Select Health

CODING/REIMBURSEMENT POLICY

CONSCIOUS SEDATION WITH PAIN MANAGEMENT PROCEDURES

Policy # 80
Implementation Date:1/1/21
Review Dates:
Revision Dates: 1/7/22

Related Policies:
#641 Office-Based Anesthesia

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

Description

According to the American Society of Anesthesiologists and the International Spine Intervention Society, minor pain management procedures such as epidural steroid injections, epidural blood patch, trigger point injections, sacroiliac joint injection, bursal injections, and occipital nerve block and facet injections under most routine circumstances, require only local anesthesia. There may be limited situations in which it would be appropriate to require sedation or anesthesia services for pain procedures. Some of these would be patient age (pediatric patients), and patients that suffer from significant anxiety. In addition, there are procedures which require patients to remain motionless for a prolonged period, or to remain in a painful position, which may at times require sedation. Examples of some of these procedures include, but are not limited to, sympathetic blocks, chemical or radiofrequency ablation, trial or permanent spinal cord stimulators, and intrathecal pump implantation.

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.

Minimal Sedation: A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilator and cardiovascular functions are unaffected. This is also not anesthesia.

COMMERCIAL PLAN POLICY AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

Anesthesia and moderate sedation services (00300, 00400, 00600, 00620, 00630, 01937-01942, 01991-01992, 99152-99153, 99156-99157) billed with pain management services (20552-20553, 20560-20561, 27096, 62273, 62322-62323, 64405, 64451, 64483-64484, 64493-64495, G0260) will be denied as included with pain management procedures.

An exception will apply for general anesthesia services billed with modifiers indicating severe systemic disease (physical status modifiers, P3, P4, or G9).

For coverage to be considered for moderate sedation, through the appeal process for pain management procedures, the following documentation listed below must be included.

1. The clinical purpose for moderate sedation in a specific patient. (If anxiety is the clinical condition, using a verified tool such as the Amsterdam Preoperative Anxiety and information Scale (APAIS)* would need to be included).
2. The level of sedation that has been achieved, regardless of the quantity of medication given. The RASS (Richmond Agitation Sedation Scale)** should be utilized to ensure that the titrated medication has rendered the clinical outcome.
3. The following general principles have been documented:
   a) Medical supervision of recovery and discharge after moderate sedation is the responsibility of the operating practitioner or a licensed physician.
   b) The recovery area should be equipped with or have direct access to age and size appropriate monitoring and resuscitation equipment.
   c) Patients receiving moderate sedation should be monitored until appropriate discharge criteria are satisfied. The duration and frequency of monitoring should be individualized depending upon the level of sedation achieved, the overall condition of the patient, and the nature of the intervention for which sedation/analgesia was administered. Oxygenation should be monitored until patients are no longer at risk for respiratory depression.
   d) Level of consciousness, vital signs, and oxygenation (when indicated) should be recorded at regular intervals.
   e) A nurse or other individual trained to monitor patients and recognize complications should be in attendance until discharge criteria are fulfilled.
   f) An individual capable of managing complications (*e.g.*, establishing a patent airway, administering a reversal medication when appropriate, and providing positive pressure ventilation) should be immediately available until discharge criteria are fulfilled.

*** The Amsterdam Preoperative Anxiety and Information Scale (APAIS)**

1) I am worried about the anesthetic
2) The anesthetic is on my mind continually
3) I would like to know as much as possible about the anesthetic
4) I am worried about the procedure
5) The procedure is on my mind continually
6) I would like to know as much as possible about the procedure

The measure of agreement with these statements should be graded on a 5-point Likert scale from 1 “not at all” to 5 “extremely.” A score of ≥ 11 identify anxious patients in clinical practice.

**** Richmond Agitation Sedation Scale (RASS)**

Score	Term	Description
+4	Combative	Overly combative, violent, immediate danger to staff
+3	Very agitated	Pulls or removes tube(s) or catheter(s); aggressive
+2	Agitated	Frequent non-purposeful movement, fights ventilator
+1	Restless	Anxious but movements not aggressive vigorous
0	Alert and calm	
-1	Drowsy	Not fully alert, but has sustained awakening (eye-opening/eye-contact) to *voice* **(≥ 10 seconds)**
-2	Light sedation	Briefly awakens with eye contact to *voice* **(< 10 seconds)**
-3	Moderate sedation	Movement or eye-opening to *voice* **(but no eye contact)**

-4	Deep sedation	No response to voice, but movement or eye-opening to *physical* stimulation
-5	Unarousable	No response to *voice or physical stimulation*

Procedure for RASS Assessment 1. Observe patient a. Patient is alert, restless, or agitated. (score 0 to +4) 2. If not alert, state patient's name and say to open eyes and look at speaker. b. Patient awakens with sustained eye opening and eye contact. (score –1) c. Patient awakens with eye opening and eye contact, but not sustained. (score –2) d. Patient has any movement in response to voice but no eye contact. (score –3) 3. When no response to verbal stimulation, physically stimulate patient by shaking shoulder and/or rubbing sternum. e. Patient has any movement to physical stimulation. (score –4) f. Patient has no response to any stimulation. (score –5)

SELECT HEALTH MEDICARE (CMS)

Payment and coverage are determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, and InterQual criteria are not available, the Select Health Commercial policy applies. For the most up-to-date Medicare policies and coverage, please visit their search website: https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp&%20or%20the%20manual%20website

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Payment and coverage are determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the Select Health Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website: https://medicaid.utah.gov/accept

Sources

1. Amsterdam Preoperative Anxiety and Information Scale (APAIS). Medical Criteria.com. Retrieved from: https://medicalcriteria.com/web/amsterdam-apais/
2. Practice Guidelines for Moderate Procedural Sedation and Analgesia 2018. American Society of Anesthesiologists Committee on Standards and Practices.
3. Richmond Agitation Sedation Scale (RASS). Physiopedia. Retrieved from: https://www.physio-pedia.com/Richmond_Agitation-Sedation_Scale_(RASS)

Disclaimer