Clinical Policy: Monitored Anesthesia Care for Gastrointestinal Endoscopy

Reference Number: CP.MP.161 Coding Implications
Last Review Date: 05/19 Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Administering conscious sedation for gastrointestinal (GI) endoscopic procedures is standard of care to relieve patient anxiety and discomfort, improve outcomes of the examination, and decrease the memory of the procedure. Generally, the gastroenterologist performing the procedure and/or his/her qualified assistant can adequately manage the administration of conscious sedation and monitoring of the patient. However there are cases when additional assistance from an anesthesia team member is required to perform monitored anesthesia care (MAC) to ensure the safest outcome for the patient. This policy outlines the indications for which MAC is considered medically necessary.

Policy/Criteria

I. It is the policy of health plans affiliated with Centene Corporation® that MAC for GI endoscopic procedures is considered **medically necessary** for the following indications:

A. Age < 18 years or ≥ 70 years;
B. Pregnancy;
C. Increased risk of complications due to physiological status as identified by the American Society of Anesthesiologist (ASA) physical status classification of ASA III or higher;
D. Increased risk for airway obstruction because of anatomic variants such as dysmorphic facial features, oral abnormalities, neck abnormalities, or jaw abnormalities;
E. History of or anticipated intolerance to conscious sedation (i.e. chronic opioid or benzodiazepine use);
F. History of drug or alcohol abuse;
G. Morbid obesity (BMI > 40);
H. Documented sleep apnea;
I. Prolonged or therapeutic endoscopic procedure requiring deep sedation (examples include patients with adhesions after abdominal surgery, stent placement in the upper GI tract, and complex therapeutic procedures such as plication of the cardioesophageal junction. Polyp removal would not be considered a prolonged procedure).

Background

Monitored anesthesia care has been defined by the American Society of Anesthesiologist (ASA): "Monitored anesthesia care is a specific anesthesia service for a diagnostic or therapeutic procedure. Indications for monitored anesthesia care include, but are not limited to, the nature of the procedure, the patient's clinical condition and/or the need for deeper levels of analgesia and sedation than can be provided by moderate sedation including potential need to convert to a general or regional anesthetic." It includes a preprocedure consult, intraprocedure care, and postprocedure management. According to the ASA, "the provider of monitored anesthesia care must be prepared and qualified to convert to general anesthesia when necessary. If a patient loses consciousness and the ability to respond purposefully, the anesthesia care is a general anesthetic, irrespective of whether airway instrumentation is required."

During moderate sedation/analgesia, also known as conscious sedation, a physician administers or supervises the administration of the sedation used during a diagnostic or therapeutic procedure. The sedation is intended to depress the level of consciousness to a moderate level of sedation to allow for the comfort and cooperation of the patient, as well as the successful performance of a diagnostic or therapeutic procedure. The physician administering or overseeing the conscious sedation must be qualified to identify sedation that is too "deep" and manage the consequences and adjust the sedation to a lesser level.

While both conscious sedation and MAC require the administration of sedation and monitoring of cardiac and respiratory function, the administrator of MAC must be prepared and qualified to convert to general anesthesia as well as support the patient's airway from any sedation-induced compromise. Patients at increased risk for the need to convert to general anesthesia or for airway support include those with significant comorbidities, increased sensitivity to sedative and analgesic medications, and those undergoing prolonged or complex therapeutic procedures.

American Society of Anesthesiologists classification system for assessing a patient before surgery:
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 harvested

American Society for Gastrointestinal Endoscopy (ASGE)[5]
Anesthesia provider assistance should be considered in the following situations:
- Prolonged or therapeutic endoscopic procedures requiring deep sedation
- Anticipated intolerance to standard sedatives
- Increased risk for adverse event because of severe comorbidity (ASA class IV or V)
- Increased risk for airway obstruction because of anatomic variant

Several factors that may determine whether the assistance of anesthesia providers is needed include patient specific risk factors for sedation, the planned depth of sedation, and the urgency and type of endoscopic procedure performed. Patient risk factors include significant medical conditions such as extremes of age; severe pulmonary, cardiac, renal, or hepatic disease; pregnancy; the abuse of drugs or alcohol; uncooperative patients; a potentially difficult airway for positive-pressure ventilation; and individuals with anatomy that is associated with more difficult intubation.

For lower-risk patients (ASA I-III) undergoing non-advanced endoscopic procedures such as elective colonoscopy and EGD, recent large population–based studies found a higher risk of aspiration and other unplanned cardiopulmonary events in patients receiving deep sedation with propofol as administered by anesthesiologists, when compared with patients who received lighter sedation as administered by endoscopists.[6]

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Table 1: CPT codes indicating MAC

CPT® Codes	Description
00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified
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

Table 2: CPT codes for endoscopic procedures related to MAC

CPT Codes	Description
43197	Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43198	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple
43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple
43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices
43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices
43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)
43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)
43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)

CPT Codes	Description
43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire
43227	Esophagoscopy, flexible, transoral; with control of bleeding, any method
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination
43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance
43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures
43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple
43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)
43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter
43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices

CPT Codes	Description
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method
43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease
43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44389	Colonoscopy through stoma; with biopsy, single or multiple
44390	Colonoscopy through stoma; with removal of foreign body(s)
44391	Colonoscopy through stoma; with control of bleeding, any method
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps

CPT Codes	Description
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)
44403	Colonoscopy through stoma; with endoscopic mucosal resection
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance
44405	Colonoscopy through stoma; with transendoscopic balloon dilation
44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45334	Sigmoidoscopy, flexible; with control of bleeding, any method
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection
45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)

CPT Codes	Description
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45379	Colonoscopy, flexible; with removal of foreign body(s)
45380	Colonoscopy, flexible; with biopsy, single or multiple
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance
45382	Colonoscopy, flexible; with control of bleeding, any method
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45386	Colonoscopy, flexible; with transendoscopic balloon dilation
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)
45390	Colonoscopy, flexible; with endoscopic mucosal resection
45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
45392	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)
G0104	Colorectal cancer screening; flexible sigmoidoscopy
G0105	Colorectal cancer screening; colonoscopy on individual at high risk
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
G0122	Colorectal cancer screening; barium enema

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
E66.01, E66.2	Morbid obesity
F10.10-F16.99	Mental and behavioral disorders due to psychoactive substance use (except codes indicating remission)

ICD-10-CM Code	Description
F18.10-F19.99	Mental and behavioral disorders due to psychoactive substance use (except codes indicating remission)
F55.8	Abuse of other non-psychoactive substances
G47.30	Sleep apnea, unspecified
G47.31	Primary central sleep apnea
G47.33	Obstructive sleep apnea (adult) (pediatric)
G47.37	Central sleep apnea in conditions classified elsewhere
G47.39	Other Sleep apnea
G62.1	Alcoholic polyneuropathy
I42.6	Alcoholic cardiomyopathy
K29.20	Alcoholic gastritis without bleeding
K29.21	Alcoholic gastritis with bleeding
K70.0-K70.40	Alcoholic liver disease
K70.9	Alcoholic liver disease, unspecified
M26.02	Maxillary hypoplasia
M26.04	Mandibular hypoplasia
O09.00-O09.93	Supervision of high risk pregnancy
O21.2-O21.9	Vomiting in pregnancy
O35.4XX0 – O35.5XX9	Maternal care for suspected damage to fetus by alcohol or drugs
O99.011 – O99.019	Anemia complicating pregnancy
O99.211 – O99.213	Obesity complicating pregnancy
O99.310 – O99.325	Alcohol or drug use complicating pregnancy
O99.611 – O99.619	Diseases of the digestive system complicating pregnancy
O99.841 – O99.843	Bariatric surgery status complicating pregnancy
Q18.9	Congenital malformation of face and neck, unspecified
Q38.2	Macroglossia
R06.1	Stridor
R22.1	Localized swelling, mass and lump, neck
Z33.1	Pregnant state, incidental
Z33.3	Pregnant state, gestational carrier
Z34.00 – Z34.03	Encounter for supervision of normal first pregnancy, by trimester
Z34.80 – Z34.83	Encounter for supervision other normal pregnancy, by trimester
Z34.91 – Z34.93	Encounter for supervision of normal pregnancy, unspecified, by trimester
Z3A.00 – Z3A.49	Weeks of gestation
Z68.41 – Z68.45	Body mass index ≥ 40, adult

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	05/18	05/18
Reviewed by specialist	08/18	
References reviewed and updated.	04/19	05/19

References

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.