

Anesthesia and Sedation in Endoscopy

Disclaimer

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The clinical guidelines are applicable to all commercial plans. Services are subject to the terms, conditions, limitations of a member's plan contracts, state laws, and federal laws. Please reference the member's plan contracts (e.g., Certificate/Evidence of Coverage, Summary/Schedule of Benefits) or contact Oscar at 855-672-2755 to confirm coverage and benefit conditions.

Summary

Oscar members undergoing certain endoscopic procedures may require different levels of sedation, depending on the procedure and their existing medical conditions. General anesthesia is one type of sedation where a physician induces a state of complete unconsciousness. This is different from conscious sedation, where a patient is awake but medications are given for pain and to help with relaxation. The vast majority of patients undergoing endoscopies, where a small camera is inserted to look for disease such as cancer or pre-cancerous masses, are sedated with conscious sedation to make the procedure more tolerable. This guideline provides criteria for members who may require general anesthesia, monitored anesthesia care (MAC), or deep sedation for both upper and lower gastrointestinal endoscopic procedures (i.e., upper endoscopy, colonoscopy). The treating provider should counsel the member on the appropriate anesthesia options and levels of risk.

Definitions

"Local Anesthesia" is when a medication or procedure is done to induce an absence of pain/sensation to a specific region or part of the body.

"Minimal Sedation" is also referred to as anxiolysis and is defined as the lowest level of drug-induced impaired cognition. Persons who are minimally sedated respond normally to commands and their

respirations/cardiovascular system are unaffected. Examples of minimal sedatives include oral benzodiazepines.

“Moderate Sedation” was historically known as **“Conscious Sedation”** and refers to a deeper depression of consciousness compared to minimal sedation. Persons who are moderately sedated will typically still respond to verbal commands, sometimes requiring tactile stimuli, and their respirations/cardiovascular system are unaffected. Examples of medications used for moderate sedation are IV benzodiazepines and opioids.

“Deep Sedation” results in significant central nervous system depression, where patients are no longer conscious and are more difficult to arouse. They will typically respond to painful stimuli but not to verbal or simple tactile stimuli. The respiratory system is depressed and they may need some ventilatory support. Examples of medications used for deep sedation are IV benzodiazepines, opioids, propofol, ketamine, etomidate, and dexmedetomidine.

“General Anesthesia” is the deepest form of sedation, where there is complete loss of consciousness and no arousability to stimuli. Cardiovascular and respiratory function are often impaired and may require monitoring and assistance such as ventilatory support.

“Monitored Anesthesia Care (MAC)” is combination of local anesthesia together with sedation and/or analgesia, in a setting monitored by a trained anesthesiologist or anesthetists (CRNA).

“American Society for Anesthesia Physical Status Classes” are used to risk stratify patients prior to procedures. The categories were developed and defined by the American Society for Anesthesia and are as follows:

- **ASA Physical Status Class I:** A normal, healthy person
- **ASA Physical Status Class II:** A person with mild systemic disease without functional limitations, including but not limited to:
 - Current smoker
 - Social alcohol drinker
 - Pregnancy
 - Obesity (BMI <40)
 - Well-controlled diabetes mellitus or hypertension
 - Mild lung disease
- **ASA Physical Status Class III:** A person with severe systemic disease resulting in substantive functional limitations, including but not limited to:
 - Poorly controlled diabetes mellitus or hypertension

- Chronic obstructive pulmonary disease (COPD)
- Morbid obesity (BMI ≥ 40)
- Active hepatitis
- Alcohol dependence or abuse
- Implanted pacemaker
- Moderate reduction of ejection fraction
- End stage renal disease (ESRD) undergoing regularly scheduled dialysis
- Premature infant with post-conceptual age < 60 weeks
- History (>3 months) of myocardial infarction (MI), cerebrovascular accident (CVA or stroke), transient ischemic attack (TIA or mini-stroke), or coronary artery disease (CAD)/stents.
- **ASA Physical Status Class IV:** A person with severe systemic disease that is a constant threat to life; including but not limited to:
 - Recent (< 3 months) MI, CVA, TIA, or CAD/stents
 - Ongoing cardiac ischemia
 - Severe valve dysfunction
 - Severe reduction of ejection fraction
 - Sepsis
 - Disseminated intravascular coagulation (DIC)
 - ESRD not undergoing regularly scheduled dialysis
- **ASA Physical Status Class V:** A moribund person who is not expected to survive without the operation; including but not limited to:
 - Ruptured abdominal/thoracic aneurysm
 - Massive trauma
 - Intracranial bleed with mass effect
 - Ischemic bowel in the face of significant cardiac pathology
 - Multiple organ/system dysfunction
- **ASA Physical Status Class VI:** A declared brain-dead person whose organs are being removed for donor purposes ⁸

“Endoscopy” refers to a procedure where a small camera is inserted to visualize internal parts of the body. Examples include the following:

- Colonoscopy (looking at the colon)
- Sigmoidoscopy (looking at the sigmoid portion of the colon)
- Esophagoduodenoscopy (e.g., EGD, where the upper GI system is visualized)

Covered Services and Clinical Indications

Oscar considers **general anesthesia, MAC, or deep sedation** requiring anesthesiologist or anesthesiologist attendance medically necessary for use in upper or lower gastrointestinal endoscopy in **“high-risk”** members, defined as those with **ONE** of the following criteria:

1. Significant medical condition, as defined by at least **ONE** of the following:
 - a. ASA Physical Status Class III-V; **or**
 - b. Pregnancy; **or**
 - c. Epilepsy; **or**
 - d. Age less than 18 or greater than 70.
2. Risk for airway compromise, as defined by at least **ONE** of the following:
 - a. Current evidence of obstructive sleep apnea or stridor; **or**
 - b. Dysmorphic facial features, such as Pierre-Robin or Down syndrome; **or**
 - c. Oral abnormality such as small opening (defined as <3cm in an adult), high arched palate, macroglossia, tonsillar hypertrophy, nonvisible uvula; **or**
 - d. Neck abnormalities, such as neck obesity, short neck, limited neck extension, cervical spine instability, cervical spine disease or trauma, neck mass, tracheal deviation, advanced rheumatoid arthritis (risk of cervical instability), cranial nerve IX or X dysfunction; **or**
 - e. Jaw abnormalities, such as micrognathia, retrognathia, trismus, significant macro-occlusion; **or**
 - f. Morbid obesity (defined as body mass index [BMI] >40 or >35 with hypertension, coronary artery disease, obstructive sleep apnea, or Type 2 diabetes).
3. Anticipated intolerance to standard sedatives, as defined by at least **ONE** of the following
 - a. Previous reaction or complication with sedation or anesthesia; **or**
 - b. Opiate, sedative, or hypnotic dependence or substance abuse: **or**
 - c. Drug or alcohol abuse.
4. Situations where deep sedation or general anesthesia may be required, as defined by at least **ONE** of the following:
 - a. Uncooperative or combative patients (e.g., those with dementia, psychiatric disorders, or young children); **or**
 - b. Complex or prolonged procedures or invasive therapeutic endoscopies (e.g., endoscopic retrograde cholangiopancreatography [ERCP], repeat colonoscopy due to tortuous colon, endoscopic ultrasound [EUS], esophageal stenting, emergency therapeutic procedures such as acute GI bleeding,).

Coverage Exclusions

Sedation requiring anesthesiologist or anesthesiologist care (e.g., general anesthesia, MAC, or deep sedation) is not considered medically necessary and is not covered in members with an **"average risk"** of surgical complications, as defined as ASA Class I-II and not meeting **"high-risk"** criteria above, who are undergoing standard upper or lower endoscopic procedures. These members should undergo procedures with moderate sedation/analgesia as indicated and provided by the endoscopist, where it is not medically necessary for an anesthesiologist to be present.

Applicable Billing Codes (HCPCS/CPT Codes)

Anesthesia and Sedation in Endoscopy	
CPT/HCPCS Codes covered if criteria are met:	
<i>Code</i>	<i>Description</i>
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
99100	Anesthesia for patient of extreme age, younger than 1 year and older than 70 (List separately in addition to code for primary anesthesia procedure)
99140	Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)

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 intraservice 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)
P3 (modifier)	Severe systemic disease
P4 (modifier)	Severe systemic disease that is a constant threat to life
P5 (modifier)	Moribund person who is not expected to survive without the operation
ICD-10 codes covered if criteria are met:	
<i>Code</i>	<i>Description</i>
E66.01	Morbid (severe) obesity due to excess calories
E66.2	Morbid obesity
F10.10 - F19.99	Mental and behavioral disorders due to psychoactive substance use [e.g., opioid, alcohol, sedative, hypnotic, or anxiolytic-related abuse]
G40.0-G40.8	Epilepsy and recurrent seizures
G47.30, G47.31, G47.33, G47.37, G47.39, P28.3	Sleep apnea
J35.1	Hypertrophy of tonsils
M26.02	Maxillary hypoplasia
M26.04	Mandibular hypoplasia
Q18.9	Congenital malformation of face and neck, unspecified
Q38.2	Macroglossia
Q75	Other congenital malformations of the skull and face bones

Q90.9	Down Syndrome
R06.1	Stridor
R22.1	Localized swelling, mass and lump, neck
S12	Fracture of cervical vertebra and other parts of neck
S14.2	Injury of nerve root of cervical spine
Z33	Pregnant state

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Clinical Guideline Revision / History Information

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