



SelectHealth Medical Policies

Anesthesia Policies

Table of Contents

Policy Title	Policy Number	Last Revised
Office-Based Anesthesia	641	02/17/23



OFFICE-BASED ANESTHESIA

Policy # 641

Implementation Date: 4/1/20

Review Dates: 1/20/22, 2/1/23

Revision Dates: 2/17/23

Disclaimer:

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

Description

General Anesthesia: A drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. General Anesthesia is defined even if the loss of consciousness is momentary. 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.

When used for procedural sedation, Propofol, Ketamine, Etomidate, Methohexital, and Pentothal are classified as general anesthetic agents regardless of dose or route. These medications are to be administered only by providers who are credentialed to administer anesthesia as defined by CMS.

Regional Anesthesia: The delivery of anesthetic medication at a specific level of the spinal cord and/or to peripheral nerves, including epidurals and spinal and other central neuraxial nerve blocks, is used when loss of consciousness is not desired but sufficient analgesia and loss of voluntary and involuntary movement is required. Given the potential for the conversion and extension of regional to general anesthesia in certain procedures, it is necessary that the administration of regional and general anesthesia to be delivered or supervised by a practitioner.

Monitored Anesthesia Care (MAC): Anesthesia care that includes the monitoring of the patient by a practitioner who is qualified to administer anesthesia. Indications for MAC depend on the nature of the procedure, the patient's clinical condition, and/or the potential need to convert to a general or regional anesthetic. Deep sedation/analgesia is included in MAC.

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. Because of the potential for the inadvertent progression to general anesthesia in certain procedures, it is necessary that the administration of deep sedation/analgesia be delivered or supervised by a qualified practitioner.

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. The ability to independently maintain a patent airway is an important distinguishing feature of procedural sedation. CMS, consistent with ASA guidelines, does not define moderate or conscious sedation as "anesthesia." Moderate sedation is to be administered consistent with the National Guidelines published in the American Society of Anesthesiologists (ASA) 2018 Practice Guidelines for Moderate Procedural Sedation.

Anesthesia Policies, Continued

Anesthesia, continued

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.

Topical or Local Anesthesia: The application or injection of a drug or combination of drugs to stop or prevent a painful sensation to a circumscribed area of the body where a painful procedure is to be performed. There are generally no systemic effects of these medications, which also are not anesthesia, despite the name.

Ketamine has an underlying pharmacology that is fundamentally different from that of other procedural sedation and analgesia agents and does not typically cause loss of airway reflexes. However, ketamine causes perturbations in blood pressure, and increased airway secretions that can contribute to laryngospasm. Consensus guidelines on the use of ketamine state that “only those trained in the induction and maintenance of ketamine infusions such as anesthesiologists, critical care, emergency medicine, and pain physicians with appropriate credentials that include training in airway management [should] be responsible for ketamine doses that may render a patient unresponsive.”

Nitrous Oxide: 50% Nitrous Oxide in Oxygen with no other sedation or analgesic medications by any route is considered minimal sedation.

Commercial Plan Policy /CHIP (Children's Health Insurance Program)

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

1. SelectHealth covers Monitored Anesthesia Care (MAC), when administered by an anesthesiologist or a nurse anesthetist.

A. General conditions for which MAC could be used for patients receiving medical services:

- i) Clinical procedures that are prolonged, complex, or painful that require more than a local anesthetic
- ii) Uncooperative or unmanageable patients for whom other behavior management techniques are inappropriate or inadequate
- iii) Patients with physical, cognitive, or developmental disabilities
- iv) Patients with a significant underlying medical condition
- v) Patients with an allergy or sensitivity to local anesthetics
- vi) Lengthy restoration procedures for pediatric patients
- vii) Individuals with extreme anxiety or fear not responsive to medical therapy

*MAC will only be covered for procedures listed per CMS guidelines in an outpatient setting: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html>

- B. For preventive/screening colonoscopies, the following code is allowed: (00812).
- C. For non-screening colonoscopies, the following code is allowed: (00811), and the appropriate 'P' modifiers*, reflecting the ASA status.
- D. For diagnostic EGDs, the following codes are allowed: (00731, 00732), and the appropriate 'P' modifiers*, reflecting the ASA status.
- E. For combined EGD and colonoscopy, the following code is allowed: (00813), and the appropriate 'P' modifiers*, reflecting the ASA status.

Anesthesia Policies, Continued

Anesthesia, continued

2. SelectHealth covers Moderate Sedation/Analgesia, also referred to as “Conscious Sedation;” the following codes should be utilized:

- A. EGD and/or colonoscopy (G0500, 99153)
- B. Non-GI procedures (99151, 99152, 99153, 99155, 99156, 99157)

*P Modifiers/ASA Status

ASA I	P1 - Healthy, non-smoking, no or minimal alcohol use
ASA II	P2 - Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30 < BMI < 40), well-controlled DM/HTN, mild lung disease
ASA III	P3 - Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.
ASA IV	P4 - Examples include (but not limited to): recent (< 3 months) MI, CVA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis
ASA V	P5 - Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction

SelectHealth Advantage (Medicare/CMS)

Coverage is 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 SelectHealth Commercial policy applies. For the most up-to-date Medicare policies and coverage, please visit their search website <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp&> or the [manual website](#)

SelectHealth Community Care (Medicaid)

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the SelectHealth Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website <http://health.utah.gov/medicaid/manuals/directory.php> or the [Utah Medicaid code Look-Up tool](#)

Billing/Coding Information

Covered for the indications listed above

Anesthesia Policies, Continued

Anesthesia, continued

CPT CODES

00731 – Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified

00732 - Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)

00811 – Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified

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

00813 - Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum

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 and 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 intra-service time (List separately in addition to code for primary service)

99155 Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age

99156 Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older

99157 Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)

G0500 - Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that 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 intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate)

Modifiers

P1 – A normal healthy patient

P2 – A patient with mild systemic disease

P3 – A patient with severe systemic disease

P4 – A patient with severe systemic disease that is a constant threat to life

P5 – A moribund patient who is not expected to survive without the operation

P6 - A declared brain-dead patient whose organs are being removed for donor purposes

G8 - Monitored anesthesia care (MAC) for deep complex, complicated, or markedly invasive surgical procedure

QS - Monitored anesthesiology care service

Anesthesia Policies, Continued

Anesthesia, continued

Not covered for the indications listed above

HCPCS Codes

D9222 Deep sedation/general anesthesia, first 15 minutes

D9223 Deep sedation/general anesthesia, each subsequent 15 minute increment

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

Key References

1. CMS Manual System. Pub. 100-07 State Operations Provider Certification. Department of Health & Human Services (DHHS) Centers for Medicare & Medicaid Services (CMS). Transmittal 74, December 2, 2011.

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.

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

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from SelectHealth.

"Intermountain Health" and its accompanying logo, the marks of "SelectHealth" and its accompanying marks are protected and registered trademarks of the provider of this Service and or Intermountain Health Care, Inc., IHC Health Services, Inc., and SelectHealth, Inc. Also, the content of this Service is proprietary and is protected by copyright. You may access the copyrighted content of this Service only for purposes set forth in these Conditions of Use.

© CPT Only – American Medical Association