



REIMBURSEMENT POLICY STATEMENT

Ohio Medicaid

Policy Name & Number	Date Effective
General Anesthesia and Monitored Anesthesia Care for Oral and Maxillofacial Surgery and Dental Services-OH MCD-PY-1593	11/01/2025
Policy Type	
REIMBURSEMENT	

Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

General Anesthesia and Monitored Anesthesia Care for Oral and Maxillofacial Surgery and Dental Services

B. Background

Most dental care can be provided in a traditional dental office setting with local anesthesia and, if medically necessary, a continuum of behavioral guidance strategies ranging from simple communicative techniques to nitrous oxide, enteral or parenteral sedation. Monitored anesthesia care or sedation (minimal, moderate, or deep) may be a requirement of some members, including those with challenges related to age, behavior or developmental disabilities, medical status, intellectual limitations, or other special needs. As an increasing number of members of all ages and complexity seek sedation and anesthesia for dental procedures in office-based settings, it is important to keep member safety central to the delivery of sedation and anesthesia services. Sedation and anesthesia safety in an office-based setting is dependent on patient selection, sedation and anesthesia goals, techniques, vigilant patient monitoring, as well as the skills and competencies of the patient-centered care team.

A dental office setting may be a location for sedation and/or anesthesia modalities only when there are trained and licensed personnel to administer and monitor these services and office facilities are properly equipped and safe per federal and state regulatory requirements. Additional information on educational and clinical guidelines to deliver safe and effective sedation and anesthesia can be found in the American Dental Association's *Guidelines for the Use of Sedation and General Anesthesia by Dentists* (see references).

Alternatively, there are certain situations where patients may require general anesthesia in a healthcare facility, such as an ambulatory surgical center or outpatient hospital facility. Refer to the *Dental Services Rendered in a Hospital or Ambulatory Surgery Center* reimbursement policy, OH MCD-PY-1244 for more information on these services.

C. Definitions

- **Monitored Anesthesia Care (MAC)** – A specific anesthesia service in which an anesthesiologist has been requested to participate in the care of a patient undergoing a diagnostic or therapeutic procedure.
- **Office Setting** – An office or portion thereof utilized to provide medical and/or surgical services to the physician's or dentist's patients. Office setting does not include an office or portion thereof licensed as an ambulatory surgical facility by the Department of Health pursuant to division (E)(1) of section 3702.30 of the Ohio Revised Code (ORC), a hospital pursuant to section 3701.07 of the ORC, or an emergency department located within such a hospital.
- **Place of Service (POS) Codes** – 2-digit codes placed on health care professional claims to indicate the setting in which a service was provided.

- **Sedation Continuum** – When patients undergo procedural sedation/analgesia, a sedation continuum is entered. Several levels have been formally defined along this continuum: minimal sedation/anxiolysis, moderate sedation, deep sedation, and at the deepest level, general anesthesia.
 - **Minimal Sedation (Anxiolysis)** – A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway reflexes, and ventilatory and cardiovascular functions are unaffected.
 - **Moderate Sedation/Analgesia (Conscious 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. Reflex withdrawal from a painful stimulus is NOT considered a purposeful response.
 - **Deep Sedation/Analgesia** – 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.

Note: Because sedation is a continuum, it is not always possible to predict how a patient will respond. Practitioners intending to produce a given level of sedation should be able to rescue patients whose level of sedation becomes deeper than initially intended. Practitioners administering moderate sedation should be able to rescue patients who enter a state of deep sedation, while those administering deep sedation should be able to rescue patients who enter a state of general anesthesia. Rescue of a patient from a deeper level of sedation than intended is an intervention by a practitioner proficient in airway management and advanced cardiac life support.

D. Policy

I. Safety Attestation Questionnaire

General anesthesia and monitored anesthesia care (MAC) for oral maxillofacial surgery (OMS) and dental-type services performed in the dental office setting require the dental office to complete and submit an initial Provider Questionnaire and Patient Safety Attestation for Dental Sedation/General Anesthesia for each practice location to the respective provider contracting team to ensure all Ohio regulations are followed and patient safety is prioritized. After providing to the contracting team, this

document should be kept on file. *See Appendix A. Provider Questionnaire and Patient Safety Attestation for Dental Sedation/General Anesthesia.*

II. Office-Based Requirements

A. Patient Selection

The treating dental provider should select cases based on the medical necessity criteria in section III. As noted by the American Society of Anesthesiologists (ASA):

1. The procedure to be undertaken is within the scope of practice of the health care practitioners and the capabilities of the dental office facility.
2. The procedure should be medically appropriate for a dental office and of a duration and degree of complexity that will permit the member to recover and be discharged from the facility.
3. Members who by reason of pre-existing medical or other conditions may be at undue risk for complications should be referred to an appropriate facility for performance of the procedure and the administration of anesthesia.

B. Office Facility

1. The facility must meet all state requirements.
2. Pursuant to OAC 4715-5-05, the provider must have a properly equipped facility(s), whether fixed, mobile, or portable, for the administration of general anesthesia or deep sedation in which the permit holder has available and agrees to utilize adequate monitoring, personnel, emergency equipment and drugs as recommended in the "Guidelines for the Use of Sedation and General Anesthesia by Dentists" as adopted by the October 2016 ADA House of Delegates and/or the American Association of Oral and Maxillofacial Surgeon's *Office Anesthesia Evaluation Manual*, 9th edition and maintains successful completion of basic life support for healthcare providers (BLS-HCP) and advanced cardiac life support (ACLS) course(s).
3. The practitioner who uses sedation must have immediately available facilities, personnel, and equipment to manage emergency and rescue situations. A protocol for immediate access to back-up emergency services shall be clearly outlined. For nonhospital facilities, a protocol for the immediate activation of the Emergency Medical Service (EMS) system for life-threatening complications must be established and maintained. The availability of EMS does not replace the practitioner's responsibility to provide initial rescue for life-threatening complications.
4. Pursuant to OAC 4715-5-05 in the case of a mobile or portable facility, 1 inspection of that facility by the Ohio Board shall be conducted in the office of an Ohio-licensed dentist where deep sedation or general anesthesia is administered. A written list of all monitors, emergency equipment, and other materials which the mobile anesthesia provider agrees to have available at all times while administering moderate sedation, deep sedation, and general anesthesia in multiple locations shall be provided to the board.
5. External rescue and emergency services should be available and accessible in a timely manner should they be needed.

C. General Monitoring and Patient Safety

Equipment used to monitor the member during sedation and anesthesia should be consistent with American Association of Nurse Anesthesiology (AANA) *Standards for Office Based Anesthesia Practice* and other nationally recognized standards and guidelines. The AAPD *Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures* should be followed as a guide for patient safety and any applicable state requirements.

1. An emergency cart or kit must be immediately accessible and must contain the necessary age and size-appropriate equipment (eg, oral and nasal airways, bag-valve-mask device, LMAs or other supraglottic devices, laryngoscope blades, tracheal tubes, face masks, blood pressure cuffs, intravenous catheters) to resuscitate a child.
2. Monitoring devices, such as electrocardiography (ECG) machines, pulse oximeters with size-appropriate probes, end-tidal carbon dioxide monitors, and defibrillators with size-appropriate patches/paddles, must have a safety and function check on a regular basis as required by local or state regulation
3. Documentation prior to and during sedation shall include, but not be limited to, the following:
 - a. health evaluation
 - b. informed consent
 - c. anesthesia documentation time
 - d. treatment documentation

D. Anesthesia Provider and Team

1. The practitioner providing sedation and/or anesthesia care in the dental office-based setting must have a permit in good standing issued by the state of Ohio respective licensing board.
2. There must be enough appropriately trained staff to both carry out the procedure and monitor the patient, before, during, and after, with a staffed recovery area in accordance with OAC 4715-5-05.
3. Pharmaceuticals must be properly stored and maintained, and the anesthesia provider must maintain appropriate records of all controlled substances received, administered, dispensed, or used in accordance with ORC 3719.07. If the provider is functioning as a manufacturer or wholesale distributor of such substances, an appropriate license, in accordance with ORC 4729.52, must be maintained.
4. Pre-anesthesia evaluation
 - a. A pre-anesthesia evaluation must be completed and documented within 48 hours of an inpatient or outpatient surgery or any procedure requiring anesthesia services. This does not negate the evaluation required immediately prior to induction of anesthesia set forth by The Joint Commission. The delivery of the first dose of medication for the purpose of inducing anesthesia marks the end of the 48-hour time frame.
 - b. In accordance with current standards of anesthesia care, some elements of the pre-anesthesia evaluation may be performed prior to the 48 hours;

however, these elements cannot be performed more than 30 days prior to surgery or a procedure requiring anesthesia services. Review of these elements must be conducted, and any appropriate updates documented, within the 48-hour time frame.

5. Post-anesthesia evaluation

- a. The post-anesthesia evaluation must be performed immediately following the conclusion of services for which anesthesia was provided with documentation completed no later than 48 hours after the patient is moved into the designated recovery area.
- b. The accepted standards of anesthesia care indicate that the evaluation should not begin until the patient is sufficiently recovered from the acute administration of the anesthesia so as to participate in the evaluation at an age-appropriate level.
- c. For patients unable to participate in the post-anesthesia evaluation (eg, post-operative sedation, mechanical ventilation, age), a notation that the patient was unable to participate and why, as well as expectations for recovery time (if applicable), should be noted.
- d. Patients who received long-acting regional anesthesia with acute effects lasting beyond the initial post-anesthesia evaluation time frame should have a notation that the patient is otherwise able to participate in the evaluation but full recovery from regional anesthesia has not occurred and is not expected within the stipulated time frame for the completion of the evaluation.
- e. Patient should not be discharged until criteria met and patient has returned to pre-anesthesia state of consciousness. A responsible adult should be present at discharge.

E. Medical Necessity Criteria

1. General anesthesia and monitored anesthesia care (MAC) for oral maxillofacial surgery (OMS) and dental-type services, whether covered under the medical plan benefits or dental plan benefits, is considered medically necessary when at least 1 of the following clinical criteria are met:
 - a. Extensive or complex oral surgical procedures, such as:
 01. 4 or more simple and/or surgical extractions in more than 1 quadrant in 1 appointment
 02. impacted wisdom teeth
 03. surgical root recovery from maxillary antrum
 04. surgical exposure of impacted or unerupted cuspids
 05. radical excision of lesions more than 1.25 cm
 - b. Any of the following medical conditions apply:
 01. mental incapacitation (such that the member's ability to cooperate with procedures is impaired), including intellectual disability, cerebral palsy, epilepsy, organic brain disease and behavioral problems associated with uncooperative but otherwise healthy children that would render the member noncompliant
 02. severe physical disorders affecting the tongue or jaw movements

- 03. seizure disorders
- 04. significant psychiatric disorders resulting in impairment of the member's ability to cooperate with procedures
- 05. previously demonstrated idiosyncratic or severe reactions to IV sedation medication
- 06. medical condition(s) which require monitoring (eg, cardiac problems, severe hypertension), a medical consultation with the member's physician is recommended.
- 07. documented failed sedation or a condition where severe periapical infection would render local anesthesia ineffective
- c. Documentation that member is less than 3 years old with extensive treatment, which is provided in the member's medical record.
- 2. Other Sedation Continuum
 - a. Moderate/IV conscious sedation administered intravenously may be indicated for the following situations:
 - 01. anxiety and fear when other techniques have proven inadequate
 - 02. pain control when other techniques have proven inadequate
 - 03. management of gag reflex if nitrous oxide is ineffective or not suitable
 - 04. member medically compromised or with special needs
 - 05. lengthy restoration procedures for pediatric members
 - 06. allergy or sensitivity to local anesthesia
 - b. Non-intravenous sedation may be indicated for the following situations:
 - 01. anxiety
 - 02. member uncooperative or unmanageable with complex dental needs
 - c. Nitrous oxide (anxiolysis) may be indicated for the following:
 - 01. ineffective local anesthesia
 - 02. anticipatory or situational anxiety
 - 03. apprehensive/frightened child
 - 04. members with special needs
 - 05. extensive and/or complex services
 - 06. members with behavioral or uncooperative challenges
 - 07. management of a severe gag reflex
 - d. Nitrous oxide and other sedation will not be considered strictly for member or provider convenience.
 - e. Only 1 type of sedation/anesthesia is reimbursable per date of service.

E. Conditions of Coverage

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all-inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service for all benefit categories. The member-specific benefit plan document and applicable laws that may require coverage for a specific service determine benefit coverage for health services. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. See corresponding benefit grid for limitation, exclusions, and benefit categories

- Dental Office Place of Service (POS) (11)
 - Use CPT code 00170 for general anesthesia or G9654 for monitored anesthesia when performing intraoral treatments.
 - Time units for physician and CRNA services, both personally performed and medically directed, are determined by dividing the actual anesthesia time by 15 minutes or fraction thereof. Since only the actual time of a fractional unit is recognized, the time unit is rounded to one decimal place. Total minutes are listed as units (ie, 75 minutes; 75 = 5 units [of 15 min increments]. CMS base units = 5). Maximum state allowances may be applicable.
 - Payment for an anesthesia service is the lesser of the provider's submitted charge or the Medicaid maximum, which is determined by a formula.

Codes	Description
00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified
G9654	Monitored anesthesia care (MAC)
99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness an physiological status; initial 15 minutes of intraservice time, patient age 5 years or older
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time
D9222	Deep sedation/general anesthesia – first 15 minutes
D9223	Deep sedation/general anesthesia – each subsequent 15-minute increment
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15-minute increment
D9248	Non-intravenous conscious sedation

F. Related Policies/Rules

Dental Services Rendered in Hospital or Ambulatory Surgical Center

G. Review/Revision History

DATE		ACTION
Date Issued	04/09/2025	New policy. Approved at Committee.

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.

Date Revised		
Date Effective	11/01/2025	
Date Archived		

H. References

1. Accreditation of Office Settings, OHIO ADMIN. CODE 4731-25-07 (2018).
2. American Dental Association. Guidelines for the Use of Sedation and General Anesthesia by Dentists. October 2016. Accessed April 9, 2025. www.ada.org
3. American Association of Oral and Maxillofacial Surgeons. Ambulatory Surgical Center Coding and Billing. Accessed April 9, 2025. www.aaoms.org
4. ASA Committee on Economics. Distinguishing between a pre-anesthesia evaluation and a separately reportable evaluation and management service. American Society of Anesthesiologists. Updated March 2023. Accessed April 4, 2025. www.asahq.org
5. American Society of Anesthesiologists. Statement on Office-Based Anesthesia. Accessed April 8, 2025. www.asahq.org
6. Anesthesia Services, OHIO ADMIN. CODE 5160-4-21 (2024).
7. Conditions and Limitations, OHIO ADMIN. CODE 5160-2-03 (2022).
8. Coté, CJ, Wilson S, American Academy of Pediatric Dentistry, American Academy of Pediatrics. Guidelines for monitoring and management of pediatric patients before, during, and after sedation for diagnostic and therapeutic procedures. *Ped Dentistry*. 2019;41(4):E26-E52. Accessed April 9, 2025. www.aapd.org
9. Definition of Terms, OHIO ADMIN. CODE 4731-25-01 (2011).
10. Dental Services, OHIO ADMIN. CODE 5160-5-01 (2024).
11. FDA drug safety communication: FDA review results in new warnings about using general anesthetics and sedation drugs in young children and pregnant women. US Food and Drug Administration. Updated March 8, 2018. Accessed April 9, 2025. www.fda.gov
12. General Provisions, OHIO ADMIN. CODE 4731-25-02 (2024).
13. Licenses for Wholesale Distributors and Manufacturers of Dangerous Drugs, Outsourcing Facilities, Third-Party Logistics Providers, and Repackagers; Application; Issuance; Renewal; Fees, OHIO REV. CODE § 4729.52 (2020).
14. Medicaid Medical Necessity: Definitions and Principles, OHIO ADMIN. CODE 5160-1-01 (2022).
15. Pain management in infants, adolescents and individuals with special health care needs. *Reference Manual of Pediatric Dentistry*. American Academy of Pediatric Dentistry; 2024-2025:435-443. Accessed April 9, 2025. www.aapd.org
16. Pediatric Anesthesia. US Food and Drug Administration. Updated April 24, 2017. Accessed February 26, 2025. www.fda.gov
17. Policy for selecting anesthesia providers for the delivery of office-based deep sedation/general anesthesia. *Reference Manual of Pediatric Dentistry*. American Academy of Pediatric Dentistry; 2024-2025:170-172. Accessed April 9, 2025. www.aapd.org
18. Policy on care for vulnerable populations in a dental setting. *Reference Manual of Pediatric Dentistry*. American Academy of Pediatric Dentistry; 2024-2025:53-59. Accessed April 9, 2025. www.aapd.org

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.

19. Policy on patient safety. *Reference Manual of Pediatric Dentistry*. American Academy of Pediatric Dentistry; 2024-2025:27-31. Accessed April 9, 2025. www.aapd.org
20. Policy on the ethical responsibilities in the oral health care management of infants, children, adolescents, and individuals with special health care needs. *Reference Manual of Pediatric Dentistry*. American Academy of Pediatric Dentistry; 2024-2025:23-24. Accessed April 9, 2025. www.aapd.org
21. Record of All Controlled Substances Received, Administered, Dispensed, or Used, OHIO REV. CODE § 3719.07 (2019).
22. Standards for Surgery Using Anesthesia Services, OHIO ADMIN. CODE 4731-25-04 (2018).
23. Standards for Surgery Using Moderate Sedation/Analgesia, OHIO ADMIN. CODE 4731-25-03 (2018).
24. Standards FAQs: medication security – anesthesia cart. Office Based Surgery: Medication Management MM. The Joint Commission; 2016. Accessed April 4, 2025. www.jointcommission.org
25. Standard FAQs: sedation and anesthesia – rescue requirements. Office Based Surgery: Provision of Care Treatment and Services PC. The Joint Commission; 2016. Updated September 16, 2022. Accessed April 4, 2025. www.jointcommission.org
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28. Use of local anesthesia for pediatric dental patients. *Reference Manual of Pediatric Dentistry*. American Academy of Pediatric Dentistry; 2024-2025:386-393. Accessed April 9, 2025. www.aapd.org
29. Use of nitrous oxide for pediatric dental patients. *Reference Manual of Pediatric Dentistry*. American Academy of Pediatric Dentistry; 2024-2025:394-401. Accessed April 9, 2025. www.aapd.org

Approved by ODM 08/18/2025

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.

Appendix A
Provider Questionnaire and Safety Attestation
for Dental Sedation/General Anesthesia

CareSource Provider Questionnaire and Attestation for Dental Sedation/General Anesthesia	
Please answer the following questions and attach a full written explanation pertaining to each YES response.	
1. Has any disciplinary action been taken against you by any state board or any regulatory board?	() YES () NO
2. Have you had any patient require hospitalization or medical attention, or have you had any patient deaths in the facility or office?	() YES () NO
3. Are there any other facts not disclosed by your answers which may have a bearing on your fitness or eligibility to practice dentistry in Ohio, in particular conscious sedation and/or general anesthesia?	() YES () NO
<p>I, _____, hereby certify and attest that: (1) I have, or will contract with someone who does, all necessary licenses, certifications, and/or permits to the extent required by the applicable laws and regulations of the state of Ohio including, but not limited, to Ohio Admin. Code 4715-5-05, Ohio Admin. Code 4715-3-01, Ohio Admin. Code 4715-5-06, Ohio Admin. Code 4715-5-07, Ohio Admin. Code 4715-9-01.2, Ohio Admin. Code 4715-11-02.1 Ohio Rev. Code § 4715.70, Ohio Rev. Code § 4715.71, Ohio Rev. Code § 4715.72, and Ohio Rev. Code § 4715.73 (collectively, "Ohio Law") for the administration of conscious sedation and/or general anesthesia/deep sedation in a facility or private dental office setting, as appropriate; (2) I have properly equipped facility(s) or private dental office(s) for the administration of conscious sedation and/or general anesthesia/deep sedation in accordance with Ohio Law and generally accepted dentistry practice standards; (3) my facility(s) or private dental office(s) is staffed with qualified dental providers and a supervised team of certified auxiliary personnel in accordance with Ohio Law and generally accepted dentistry practice standards; and (4) the administration of conscious sedation and/or general anesthesia/deep sedation in a facility or private dental office setting, as appropriate, will only be administered by qualified providers in accordance with Ohio Law.</p> <p>I certify and attest that all of the following equipment, drugs, and supplies are in good working order at each facility or private dental office for which conscious sedation or general anesthesia/deep sedation services will be performed:</p> <ol style="list-style-type: none"> 1. equipment capable of delivering positive pressure oxygen ventilation including ancillary airway devices 2. pulse oximeter 3. suction equipment that allows aspiration of the oral and pharyngeal cavities 4. operating table or chair that allows for patient positioning to maintain airway 5. firm platform for cardiopulmonary resuscitation (CPR) 6. fail-safe inhalation system if nitrous oxide/oxygen is used 7. equipment necessary to establish intravascular access 8. equipment to continuously monitor blood pressure, heart rate, and rhythm 9. EKG monitor (required for general anesthesia/deep sedation only) 	

<p>10. manual or automatic external defibrillator</p> <p>11. appropriate emergency drugs per advanced cardiovascular life support (ACLS), including reversal agents for narcotics and/or benzodiazepines depending on which is actually utilized, or pediatric advanced life support (PALS) protocol</p> <p>12. recovery area with available oxygen and suction</p> <p>13. continual monitoring of end tidal CO₂ (expired carbon dioxide), unless invalidated by the nature of the patient, procedure or equipment (required for general anesthesia/deep sedation only)</p>	
<p>I certify and attest all of the aforementioned equipment, drugs, and supplies will at all times remain in good working order and shall be subject to random on-site inspection by CareSource or its delegated benefits administrator.</p> <p>I further certify and attest that all rendering providers of conscious sedation or general anesthesia/deep sedation services and all support personnel are certified in CPR at the basic life support healthcare provider level from a Ohio Board of Dentistry approved sponsor and have the appropriate education and training required under Ohio Law. In addition, I certify and attest all rendering providers of conscious sedation or general anesthesia/deep sedation services have: (1) (A) a current certification in advanced cardiovascular life support (ACLS) for adult patients, or (B) a pediatric advanced life support (PALS) for pediatric patients, or (2) an appropriate dental sedation/anesthesia emergency management course approved by Ohio Board of Dentistry.</p> <p>I certify and attest all of the aforementioned certifications will be maintained in accordance with Ohio Law and copies of such certification shall be provided to CareSource upon request.</p>	
Please initial each paragraph	Initial
1. I understand I am responsible for maintaining full compliance at all times with Ohio Law when conscious sedation and/or general anesthesia/deep sedation services will be performed at the facility(s) or private dental office(s) listed on this questionnaire and attestation.	
2. I understand and agree that CareSource has the full authority to conduct on-site visits at each facility or private dental office listed on this questionnaire and attestation to ensure I am following Ohio Law and generally accepted dentistry practice standards when administering conscious sedation or general anesthesia/deep sedation.	
3. I understand and agree that I must notify CareSource immediately of any change that may affect the ability of the facility(s) or private dental office(s) listed on this questionnaire and attestation to safely and effectively administer conscious sedation or general anesthesia/deep sedation services.	
4. I understand and agree that I must notify CareSource and fill out additional questionnaire(s) and attestation(s) if I wish to add any additional facilities or private dental offices that are not currently listed on this questionnaire and attestation that will administer conscious sedation or general anesthesia/deep sedation services.	

5. I understand and agree that if I choose to utilize the services of an anesthesiologist who is duly licensed to practice medicine in Ohio pursuant to Chapter 4731 of the Revised Code and who is a member of the anesthesiology staff of an institution classified as a hospital and issued a permit under Ohio Admin. Code 5160-2-01 and for administering conscious sedation or general anesthesia in a dental office setting, that such anesthesiologist must remain on the premises of the facility or private dental office until any patient given conscious sedation or general anesthesia/deep sedation by the anesthesiologist is stabilized and has regained consciousness.	
6. I understand and agree that in order to administer conscious sedation or general anesthesia/deep sedation services on CareSource members, all services may be subject to post payment review and all records must be timely available upon request.	
7. I understand and agree that maintaining full compliance with Ohio Law for the administration of conscious sedation or general anesthesia/ deep sedation services is material to CareSource's review and decision process when considering prior authorization requests.	
8. I acknowledge, understand and agree to defend, indemnify and hold harmless CareSource and its directors, officers, employees, agents and affiliates against any and all allegations, actions, suits, demands, liabilities, obligations, losses, settlements, expenses, damages, costs, judgements, claims or other liabilities, including reasonable attorney fees resulting from any and all acts or omissions arising out of or in connection with administration of conscious sedation or general anesthesia.	
I, the undersigned, do hereby affirm that all statements made and information contained in this questionnaire and attestation are true, accurate, and correct to the best of my knowledge and belief.	
Provider Signature:	Date:
Ohio Medicaid ID#:	
Facility/Office Name(s):	
Facility/Office Address(es):	