CDT Coding Guide: Nitrous Oxide, Sedation and General Anesthesia

This guide is published to aid dentists and others in the dental community in selecting the applicable CDT code entry to document and report administration of nitrous oxide, sedation and general anesthesia.

Introduction

CDT 2026 reflects six new codes, five revised codes, and one deletion within the "Anesthesia" subcategory of Adjunctive General Services. These changes allow for more discrete documentation and recording of the procedures delivered as well as the anesthetic effects achieved. The terms used are updated to reflect current clinical practice, to align with the accepted definitions of levels of sedation, and the application and administration of dental anesthesiology. The new codes describe procedures for administration of anesthesia based on the level of anesthesia (minimal or moderate), route of administration (enteral, non-intravenous parenteral, intravenous), and the increment of time anesthesia is administered (for parenteral routes of administration).

Nitrous Oxide

The existing code D9230 was revised to eliminate outdated terms and to improve clarity that this procedure code should be used when nitrous oxide is administered as a single agent (i.e., no other sedation drugs are co-administered in-office).

D9230 administration of nitrous oxide
When nitrous oxide is administered as a single agent.

Minimal and Moderate Sedation

CDT codes for minimal and moderate sedation were separated to reflect much more granularity describing the procedure delivered. There is now a single code used to document and report minimal sedation which is described as in-office administration of a single drug given in either a single or divided dose. Nitrous oxide may be co-administered and is considered part of the procedure; it should not be coded separately. The provider must still document its administration in the clinical notes.

The descriptor language describes the procedure delivered as a single drug administered in a single or divided dose, not exceeding the FDA maximum recommended dose – rather than relying on documentation of anesthetic effects on the central nervous system.

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, which had previously been documented with either a non-intravenous minimal/moderate procedure code or a time-based intravenous moderate procedure code is now broken down into three different routes of administration, two of which are time based.

When multiple different drugs for sedation are administered via enteral route (i.e., oral, rectal), or when a single drug is administered exceeding the MRD for unmonitored home use during a single appointment via enteral route, code D9245 is appropriate to document and report the procedure.

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.

When drug(s) for sedation are administered via parenteral route excluding intravenous (i.e., intramuscular, intranasal, submucosal, subcutaneous, sublingual, or intraosseous) and moderate sedation is achieved, codes D9246 (for the first 15-minute increment, or any portion thereof) and D9247 (for each subsequent 15-minute increment, or any portion thereof) are appropriate to document and report the procedure.

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

When drug(s) for sedation are administered via intravenous route and moderate sedation is achieved, codes D9239 (for the first 15-minute increment, or any portion thereof) and D9243 (for each subsequent 15-minute increment, or any portion thereof) are appropriate to document and report the procedure.

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

Deep Sedation / General Anesthesia

The existing CDT codes for deep sedation/general anesthesia (D9222 and D9223) were revised to improve clarity and to align editorially with other new and revised codes. Two new codes were added to more accurately capture the administration of general anesthesia when an advanced airway is placed and utilized throughout the procedure. The codes for these procedures are not specific to route of administration. Nitrous oxide may be co-administered and would be considered part of these procedures (i.e., nitrous oxide is not coded separately; note that the provider would document the administration of nitrous oxide within their written clinical notes).

Codes D9222 and D9223 are used to describe the administration of drug(s) for sedation when a patient reaches a state on the continuum of deep sedation and general anesthesia but when no advanced airway is utilized throughout the procedure.

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

Codes D9224 and D9225 are used to describe the administration of drug(s) for sedation when a patient reaches general anesthesia and an advanced airway is utilized throughout the procedure.

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

Questions and Answers

1) Why does code **D9244 in-office administration of minimal sedation – single drug – enteral** limit the procedure delivered to a single drug?

The descriptor language for code D9244 describes the procedure as a single drug in a single or divided dose, not exceeding the FDA maximum recommended dose for unmonitored home use – rather than relying on documentation of anesthetic effects on the central nervous system. When multiple different drugs for sedation are administered via enteral route (i.e., oral, rectal), or when a single drug is administered exceeding the maximum recommended dose during a single appointment, it is considered moderate sedation and code D9245 is appropriate to document and report the procedure.

2) What code(s) should I use if I administer two oral sedation agents (e.g. hydroxyzine and midazolam) with nitrous oxide?

   The correct code is **D9245 administration of moderate sedation – enteral**.

3) What code(s) should I use if I administer a single oral sedation agent that exceeds the FDA maximum recommended dose (MRD) for unmonitored home use?

   The correct code is **D9245 administration of moderate sedation – enteral**.

4) Is there ever a circumstance when code **D9230 administration of nitrous oxide** should be coded for the same patient visit as another sedation code?

   No, code D9230 is only used when nitrous oxide is administered as a single agent. All other sedation and anesthesia codes include the administration of nitrous oxide within the procedure, when it is co-administered.

5) How much time must elapse during services coded by a time-based sedation or anesthesia code to use the "subsequent 15-minute increment" (i.e., D9243, D9247, D9223, D9225) codes?

   Any amount of time exceeding the 15-minute block in which the doctor is in continuous attendance of the patient and must remain with the patient before the patient may safely be left under the observation of trained personnel should be documented using the appropriate "subsequent 15-minute increment" code.

6) The doctor prescribes an oral medication for the patient to pick up from a pharmacy and instructs the patient to bring it to their appointment. **The medication is administered in the office**, and the patient is monitored during the procedure. May code D9244 be reported?

   Yes, the medication may be dispensed at a pharmacy, so long as the dose(s) are administered in the office and the single medication is given below the MRD with or without the co-administration of nitrous oxide. If there are multiple medications given or the MRD is exceeded, D9245 would be more appropriate.

7) The doctor prescribes an oral medication for the patient to obtain from a pharmacy and instructs the patient to take the medication **at home prior to their appointment**. The patient then presents for the dental procedure. May code D9244 be reported?

   No, the medication was not administered in-office. The nomenclature and descriptor for code D9244 explicitly state that the drug is administered in-office for this procedure.

8) A single drug was administered at the FDA maximum recommended dose (MRD) for minimal sedation; however, the planned dental procedure could not be completed due to inadequate sedation for patient tolerance. Is reporting code D9244 still appropriate in this situation?

   Yes. Code D9244 is appropriate to document and report in this situation. The determining factor for reporting D9244 is that a single drug was administered at a dosage consistent with minimal sedation. Patient tolerance of the planned dental procedure is not a measure of the clinical effect of the drug and does not preclude the use of D9244 when the medication was properly administered and managed in accordance with minimal sedation guidelines.

9) "The level of anesthesia is independent of the route of administration" is a factual statement. Why was this language removed from the code descriptors?

   CDT codes have traditionally been procedurally based and have included routes of administration for over 20 years. The Code Maintenance Committee acknowledges the fact that the level of anesthesia is independent of the route of administration, but as a procedural code that is based on a combination of the level of anesthesia (minimal or moderate), route of administration (enteral, non-intravenous parenteral, intravenous), and the increment of time anesthesia is administered (for parenteral routes of administration), the verbiage created confusion as to why CDT nomenclature included routes of administration if the level of sedation was independent of the route of administration.

10) When is it appropriate to use code **D9219 evaluation for moderate sedation, deep sedation or general anesthesia**? Can it be used on the same day as any of the sedation codes?

    Yes, anytime the doctor evaluates a patient for moderate or deep sedation or general anesthesia, this code should be used. Use of D9219 on the same day as the use of the appropriate sedation / anesthesia codes appropriately documents the doctor's evaluation of the patient as a "safety check" prior to the administration of sedation or anesthesia services.

11) Is there a maximum number of 15-minute increments that can be used in conjunction with sedation or anesthesia services?

    No, it is recommended that you "code for what you do," and use the appropriate number of time-based codes to reflect the total sedation or anesthesia time, as described in the descriptors for those codes.

12) Why do codes D9222 and D9223 still include "general anesthesia" within their nomenclature, even though utilization of an advanced airway is not part of those procedures?

    Sedation and general anesthesia exist on a continuum, and the codes are designed to capture the documented anesthetic effect on the central nervous system. D9222 and D9223 remain designated as "deep sedation/general anesthesia" codes to accurately reflect this continuum.

    If the targeted effect is deep sedation and that level is achieved and maintained for most of the procedure, D9222 and D9223 should be used to document and report for that portion. However, if the patient transitions into general anesthesia and an advanced airway is utilized for the remainder of the dental procedure, then D9224 and D9225 should be used to report the total 15-minute increments during which the advanced airway was in place.

    Because patient responses vary and cannot always be precisely predicted, practitioners should be prepared to manage unintended progression to a deeper level of sedation, ensuring patient safety until stability is restored or additional assistance is available.

Questions or Assistance?

Call 800-621-8099 or send an email to dentalcode@ada.org

Notes:

- This document includes content from the ADA publication – *Current Dental Terminology (CDT)* ©2026.