

## ANESTHESIA (GENERAL & MAC) WITH COLONOSCOPIES AND OTHER ENDOSCOPIC EXAMINATIONS

Policy # 51

Implementation Date: 1/1/10

Revision Dates: 4/24/10, 5/27/10, 4/1/14, 1/1/18

### Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

### Description

Intravenous conscious sedation and analgesia are routinely administered for gastrointestinal endoscopic examinations to help alleviate patient anxiety and discomfort. Provision of conscious sedation for endoscopy procedures is standard practice and is included in the value of the CPT or HCPCS code used. Under normal circumstances, a licensed registered nurse or physician assistant administers intravenous opiate narcotics (e.g., fentanyl), in combination with a benzodiazepine, usually midazolam (Versed®) and this is usually done under the direct supervision of the physician doing the procedure.

In recent years, a drug, propofol (Diprivan®), has been used as an alternative method of sedation for patients undergoing endoscopy procedures because it is a short-acting anesthetic agent which provides rapid induction of sedation, quicker patient recovery time, and an anti-emetic effect.

### Commercial Plan Policy

Date of service prior to 1/1/2018

SelectHealth **considers general anesthesia, monitored anesthesia care (MAC) or deep sedation provided for routine upper or lower gastrointestinal endoscopy procedures, including colonoscopy, not medically necessary for patients over the age of 18 and will not reimburse separately.**

Upon appeal, SelectHealth will consider this type of anesthesia if the documentation indicates it was medically necessary.

Date of service on or after 1/1/2018

SelectHealth **will no longer require review and will pay general anesthesia, monitored anesthesia care (MAC), or deep sedation, provided for routine upper or lower gastrointestinal endoscopy procedures, including a screening colonoscopy, at a set rate.**

### SelectHealth Advantage (Medicare/CMS)

Date of service prior to 1/1/2018

SelectHealth Advantage **follows CMS guidelines and requires a medical necessity review prior to a denial.**

Date of service on or after 1/1/2018

SelectHealth Advantage **will follow CMS guidelines and will no longer require review.**

### SelectHealth Community Care (Medicaid)

Date of service prior to 1/1/2018

SelectHealth Community Care **follows CMS guidelines and requires a medical necessity review prior to a denial.**

Date of service on or after 01/01/2018

SelectHealth Community Care **follows CMS guidelines and will no longer require review.**

#### Applicable Codes Prior to 1/1/2018

Codes	Descriptions
00740	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum
00810	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum

#### Applicable Codes As of 1/1/2018

00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy
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#### Sources

1. *Current Procedural Terminology (CPT®)*, (2014) – American Medical Association
2. ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved April 1, 2014, from [https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9\\_guidelines.pdf](https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9_guidelines.pdf)
3. *Anesthesia Services for Gastrointestinal Endoscopic Procedures* – Wellmark BlueCross Blue Shield (May, 2014) Retrieved August 14, 2014, from [http://www.wellmark.com/Provider/MedPoliciesAndAuthorizations/MedicalPolicies/policies/Anesthesia\\_Services.aspx](http://www.wellmark.com/Provider/MedPoliciesAndAuthorizations/MedicalPolicies/policies/Anesthesia_Services.aspx)
4. *Anesthesia Services for Gastrointestinal Endoscopic Procedures* – BlueCross BlueShield of Minnesota (2014). Retrieved August 14, 2014, from [http://notes.bluecrossmn.com/web/medpolman.nsf/eea82a9a57a10ba78625701500770363/0fea61b35b970f058625757c00628297/\\$FILE/Anesthesia%20Services%20for%20Gastrointestinal%20Endoscopic%20Procedures.pdf](http://notes.bluecrossmn.com/web/medpolman.nsf/eea82a9a57a10ba78625701500770363/0fea61b35b970f058625757c00628297/$FILE/Anesthesia%20Services%20for%20Gastrointestinal%20Endoscopic%20Procedures.pdf)
5. Sedation and anesthesia in GI endoscopy American Society for Gastrointestinal Endoscopy [http://www.asge.org/uploadedFiles/Publications\\_and\\_Products/Practice\\_Guidelines/Sedation%20and%20Anesthesia%20in%20GI%20Endoscopy%202008.pdf](http://www.asge.org/uploadedFiles/Publications_and_Products/Practice_Guidelines/Sedation%20and%20Anesthesia%20in%20GI%20Endoscopy%202008.pdf)

#### Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

SelectHealth makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. SelectHealth updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to healthcare providers or SelectHealth members. Claims will be reviewed based on current policy language at time of review.

Members may contact Customer Service at the phone number listed on their member ID Card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call SelectHealth Provider Relations at 801-442-3692.

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