



## CarePoint Anesthesia

*A Comfortable Way To A Healthy Smile*

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## **Practitioner's Packet**

We are excited to start working with your office to provide your patients with safe, high-quality and cost-efficient anesthesia services. This packet contains information that will help with the transition of anesthesia services into your office. If at any time you have questions or need assistance, please contact our office at 720-606-4220 or [info@carepointanesthesia.com](mailto:info@carepointanesthesia.com). Thank you for your desire to provide comfortable and effective care to your patients. We look forward to working with you!

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## Introduction

CarePoint Anesthesia Group is dedicated to providing specialized anesthesia services for a wide range of patients in the Greater Denver area in a multitude of environments, with a special focus on Office Based Ambulatory Anesthesia. The safety record of advanced anesthesia services provided by dentist anesthesiologists is a testament to the high standards of care and training that is integral to our field. CarePoint Anesthesia specializes in bringing high-quality anesthesia services to the familiar and comfortable environment of your office; not only saving your patients significant cost and precious time, but also bringing a tailored and personal touch to their care.

We will work closely with your office to provide your patients and their loved ones with state-of-the-art, safe and affordable care they deserve. We combine large-center anesthesia services with small-center personal care.

### **Benefits of Office Based Anesthesia Provided by CarePoint:**

The goal of CarePoint Anesthesia is to be a valuable resource to our dental colleagues and to help find solutions for some of the issues that inhibit patients from receiving the appropriate dental care. In addition, we hope to help eliminate the hassles associated with providing care outside the office setting so your patients can receive the high-quality and convenient care they deserve.

#### ➤ **Quality**

- CarePoint's team is made up entirely of Dentist Anesthesiologists; a group of dental practitioners who have completed a formal dental anesthesiology residency and are specially focused on the administration of in-office anesthesia. You and your patients can be assured that they are receiving a high quality of anesthesia care and that we understand the dental procedures performed.
- CarePoint only employs the most highly qualified anesthesia providers in dentistry and those who are able to effectively work as team members.
- Optimized treatment conditions for both the patient and the dental practitioner is our goal.

#### ➤ **Accessibility**

- Dentist can maintain access to the equipment and materials chosen to support their treatment philosophy.
- Patients are familiar with your office, location and support staff. Caregivers often feel they have greater input regarding care decisions.
- We can help expand your practice by increasing your patient base and productivity by enabling you to treat those who cannot endure dental work; pediatrics, special-needs, adult and geriatric patients who are cognitively-impaired, dental-phobics, those who are medically compromised, and those who present with surgically challenging cases.

#### ➤ **Affordability**

- Office based anesthesia is typically a more affordable method for patients to receive dental treatment compared to the hospital or a surgery center. We use a simple time based-fee schedule so the patients are aware of the fees prior to their treatment.

## Liability Insurance Carrier

It is always important for you to contact your liability insurance carrier in order to know the specifics about your coverage as it relates to office based anesthesia services. Most insurance companies allow for this type of treatment, but may require information about the rendering providers of anesthesia

Upon request, we can provide information that you may need to submit to your insurance carrier so that CarePoint Anesthesia Group can provide the necessary services in your office. The following information is often requested:

- Practitioner's State Dental Licenses
- Proof of Liability Insurance
- Certifications (BLS/ACLS/PALS)
- Self-Query Results (NPDB)
- CarePoint Anesthesia Group's EIN, NPI, and individual provider NPI numbers

Of course, if your insurance carrier requests additional information about the anesthesia providers please let us know so that we can assist.

If your liability insurance carrier does not allow IV conscious sedation, deep sedation or general anesthesia to be performed in your office please let us know. Many offices have found it beneficial to switch carriers in order to provide these services. If needed, we can put you in touch with either those practitioners who have switched or with insurance carriers that will cover such services.

If requested by your insurance carrier, please have the patient sign a form releasing your office of all liability associated with the anesthesia care and notify us.

## Logistics

We will work hard to make the process of providing office based anesthesia safe, effective, efficient and as simple as possible. If you ever have questions or concerns regarding the delivery of anesthesia in your office or have ideas in which to improve the process for your specific office's circumstances, please don't hesitate to let us know and we will work to find solutions and ways to improve.

## Scheduling/Patient Flow

CarePoint strives to make the scheduling and coordination of anesthesia services as easy as possible. Safety is a major priority. Therefore, it is important that systems are in place to ensure that each patient's medical history has been evaluated and approved, and that they each receive the appropriate preoperative instructions. This allows us to minimize cancellations.

If the dentist determines that the patient is a candidate for office based anesthesia, please proceed as follows:

### 1. Schedule:

- If your office has an upcoming day scheduled with CarePoint, go ahead and schedule the patient's appointment into that day. If your office does not have a day scheduled yet, please contact our office at (720) 606-4220 or [info@carepointanesthesia.com](mailto:info@carepointanesthesia.com) to verify availability prior to scheduling the patient.

## 2. Forms:

- **Send Registration Form to CarePoint.**  
**Give Anesthesia Instructions to patient.**
- Both of these forms can be found on our website at [www.carepointanesthesia.com](http://www.carepointanesthesia.com) → Payment and Forms tab.
- The completed Registration Form must be provided **at the time of scheduling** in order for CarePoint to enter a chart and appointment for the patient. It may be faxed to (720) 606-4221 or emailed to [info@carepointanesthesia.com](mailto:info@carepointanesthesia.com) along with the Health History Form if available.
- Please include the treatment plan and a narrative of medical necessity for patients covered by Colorado Medicaid, per DentaQuest's claim requirements.

## 3. Deposit:

- A non-refundable deposit is required to guarantee an appointment (except for pediatric patients covered by CO Medicaid). The deposit can be submitted through our website at [www.carepointanesthesia.com](http://www.carepointanesthesia.com) → "Payment & Forms" tab or by phone at (720) 606-4220.
- The deposit is \$300 for pediatric patients and \$500 for adult patients, which goes towards the full payment of service. The remaining balance is due on the day of service. CarePoint accepts cash, check, all major credit or debit cards and CareCredit (6 month term).
- **We cannot guarantee an appointment until the Registration and Health History are received and deposit has been made.**

## 4. CarePoint to speak with patient:

- CarePoint staff will contact the patient within two business days of receiving their information to complete the registration. The anesthesiologist will call the patient 1-2 days prior to the appointment to review the anesthesia plan. If additional medical follow-up is indicated, we will contact your office and delay anesthetic treatment until received. In the majority of cases, the patient will be ready for treatment and the scheduled date will be confirmed with your office.
- Patients are welcome to contact CarePoint directly at any time with questions or concerns.

## 5. Date of Service:

- Patients should arrive **at least** 30 minutes prior to their dental treatment time with an escort and have followed the preoperative instructions. It will take CarePoint providers about 15-20 minutes to complete the preoperative interview and induction with the patient.
- Recovery generally takes about 30 -45 minutes to meet discharge criteria following the dental treatment.
- Therefore, about 45-60 minutes needs to be added to the estimated time of dental treatment. Typically, it is appropriate to schedule patients 1.5 to 2 hours apart depending in the dentist's estimated treatment time.
  - *Example: First patient is scheduled at 8:00am for an hour of dental work under GA. The anesthesiologist will start setting up equipment at 7:00 am, patient must arrive at 7:30 am and should be asleep and ready for care at 8:00 am. After one hour of care*

*and 30 minutes of recovery, the patient will be discharged around 9:30 am. The next patient should be scheduled at 9:45 and arrive around 9:15 am.*

- CarePoint will typically follow up with patients within 24 hours to ensure everything is okay and all concerns are addressed. All patients will be given both written and verbal postoperative instructions which will include our 24 hour contact information.
- **Turn Over Time:** If you choose, during the 30-45 minute recovery period, your assistants can turn the room over and you can see other patients as you see fit in order to keep your office running.
- At first, it will take a little time for both providers to get comfortable with each other's timing. We recommend that initially the focus be placed solely on the patients receiving anesthesia, but after a few days both providers can find a system that works most efficiently and productively.

## Fees/Payments

We can work with your office to determine a process of collecting the anesthesia fee that suits you. Unless otherwise specified, we will manage payment for anesthesia services directly with the patient.

A non-refundable deposit is required for all patients to guarantee an appointment and help minimize cancellations. This can be submitted by phone or through our website at [www.carepointanesthesia.com](http://www.carepointanesthesia.com) under the "Payments & Forms" tab. The deposit is \$300 for pediatric patients and \$500 for adult patients. If an appointment is rescheduled, the deposit will then be put towards a future appointment. The deposit will be used towards the full payment of anesthesia services.

- **Pediatric Fee** (20 years and younger): \$950 minimum for 2 hours or less; \$150 for each additional 15 minute increments. This includes a \$300 pediatric deposit.
- **Adult Fee** (21 years and older): \$600 minimum for 1 hour or less; \$150 for each additional 15 minute increments. This includes a \$500 adult deposit.

CarePoint accepts all major credit cards, debit cards, Health Savings Account (HSA), flex spending cards, Care Credit (6 months term), cash, money orders or checks for our services.

## Cancellations

- In order to ensure the safety of our patients, any violation of pre-anesthetic instructions (including fasting noncompliance) or unexpected illnesses may result in the cancellation of the case at the anesthesiologist's discretion.
- Cancellations due to the office's scheduling conflicts may be done without penalty at least **one week** prior to the appointment.
- If a patient is sick, or extreme extenuating circumstances occur in which the patient needs to be rescheduled, even up to the day before an appointment, the deposit will again be used towards the new appointment.
- If a patient no-shows (misses an appointment without contacting the dental office or CarePoint prior), CarePoint reserves the right to maintain the deposit, and upon provider discretion, forgo efforts to reschedule that patient.
- If the local school district has cancelled class due to weather, then it is up to the anesthesiologist's discretion to also cancel cases.

## Forms & Paperwork

Patient forms can be accessed through our website [www.carepointanesthesia.com](http://www.carepointanesthesia.com) under the “Forms & Payments” tab. Please print them out to give patients as needed. These forms include registration, financial policy, health history and anesthesia instructions. The registration and health history should be emailed or faxed to CarePoint as soon as the patient is scheduled (at least one week before the appointment), allowing us enough time to connect with each patient for financial arrangements and clinical workup.

## Insurance

CarePoint is currently **out-of-network** with all private insurance companies and does not manage insurance claims. A patient’s medical or dental insurance policy might have out-of-network benefit coverage for dental anesthesia. Patients are welcome to pursue an **independent reimbursement claim**, which may reimburse the member directly for all or part of the anesthesia fee. Upon request, we can provide patients with an insurance guide, a claim form, and other documentation required by the insurance company. Some guidelines on prior authorizations and claims are posted on our website under the “Patients” tab.

CarePoint accepts Colorado Medicaid and will submit all anesthesia claims directly to DentaQuest. ***Please provide CarePoint with the treatment plan and a narrative of medical necessity for these patients, per DentaQuest’s requirements.***

## Types of Anesthesia Provided

The type of anesthetic technique will be based on various factors including the patient’s health history and physical examination, the type of oral health services being provided, and the length of the procedure. We will work with you and the patient to develop a safe and efficient anesthetic plan for each case.

Anesthetic services provided can range from IV moderate sedation to general anesthesia. A variety of airway techniques can be employed which may include the use of endotracheal tubes, laryngeal mask airways (LMAs), nasopharyngeal airways, and protective throat screens.

*Definitions taken from ADA guidelines:*

### **Moderate/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.

### **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. Because sedation and general anesthesia are a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to diagnose and manage the physiologic consequences (rescue) for patients whose level of sedation becomes deeper than initially intended.

We will specifically tailor our anesthetic delivery to your comfort level, to the needs of your patients, to the demand of the procedure being performed, and to the environment in which it is being performed.

## Patient Selection

Due to safety being our utmost concern, we recognize that not all patients are good candidates for office based anesthesia. However, a large percentage of patients can safely undergo sedation or general anesthesia in the office setting. We will inform you when we feel that a patient is at an increased risk above and beyond that which is appropriate for your office, and arrangements can be made for them to be treated at an appropriate comprehensive facility.

When determining whether a patient is a candidate for office based anesthesia, there are a few important things to keep in mind; namely *ASA status, airway status, weight, age, type of procedure, postoperative pain level, postoperative recovery time and requirements, etc.*

In order to help guide you in determining which patients may be appropriate for this option, we have provided you with the following section. Please keep in mind that we will be reviewing all cases prior to the day of treatment. If you have any questions regarding the anesthetic care of your patients please give us a call.

## General Guidelines Concerning Office Based Anesthesia Candidacy:

**Age:** In the office based environment, our providers are comfortable treating patients **2 years of age and older**. We will review each case and, after speaking with the caregiver, determine whether or not a formal physical should be completed by the patient's pediatrician.

### **ASA Classification:**

*From the American Society of Anesthesiologist Physical Status Classification System:*

**ASA Physical Status 1** - A normal healthy patient

**ASA Physical Status 2** - A patient with mild systemic disease

**ASA Physical Status 3** - A patient with severe systemic disease

**ASA Physical Status 4** - A patient with severe systemic disease that is a constant threat to life

Most ASA 1 and 2 patients will be good candidates for office based general anesthesia. Please schedule ASA 1 and 2 patients at your discretion without direct consultation with our anesthesiologists. Again, we will review each case and contact you if more information is required; however, the frequency of such intervention is low for ASA 1 and 2 patients. Not all ASA 1 and 2 patients will be acceptable, and some exceptions will be listed to help guide anesthetic treatment planning. Some select ASA 3 patients may be acceptable, but this will require a special medical history and physical examination review.

Some patients who may not be good candidates for general anesthesia may do very well and benefit further with IV moderate sedation or other forms of sedation. If you have patients in which you feel uneasy about treating due to serious medical conditions, arrangements can be made for our team to assist in monitoring these patients even when sedation/GA is not an option, in order to assure the patients wellbeing. Remember that each patient needs to be evaluated on a case by case basis.

*Examples of ASA 2:*

- History of controlled asthma
- History of controlled diabetes
- Tobacco use
- Developmental delay

*Examples of ASA 3:*

- Sickle cell disease (homozygous)
- Uncontrolled diabetes or hypertension
- History of myocardial infarction
- Developmental delay (if extremely severe or associated with other systemic problems)

**Special note on Trisomy 21 or Down's syndrome:**

Most Down's syndrome patients are excellent candidates for office based anesthesia, but require in-depth evaluation of medical and surgical history. The presence of atlanto-axial instability will preclude these patients from office based anesthesia.

**Notable exceptions regardless of ASA classification that require face to face interview with anesthesiologist:**

- Poor airways
- Mallampati Class III or IV
- "Kissing tonsils"
- Severe retrognathia
- Congenital midface or airway abnormalities: Pierre Robin syndrome, Treacher Collins syndrome, Goldenhar syndrome, Hunter's syndrome, Hurler's syndrome, Apert's syndrome, Beckwith-Wiedemann syndrome, Crouzon syndrome, Klippel-Feil, Marfan's syndrome, Turner's syndrome, etc.
- Severe cardiopulmonary disorders or disease

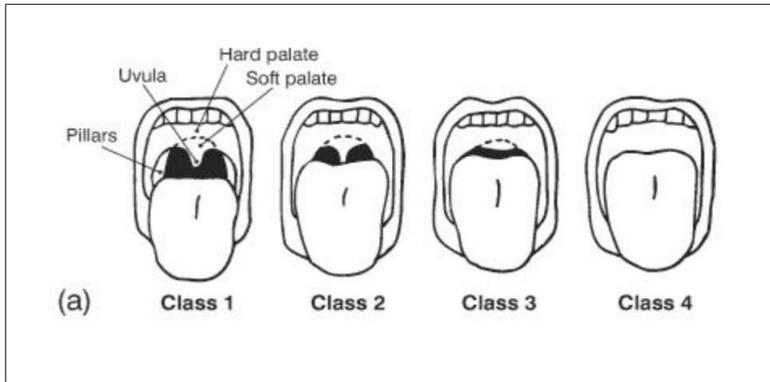


Figure 1. The Mallampati score:

- Class 1. Complete visualization of the soft palate
- Class 2. Complete visualization of the uvula
- Class 3. Visualization of only the base of the uvula
- Class 4. Soft palate is not visible at all



### Weight:

Although obese and morbidly obese patients can present anesthetic challenges, many do very well in the outpatient setting. Therefore, we do not have a hard and fast policy against patients with elevated BMI's. Each patient will be evaluated on a case by case basis and it will be determined if office based anesthesia is appropriate. Current research shows that even those children with age adjusted BMI's in the 99<sup>th</sup> percentile do very well in the outpatient setting.

### Type of Procedure/Postoperative Pain Level:

The majority of dental procedures are appropriate for the outpatient setting because they typically involve treatment in which postoperative pain levels can be easily controlled with PO medications and don't require excessive monitoring and fluid/blood loss. Although rare, there are circumstances due to a patient's medical history and chronic medication use, when postoperative pain control may be extremely difficult and might require further care.

### Postoperative Recovery:

Although anesthesia is tailored for each patient's condition and the procedure being performed some patients have certain conditions that warrant prolonged postoperative care and may require equipment

that is not usually part of our armamentarium. Thus, patients with conditions like severe COPD, uncontrolled seizures, severe sleep apnea, etc. may not be good candidates for outpatient procedures.

## **Expectations**

Prior to seeing patients, we will visit your office and discuss how we can treat patients under anesthesia given the current set-up and abilities that exist in your office. We can work with you to rearrange or transform your facilities if you so desire. Before treating patients, we can provide a short orientation for your assistants and office staff so that they are aware of what to expect and address any questions or concerns they have. It is important to have a team approach and that everyone is on the same page.

We would like to have some information on file for each of the dentists we work with and are happy to provide our own documentation upon request. Upon the initial office visit, please provide the information below via email ([info@carepointanesthesia.com](mailto:info@carepointanesthesia.com)) or fax to (720) 606-4221.

- CV
- States in which licenses are held (past and current)
- 3 professional dental references

On the day of the appointment, our anesthesia providers will arrive approximately one hour prior to the appointment and set up the operatory with the required equipment. This typically requires a small amount of space and will have minimal impact on operating and assisting. For each patient, a preoperative assessment and evaluation will be completed to review the medical history status, focused physical examination, NPO status, and anesthetic plan. Once the patient is ready for treatment, the anesthesiologist will begin administering medications and the operator will be able to begin treatment shortly thereafter.

Upon completion of oral health services, the patient will be recovered by the anesthesiologist and subsequently discharged when the patient meets our discharge criteria. Patients can be recovered in the same area or moved to a recovery area. Upon discharge, patients will receive written and verbal postoperative instruction which will include our 24 hour access line. We will follow up within 24 hours with a personal phone call to verify that things are okay and answer any questions your patients have.

## **Thank you:**

We are happy to have the opportunity to work with professionals like you and are confident that the coordination of dental and anesthesia care will open many doors for both patients and practitioners. We are working for you and your patients, so if at any time you have suggestions or ideas please let us know. We look forward to a lasting relationship and the ability to offer coordinated dental care to many patients who are in need.