



# REIMBURSEMENT POLICY STATEMENT

## TrueCare

Policy Name & Number	Date Effective
General Anesthesia and Monitored Anesthesia Care for Dental Services in Office-TrueCare-PY-1621	12/01/2025
Policy Type	
<b>REIMBURSEMENT</b>	

Reimbursement Policies 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 agreements, 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 or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan 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 or Certificate of Coverage) for the service(s) referenced herein. Except as otherwise required by law, if there is a conflict between the Reimbursement Policy Statement and the plan contract, then the plan contract will be the controlling document used to make the determination. We may use reasonable discretion in interpreting and applying this policy to services provided in a particular case and we 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 facility (office-based) 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 patients, including those with challenges related to age, behavior or developmental disabilities, medical status, intellectual limitations, or other special needs. As an increasing number of patients of all ages and complexity seek sedation and anesthesia for dental procedures in office-based settings, it is important to keep patient 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 facility (office-based) setting may be an appropriate location for sedation and/or anesthesia modalities only when there are appropriately 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 appropriate candidates 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, TrueCare-PY-1423* for more information on these services.**

**C. Definitions**

- **Board** – Mississippi State Board of Dental Examiners
- **Critical Portion** – The anesthesia provider must be present from induction until the patient is recovered to spontaneous ventilation without airway support, SpO<sub>2</sub> on room air ≥ 95%; pupils equal, round, central, and reactive to light; and awake, alert and responds to verbal commands.
- **Dental Facility** – The office where a permit holder practices dentistry and provides anesthesia/sedation services.
- **Hospital Facility** – A "hospital" or "ambulatory surgical facility" as defined in Miss. Code Ann. § 41-7-173(h).
- **Mobile Anesthesia Provider** – A dentist anesthesiologist, physician anesthesiologist, CRNA or oral and maxillofacial surgeon who provides anesthesia services in a permitted office that he/she does not operate.

- **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.
- **Place of Service (POS) Codes** – Two-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/anoxiolysis, 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. The qualified practitioner corrects adverse physiologic consequences of the deeper-than-intended level of sedation, such as hypoventilation, hypoxia, and hypotension, and returns the patient to the originally intended level of sedation. It is not appropriate to continue the procedure at an unintended level of sedation.

## 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 facility (office-based) 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 Mississippi 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. Dental Facility Office-Based Requirements

#### A. Patient Selection

The treating dental provider should select cases based on the medical necessity criteria in section III. American Society of Anesthesiologists (ASA) classification should be considered in determining if a patient is appropriate to treat in an office setting. Providers should follow guidelines put forth by ASA and other governing bodies such as American Dental Association (ADA), American Society of Dental Anesthesiologists (ASDA), American Academy of Pediatric Dentists (AAPD) or American Association of Oral and Maxillofacial Surgeons (AAOMS). As noted by the ASA:

1. The anesthesia provider should be satisfied that 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 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. Dental Facility

1. The facility must successfully pass an onsite inspection by the board to be permitted.
2. The permit type an office obtains is based on the level of anesthesia the office has been certified to provide as defined in Rule 30-2301-1.30 - BOARD REGULATION NUMBER 30-ADMINISTRATION OF ANESTHESIA.
  - a. Class 1 Deep Sedation/General Anesthesia Facility Permit
  - b. Class 2 Moderate Sedation Facility Permit
  - c. Class 3 Minimal Sedation Facility Permit
3. The facility must continually meet standards of care and 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 set forth by organizations such as ASDA, AAPD, or AAOMS and 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).

4. Pursuant to Miss. Code Ann. § 73-9-13: Dental Facility Inspection - an on-site inspection to determine if a dental facility where the applicant proposes to provide anesthesia/sedation is supplied, equipped, staffed and maintained in a condition to support provision of anesthesia/sedation services that meet the minimum standard of care; may be required by the Board prior to the issuance of a sedation/anesthesia permit or any time during the term of the permit.
  5. The dentist who operates the facility and mobile anesthesia provider (if applicable) will be responsible for ensuring appropriate assistant staffing and training, monitoring equipment, emergency equipment and drugs, backup lighting, and electrical sources are in place. 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.
  6. A written list of all monitors, emergency equipment, and other materials which the mobile anesthesia provider (when applicable) agrees to always have available while administering moderate sedation, deep sedation, and general anesthesia in multiple locations shall be provided to the board.
- C. General Monitoring and Patient Safety
1. Sedation is a continuum that includes minimal sedation to general anesthesia. Each member has a unique response to medications utilized for sedation and anesthesia. Therefore, moderate sedation may quickly transition to deep sedation and general anesthesia, affecting spontaneous ventilation and oxygenation requiring immediate intervention. When an anesthesia professional is available to continuously monitor the member, the professional can focus on changes in the member's condition and intervene as necessary in emergent situations.
  2. 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.
    - a. 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 nonbreathing and unconscious child.
    - b. 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 regulations.

- c. Monitoring equipment must be checked and calibrated in accordance with the manufacturer's recommendations and documented on a yearly basis
  - d. Documentation prior to and during sedation shall include, but not be limited to, the following recommendations:
    01. health evaluation
    02. informed consent
    03. anesthesia documentation time
    04. treatment documentation
  3. If a death or adverse sedation/general anesthesia incident requiring an admission to a hospital occurs in a dental facility during the administration of or recovery from any level of sedation/general anesthesia, the permitted dentist anesthesia provider shall submit a complete report of the incident to the Board within ten (10) days of the occurrence including the name of the physician anesthesiologist or CRNA if applicable.
- D. Anesthesia Provider and Team
1. Pursuant to MS rules and regulations, Chapter 1 Rule 30-2301-1.30 - BOARD REGULATION NUMBER 30-ADMINISTRATION OF ANESTHESIA, both the operating dentist and sedation/anesthesia provider (if different) must have a permit in accordance with the Provider Permit Classifications and Requirements.
  2. All Providers are required to meet educational, training and continued competency as outlined in Chapter 1 Rule 30-2301-1.30 - BOARD REGULATION NUMBER 30-ADMINISTRATION OF ANESTHESIA permit requirements.
  3. The dentist who utilizes a physician anesthesiologist or CRNA must possess a Class 1 or Class 2 Anesthesia Permit and have his/her facility permitted to the Class 1 Level.
  4. A mobile anesthesia provider can only provide services for a Class 1 or Class 2 permit holder. The facility he/she provides care in has to have a class 1 permit. A Class 3 permit holder can only have sedation provided to the level of Class 3 sedation.
  5. A licensed dentist may provide anxiolysis (ie, nitrous oxide) without an advanced anesthesia permit.
  6. If the operating dentist is also the Class 1 anesthesia permit holder (ie, oral and maxillofacial surgeon), there must be a qualified auxiliary staff whose primary responsibility is to monitor the patient during the procedure. The auxiliary must have current certification in a board-approved training program for such a role and have current certification in ACLS.
  7. When utilizing the services of a CRNA, the licensed dentist shall insure that the CRNA only sedates to the level of the anesthesia permit held by the licensed dentist. For those Class 2 Anesthesia Permit holders working with a CRNA, the intent of the sedation should be moderate sedation with the understanding that the patient could drift to a deeper level of sedation for a brief period.

8. 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 Mississippi respective licensing board.
9. 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.
10. Pharmaceuticals must be properly stored and maintained, and the anesthesia provider must maintain appropriate records of all controlled substances received, administered, dispensed, or used.
11. Pursuant to Miss. Code Ann. § 73-9-13, a mobile anesthesia provider may bring his/her own equipment and drugs necessary to provide anesthesia and emergency care into a permitted facility as long as it is maintained per manufacturer requirements. However, this must be in addition, not substitution, for facility required equipment and drugs.
12. If the provider is functioning as a manufacturer or wholesale distributor of such substances, an appropriate license must be maintained.
13. Pre-anesthesia evaluation
  - a. A pre-anesthesia evaluation must be completed and documented no later than 48 hours immediately prior to 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.
14. Post-anesthesia evaluation
  - a. The anesthesia provider must be present during the entire critical portion of the anesthesia/sedation.
  - b. 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.
  - c. 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.
  - d. 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.
  - e. 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. 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:

Extensive or complex oral surgical procedures, such as:

- a. 4 or more simple and/or surgical extractions in more than 1 quadrant in 1 appointment
  - b. impacted wisdom teeth
  - c. surgical root recovery from maxillary antrum
  - d. surgical exposure of impacted or unerupted cuspids
  - e. radical excision of lesions more than 1.25 cm
2. Any of the following medical conditions apply:
    - a. 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
    - b. severe physical disorders affecting the tongue or jaw movements
    - c. seizure disorders
    - d. significant psychiatric disorders resulting in impairment of the member's ability to cooperate with procedures
    - e. previously demonstrated idiosyncratic or severe reactions to IV sedation medication
    - f. medical condition(s) which require monitoring (eg, cardiac problems, severe hypertension), a medical consultation with the member's physician is recommended.
    - g. documented failed sedation or a condition where severe periapical infection would render local anesthesia ineffective
  3. Documentation that member is less than 3 years old with extensive treatment, which is provided in the member's medical record.
  4. Toxicity to local anesthesia is supported by documentation.

**A. Other Sedation Continuum**

1. Moderate/IV conscious sedation administered intravenously may be indicated for the following situations:
  - a. anxiety and fear when other techniques have proven inadequate
  - b. pain control when other techniques have proven inadequate
  - c. management of gag reflex if nitrous oxide is ineffective or not suitable
  - d. member medically compromised or with special needs
  - e. lengthy restoration procedures for pediatric members
  - f. allergy or sensitivity to local anesthesia
2. Non-intravenous sedation may be indicated for the following situations:
  - a. anxiety
  - b. member uncooperative or unmanageable with complex dental needs

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

3. Nitrous oxide (anxiolysis) may be indicated for the following:
  - a. ineffective local anesthesia
  - b. anticipatory or situational anxiety
  - c. apprehensive/frightened child
  - d. members with special needs
  - e. extensive and/or complex services
  - f. members with behavioral or uncooperative challenges
  - g. management of a severe gag reflex
5. Nitrous oxide and other sedation will not be considered strictly for member or provider convenience.
6. 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.

<b>Codes</b>	<b>Description</b>
<b>00170</b>	Anesthesia for intraoral procedures, including biopsy; not otherwise specified
<b>G9654</b>	Monitored anesthesia care (MAC)
<b>99151</b>	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
<b>99152</b>	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

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<b>99153</b>	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
<b>D9222</b>	Deep sedation/general anesthesia – first 15 minutes
<b>D9223</b>	Deep sedation/general anesthesia – each subsequent 15-minute increment
<b>D9230</b>	Analgesia, anxiolysis, inhalation of nitrous oxide
<b>D9239</b>	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes
<b>D9243</b>	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15-minute increment
<b>D9248</b>	Non-intravenous conscious sedation

F. Related Policies/Rules

NA

G. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	08/27/2025	New policy, approved at Committee.
<b>Date Revised</b>		
<b>Date Effective</b>	12/01/2025	
<b>Date Archived</b>		

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

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

**TrueCare Provider Questionnaire and Safety 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 Mississippi, in particular conscious sedation and/or general anesthesia?	( ) YES ( ) NO

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 Mississippi including, but not limited, to Title 30 - Professions and Occupations Part 2301 - Regulations Adopted by the Mississippi State Board of Dental Examiners Chapter 1 Rule 30-2301-1.30 - BOARD REGULATION NUMBER 30-ADMINISTRATION OF ANESTHESIA, Mississippi Code §§ 73-9-1 to 117, Mississippi Code §§ 73-25-1 to 127, Mississippi Revised Code §§ 1.2-2.6, and Mississippi Code § 83-9-32, (collectively, "Mississippi 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 Mississippi 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 Mississippi 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 Mississippi Law.

I certify and attest that **all 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:

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)

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

10. manual or automatic external defibrillator 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 12. recovery area with available oxygen and suction 13. continual monitoring of end tidal CO <sub>2</sub> (expired carbon dioxide), unless invalidated by the nature of the patient, procedure or equipment (required for general anesthesia/deep sedation only)	
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 TrueCare or its delegated benefits administrator.  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 Mississippi Board of Dentistry approved sponsor and have the appropriate education and training required under Mississippi 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 Mississippi Board of Dentistry. I certify I have completed an attestation statement with the board that I will only provide sedation/anesthesia in a permitted facility to the level of the facility permit.  I certify and attest all of the aforementioned certifications will be maintained in accordance with Mississippi Law and copies of such certification shall be provided to TrueCare upon request.	
<b>Please initial each paragraph</b>	
1. I understand I am responsible for maintaining full compliance at all times with Mississippi 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.	<b>Initial</b>
2. I understand and agree that TrueCare 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 Mississippi 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 TrueCare 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 TrueCare 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 Mississippi	

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

<p>pursuant to Title 30 of the Mississippi Administrative Code and who is a member of the anesthesiology staff of an institution classified as a hospital and issued a permit under Part 2635 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.</p>	
<p>6. I understand and agree that in order to administer conscious sedation or general anesthesia/deep sedation services on TrueCare members, all services may be subject to post payment review and all records must be timely available upon request.</p>	
<p>7. I understand and agree that maintaining full compliance with Mississippi Law for the administration of conscious sedation or general anesthesia/ deep sedation services is material to TrueCare's review and decision process when considering prior authorization requests.</p>	
<p>8. I acknowledge, understand and agree to defend, indemnify and hold harmless TrueCare 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.</p>	
<p><b>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.</b></p>	
<p>Provider Signature:</p>	<p>Date:</p>
<p>Mississippi Medicaid ID#:</p>	
<p>Facility/Office Name(s):</p>	
<p>Facility/Office Address(es):</p>	