Medical Coverage Policy | Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures

EFFECTIVE DATE: 07|01|2018
POLICY LAST UPDATED: 11|19|2019

OVERVIEW

Monitored Anesthesia Care (MAC) is anesthesia care involves a drug-induced depression of consciousness during which the patient may respond purposefully to verbal commands (either alone or accompanied by light tactile stimulation), and requires monitoring of the patient by a practitioner who is qualified to administer anesthesia. Typically, cardiovascular function is maintained, and no interventions to maintain a patent airway are required. (Spontaneous ventilation is usually adequate.) 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.

The intent of this policy is to address monitored anesthesia care services for gastrointestinal endoscopic diagnostic or therapeutic procedures performed in the outpatient setting.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

BlueCHiP for Medicare and Commercial Products
Prior authorization is not required.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products
Monitored anesthesia care for gastrointestinal endoscopic procedures is a covered service for elective upper and lower endoscopy for members with a higher risk for sedation-related complications.

Member's medical records must document that services are medically necessary for the care provided. Blue Cross Blue Shield of Rhode Island maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available to BCBSRI upon request. Failure to produce the requested information may result in denial or retraction of payment.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable anesthesia/surgery services coverage/benefits.

BACKGROUND

Use of monitored anesthesia care for upper or lower gastrointestinal (GI) endoscopy is considered appropriate in the following circumstances:

- Member is under 18 years of age; OR
- Member is over 70 years of age; OR
- Member is pregnant; OR
- There is an increased risk for complications due to severe co-morbidity corresponding to the American Society of Anesthesiologists (ASA) Physical Status Modifier of P2 or greater; OR
- There is an increased risk for airway obstruction due to anatomic variation, such as:
    - History of stridor;
    - Dysmorphic facial features;
    - Oral abnormalities (e.g. macroglossia);
    - Neck abnormalities (e.g. neck mass);

    - Jaw abnormalities (e.g. micrognathia); OR
- Member has one of the following
    - History of adverse reaction to sedation;
    - History of inadequate response to sedation;
    - Obstructive sleep apnea;
    - Morbid obesity (e.g. BMI > 40)
    - Active alcohol or substance use disorder

American Society of Anesthesiologists (ASA) Physical Status 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 remove for donor purposes

In 2008, the American Society for Gastrointestinal Endoscopy published a guideline outlining appropriate use of sedation and anesthesia in GI endoscopy. The guideline notes the routine use of MAC for average-risk patients undergoing standard upper and lower GI endoscopy is not appropriate. Recommendations in the guideline detail the clinical situations gastroenterologists should consider when screening patients to determine the appropriate level of sedation or MAC. Recommendations are consistent with positions and guidelines developed and published by the American Society of Anesthesiologists (ASA).

The American Society of Anesthesiologists Position on Monitored Anesthesia Care (2013) states: Monitored anesthesia care is a specific anesthesia service for a diagnostic or therapeutic procedure. Indications for monitored anesthesia care include the nature of the procedure, the patient's clinical condition and/or the potential need to convert to a general or regional anesthetic. Monitored anesthesia care includes all aspects of anesthesia care – a pre-procedure visit, intra-procedure care and post-procedure anesthesia management. During monitored anesthesia care, the anesthesiologist provides or medically directs a number of specific services, including but not limited to:

- Diagnosis and treatment of clinical problems that occur during the procedure
- Support of vital functions
- Administration of sedatives, analgesics, hypnotics, anesthetic agents or other medications as necessary for patient safety
- Psychological support and physical comfort
- Provision of other medical services as needed to complete the procedure safely

Monitored anesthesia care may include varying levels of sedation, analgesia, and anxiolysis as necessary. The provider of monitored anesthesia care must be prepared and qualified to convert to general anesthesia when necessary. If the patient loses consciousness and the ability to respond purposefully, the anesthesia care is a general anesthetic, irrespective of whether airway instrumentation is required.

"An essential component of MAC is the anesthesia assessment and management of a patient's actual or anticipated physiological derangements or medical problems that may occur during a diagnostic or therapeutic procedure. While Monitored Anesthesia Care may include the administration of sedatives and/or analgesics often used for Moderate Sedation, the provider of MAC must be prepared and qualified to convert to general anesthesia when necessary. Additionally, a provider's ability to intervene to rescue a patient's airway from any sedation-induced compromise is a prerequisite to the qualifications to provide Monitored Anesthesia Care. By contrast, Moderate Sedation is not expected to induce depths of sedation that would impair the patient's own ability to maintain the integrity of his or her airway. These components of Monitored Anesthesia Care are unique aspects of an anesthesia service that are not part of Moderate Sedation.

CODING

BlueCHiP for Medicare and Commercial Products

The following CPT codes are covered:

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

RELATED POLICIES

Anesthesia Services

PUBLISHED

Provider Update January 2020
Provider Update, November 2019
Provider Update, July 2018

REFERENCES

1. American Society of Anesthesiologists.
   - Position on Monitored Anesthesia Care; 10/16/13
   - Statement on Anesthesia Care for Endoscopic Procedures; 10/15/14
   - Statement on Safe Use of Propofol; 10/15/14
   - Distinguishing Monitored Anesthesia Care from Moderate Sedation Analgesia; 10/16/13

http://www.asahq.org/quality-and-practice-management/standards-and-guidelines

2. American Society for Gastrointestinal Endoscopy.
   - Sedation and Anesthesia in GI Endoscopy; 2008
   - Position Statement: Non-Anesthesiologist Administration of Propofol for GI Endoscopy; 2009
   - Modifications in endoscopic practice for pediatric patients; 2014
   - Modifications in endoscopic practice for the elderly; 2013
   - Guideline for Endoscopy in Pregnant and Lactating Women; 2012

3. Cohen, LB., Delegge, MH., Aisenberg, J., et al. AGA Institute review of endoscopic sedation. Gastroenterology. 2007; 133(2): 675-701.

4. De Paulo, GA., Martins, FP., Macedo, EP., et al. Sedation in gastrointestinal endoscopy: a prospective study comparing nonanesthesiologist-administered propofol and monitored anesthesia care. Endosc Int Open. 2015; 3(1): E7-E13.

5. Dumonceau, JM., Riphaus, A., Schreiber, F., et al. Non-anesthesiologist administration of propofol for gastrointestinal endoscopy: European Society of Gastrointestinal Endoscopy, European Society of Gastroenterology and Endoscopy Nurses and Associates Guideline – Updated June 1015. Endoscopy. 2015; 47(12): 1175-89. http://www.asge.org/publications/publications.aspx?id=352

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