is given (exceeding MRD for a single drug or adding a second medication), D9945 still applies, as this code does not specify that all the medication was administered in office. If nitrous is used in addition to the sedative agent, it is not reported separately.

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.

Moderate sedation — intravenous (D9239/D9243) is appropriate to report when moderate sedation is achieved by administration and titration of drugs intravenously. If an IV is used for sedation, it is considered to be at least moderate sedation. Report D9239 for the first 15 minutes or any portion thereof and D9243 for each subsequent 15 minutes or any portion thereof. If nitrous is used in addition to the sedative agent, it is not reported separately.

D9239 ADMINISTRATION OF MODERATE SEDATION – INTRAVENOUS – FIRST 15 MINUTE INCREMENT, OR ANY PORTION THEREOF

When moderate sedation is achieved by administration and titration of drug(s) intravenously. With or without co-administration of nitrous oxide. Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room. The level of anesthesia is determined by the provider's documentation of the anesthetic effects upon the central nervous system.

D9243 ADMINISTRATION OF MODERATE SEDATION – INTRAVENOUS – EACH SUBSEQUENT 15 MINUTE INCREMENT, OR ANY PORTION THEREOF

Moderate sedation — non-intravenous parenteral (D9246/D9247) is the code of choice when sedative medications are given using a method that bypasses the GI system but is not an intravenous administration. This may be an intramuscular (IM), intranasal (IN), submucosal (SM), subcutaneous (SC), or intraosseous (IO) administration. Report D9246 for the first 15 minutes or any portion thereof and D9247 for each subsequent 15 minutes or any portion thereof. If nitrous is used in addition to the sedative agent, it is not reported separately.

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, not including intravenous. With or without co-administration of nitrous oxide. Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in

continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room. The level of anesthesia is determined by the provider's documentation of the anesthetic effects upon the central nervous system.

D9247 ADMINISTRATION OF MODERATE SEDATION – NON-INTRAVENOUS PARENTERAL – EACH SUBSEQUENT 15 MINUTE INCREMENT, OR ANY PORTION THEREOF

Oral conscious sedation (OCS) or other forms of non-intravenous conscious sedation were previously reported using the code D9248 non-intravenous conscious sedation, which has since been deleted. Previous use instances of the D9248 code could now be reported using D9244 minimal sedation - enteral, D9945 moderate sedation - enteral, or D9246/D9247 non-intravenous parenteral sedation codes, as appropriate. The term "concious sedation" is considered outdated terminology.

D9248 NON-INTRAVENOUS CONSCIOUS SEDATION

This includes non-IV minimal and moderate sedation. A medically controlled state of depressed consciousness while maintaining the patient's airway, protective reflexes and the ability to respond to stimulation or verbal commands. It includes non-intravenous administration of sedative and/or analgesic agent(s) and appropriate monitoring. The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic's effects upon the central nervous system and not dependent upon the route of administration.

Deep Sedation/General Anesthesia

The previous CDT set used two codes, which were part of a single set, to represent deep sedation and general anesthesia. These codes were D9222 and D9223 "deep sedation / general anesthesia" for the first 15 minutes and the subsequent 15 minutes, respectively. Deep sedation and general anesthesia are not the same thing and are not interchangeable. As such, these two codes were revised and two new codes (D9224/D9225) were added. These new codes differentiate between the distinct techniques and armamentarium, particularly the use of advanced airway techniques in general anesthesia.

D9222 ADMINISTRATION OF DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTE INCREMENT, OR ANY PORTION THEREOF

With or without co-administration of nitrous oxide. Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room. The level of anesthesia is determined by the provider's documentation of the anesthetic effects upon the central nervous system.

D9223 ADMINISTRATION OF DEEP SEDATION/GENERAL ANESTHESIA – EACH SUBSEQUENT 15 MINUTE INCREMENT, OR ANY PORTION THEREOF

D9224 ADMINISTRATION OF GENERAL ANESTHESIA WITH ADVANCED AIRWAY – FIRST 15 MINUTE INCREMENT, OR ANY PORTION THEREOF

With or without co-administration of nitrous oxide. Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room. This procedure is determined by the provider's documentation of the presence of an advanced airway such as a supraglottic or subglottic airway device, which includes laryngeal tube, esophageal-tracheal tube (Combitube), laryngeal mask airway, or endotracheal tube.

D9225 ADMINISTRATION OF GENERAL ANESTHESIA WITH ADVANCED AIRWAY – EACH SUBSEQUENT 15 MINUTE INCREMENT, OR ANY PORTION THEREOF