Payment Policy | Oral Surgeons Filing for Anesthesia Services in the Office Setting

EFFECTIVE DATE: 05|23|2011
POLICY LAST UPDATED: 01|07|2026

OVERVIEW
General anesthesia and intravenous sedation provided by an oral surgeon in the office setting is considered a separate covered service under the BCBSRI member's medical benefit when performed in conjunction with a covered surgical procedure.

MEDICAL CRITERIA
Not applicable.

PRIOR AUTHORIZATION
Not applicable.

POLICY STATEMENT
Commercial Products and Medicare Advantage Plans
General anesthesia and intravenous sedation provided by an oral surgeon in the office setting is considered a separate covered service under the BCBSRI member's medical benefit when performed in conjunction with a covered CPT surgical procedure code. A separate payment is made for anesthesia services in the office setting.

Anesthesia services will be denied when the procedure code submitted is not a covered medical procedure. To ensure correct claims processing, the oral surgeon will submit the oral surgical CPT procedure code and the anesthesia/sedation CDT code (see below) on a CMS1500 form typically filed for BCBSRI medical coverage.

General anesthesia and intravenous sedation provided in conjunction with a non-covered surgical procedure performed by an oral surgeon in the office setting will be not covered and a member liability.

COVERAGE
Benefits may vary by group/contract. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for the applicable "Surgery Services" benefit.

LIMITATIONS:
Payment under the BCBSRI member's medical benefit for general anesthesia and IV sedation codes are covered under the medical benefit only when performed in conjunction with oral surgical CPT codes that are considered covered.

BACKGROUND
Not applicable.

CODING
The following CDT anesthesia codes are covered when filed with a covered medical CPT code.
D9222 deep sedation/general anesthesia, first 15 minutes
D9223 deep sedation/general anesthesia, each 15 minute increment
D9243 intravenous moderate (conscious) sedation/analgesia, each 15 minute increment

The following CDT codes are not covered and are considered a member liability:
D9230 Inhalation of nitrous oxide/analgesia, anxiolysis

D9248* Non-intravenous conscious sedation **(HCPCS code deleted as of 12/31/2025)*
D9246 Moderate sedation-non-IV parenteral (first 15 minutes)
D9247 Moderate sedation-non-IV parenteral (subsequent 15 minutes

RELATED POLICIES

Dental Procedures in the Outpatient Setting
Dental Services for Accidental Injury

PUBLISHED

Provider Update, February 2026
Provider Update, January 2023
Provider Update, April 2019
Provider Update, January 2018
Provider Update, February 2017
Provider Update, August 2011

REFERENCES

Not applicable.

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