

Medical Coverage Policy | Anesthesia Services
(former title: Monitored Anesthesia Care (MAC))



EFFECTIVE DATE: 01|01|2017
POLICY LAST UPDATED: 01|03|2017

OVERVIEW

The intent of this policy is to address anesthesia services for diagnostic or therapeutic procedures performed in the **outpatient setting**. Adequate sedation and analgesia are important parts of many diagnostic and therapeutic procedures. Various levels of sedation and analgesia (anesthesia) may be used, depending on the patient's condition and the procedure being performed. This policy addresses the monitored anesthesia care (MAC) and refers to the anesthesia personnel present during a procedure and does not implicitly indicate the level of anesthesia needed.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Prior authorization review is not required.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Monitored Anesthesia Care (MAC) CPT codes 00100-01999:

Monitored anesthesia care is covered and separately reimbursed.

Moderate (Conscious) Sedation:

CPT codes 99155 - 99157

Moderate sedation when rendered by a provider other than the provider performing the diagnostic or therapeutic service, is covered and separately reimbursed.

CPT codes 99151 - 99153

Moderate sedation when rendered by the same provider who is performing the diagnostic or therapeutic service, is covered but not separately reimbursed.

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

The American Society of Anesthesiologists (ASA) has defined MAC as:

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.

MAC may include varying levels of sedation, analgesia, and anxiolysis as necessary. The provider of MAC 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.

In 2004, the ASA defined 4 levels of sedation/analgesia as follows:

- I. **Minimal sedation (anxiolysis)** is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilator and cardiovascular function are unaffected.
- II. **Moderate sedation/analgesia (conscious sedation)** is 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.
- III. **Deep sedation/analgesia** is 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.
- IV. **General anesthesia** is a drug-induced depression of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilator 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.

Multiple diagnostic and therapeutic procedures performed in the outpatient setting, including endoscopy, colonoscopy, bronchoscopy, and interventional pain management procedures, rely on some degree of sedation of anxiolysis and pain control. Regardless of sedation depth, sedation and anesthesia services that are provided in outpatient settings should be administered by qualified and appropriately trained personnel. Moderate sedation is generally sufficient for many diagnostic and uncomplicated therapeutic procedures. Moderate sedation using benzodiazepines, with or without narcotics, is frequently administered under the supervision of the proceduralist.

Because sedation is 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 rescue patients whose level of sedation becomes deeper than initially intended. Individuals administering moderate sedation/analgesia (conscious sedation) should be able to rescue patients who enter a state of deep

sedation/analgesia, while those administering deep sedation/analgesia should be able to rescue patients who enter a state of general anesthesia.

According to the American Society of Anesthesiologists' (ASA) standard for monitoring, MAC should be provided by qualified anesthesia personnel, including physicians and nurse specialists. By this standard, the personnel must be in addition to the proceduralist and must be present continuously to monitor the patient and provide anesthesia care. For patients at high risk of an unsuccessful procedure under moderate sedation, this allows for the safe continuation of the procedure under deep sedation or general anesthesia by trained personnel.

Moderate sedation can be achieved using pharmacologic agents for sedation, anxiolysis, and analgesia. A frequently used combination is an opioid and benzodiazepine, for example fentanyl with midazolam, at doses individualized to obtain the desired sedative effect. Other combinations have also been utilized for this purpose. While both benzodiazepines and opioids can cause respiratory depression, effective reversal agents exist for both.

Propofol is an agent that has been increasingly used to provide sedation for procedures. Propofol is associated with a rapid onset of action and fast recovery from sedation. However, there have been concerns about potential side effects and safety when used by non-anesthesiologists. Propofol has the potential to induce general anesthesia, and there is no pharmacologic antagonist to reverse its action. When used as moderate sedation, propofol may be administered by anesthesia personnel or under the direction of the proceduralist. ASA has offered practice guidelines for the provision of sedation by non-anesthesiologists, stating that personnel must be prepared to respond to deep sedation and loss of airway protection should these complications inadvertently occur during sedation.

CODING

BlueCHiP for Medicare and Commercial Products

The following codes are covered:

Monitored Anesthesia Care (MAC) Coding:

Anesthesia codes 00100-01999

Moderate (Conscious) Sedation Coding:

Moderate (Conscious) Sedation performed by a second provider

99148 (Code deleted effective 12/31/2016)

99149 (Code deleted effective 12/31/2016)

99150 (Code deleted effective 12/31/2016)

NEW CPT CODES EFFECTIVE 1/1/2017

99155

99156

99157

The above codes, when performed in a facility setting are eligible for separate reimbursement by a second provider in situations where a patient's medical condition requires the dedication of a separate physician. This applies to the following specialties:

- Emergency medicine (specialty code 093)
- Critical Care (specialty code 079)
- Anesthesia specialties
- Another physician who is credentialed/qualified to perform these services

The following codes are not separately reimbursed:

99143 (Code deleted effective 12/31/2016)
99144 (Code deleted effective 12/31/2016)
99145 (Code deleted effective 12/31/2016)

The following codes are not separately reimbursed:

NEW CPT CODES EFFECTIVE 1/1/2017

99151
99152
99153

The following code is not separately reimbursed:

NEW HCPCS CODES EFFECTIVE 1/1/2017

G0500

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, March 2017
Provider Update, August 2016
Provider Update, January 2016
Provider Update, January 2015
Provider Update, March 2013

REFERENCES

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