



Anesthesia Care with Endoscopy

State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:	LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid
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Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determination are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

The routine assistance of an anesthesiologist/anesthetist for average risk patients undergoing standard upper and lower endoscopy procedures is not usually medically reasonable and necessary. In certain instances Deep Sedation or General Anesthesia provided by anesthesiology personnel may be necessary for these procedures.

The presence of an underlying condition alone, as reported by ICD10 codes, may not be sufficient evidence that monitored anesthesia care is necessary. The medical condition must be significant enough to impact the need to provide monitored anesthesia care, such as the patient being on medication or being symptomatic, etc. The presence of a stable, treated condition of itself is not necessarily sufficient.

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.

Typically, screening, diagnostic and uncomplicated therapeutic upper endoscopy and colonoscopy procedures are successfully performed with moderate sedation to relieve patient anxiety and discomfort. Moderate sedation is usually administered by a licensed registered nurse or physician's assistant under the direction of the gastroenterologist.

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 (versed) at doses individualized to obtain the desired sedative effect. Other combinations have also been utilized for this purpose (i.e. benzodiazepine/narcotic combination diphenhydramine, promethazine, and droperidol (*list is not all inclusive*)). While both benzodiazepines and opioids can cause respiratory depression, effective reversal agents exist for both.

Deep Sedation/ General Anesthesia: a drug-induced depression or loss of consciousness during which patients cannot be easily aroused but may respond purposefully to repeated or painful stimulation. Airway support may be required due to drug induced depression of neuromuscular function. Cardiovascular function is usually maintained.

Deep sedation with Diprivan® (propofol) administered by an anesthesiologist has been used more frequently. The advantages with the use of propofol are short-acting sedation with rapid onset and a shorter recovery time. However, several studies have not demonstrated any clinical benefit in the average risk patient undergoing standard upper and lower endoscopy procedures. The current FDA-approved (2008) label for propofol states that it is indicated for initiation and maintenance of monitored anesthesia care (MAC) sedation, combined sedation and regional anesthesia, or intensive care unit (ICU) sedation of intubated, mechanically ventilated patients (adults only).

Criteria

Commercial

Prior Authorization is required (Inpatient and emergency room services **do not** require PA).

Use of Deep Sedation/General Anesthesia for **outpatient upper** gastrointestinal endoscopic procedures.

Deep Sedation/General Anesthesia care may be considered **medically necessary** for **outpatient upper** gastrointestinal endoscopic procedures, when there is documentation by the operating physician or the anesthesiologist that specific risk factors or significant medical conditions are present. Deep Sedation/ General Anesthesia is medical necessary for patients meeting one of the below:

- ASA level 3 or higher with supporting documentation
- Acutely agitated, uncooperative patients (e.g., delirium, organic brain disease, senile dementia)
- Inability to follow simple commands (cognitive dysfunction, intoxication, or psychological impairment); or
- Increased risk for complications due to severe comorbidity (i.e. stable angina, uncontrolled diabetes, congestive heart failure, end stage renal disease, respiratory failure (*list is not all inclusive*)); or
- Individuals under the age of 18, or over 70; or
- Individuals who are Pregnant; or
- Individuals with increased risk for airway obstruction due to anatomic variation such as:
 - History of previous problems with anesthesia or sedation; or
 - History of stridor or severe sleep apnea (oxygen, Cpap, bi-pap or an oral appliance with the diagnosis of sleep apnea, required during sleep); or
 - Dysmorphic facial features; or
 - Oral abnormalities (e.g. macroglossia); or
 - Neck abnormalities (e.g. neck mass); or
 - Jaw abnormalities (e.g. micrognathia); or
- History or anticipated intolerance to standard sedatives (i.e. individuals on chronic narcotics, benzodiazepine or a neuropsychological disorder); or
- History of drug or alcohol abuse; or
- Morbid obesity (BMI [body mass index] >40); or
- Prolonged or therapeutic gastrointestinal endoscopy procedures requiring deep sedation (procedures expected to be greater than 60 minutes) (i.e. adhesions post-abdominal surgery, endoscopic retrograde cholangiopancreatography, endoscopic ultrasound, stent placement in the upper GI tract, and complex therapeutic procedures such as plication of the cardioesophageal junction); or

- Spasticity or movement disorder complicating procedure
- Other medical conditions require Medical Director Review.

Use of Deep Sedation or General Anesthesia is considered **NOT** medically necessary for gastrointestinal endoscopic procedures in patients at average risk related to use of anesthesia and moderate sedation for any indication other than those listed above.

Medicaid

Prior Authorization is required (Inpatient and emergency room services **do not** require prior authorization).

Use of Deep Sedation or General Anesthesia for **outpatient** endoscopic procedures.

Deep Sedation or General Anesthesia care may be considered **medically necessary** for **outpatient** gastrointestinal endoscopic procedures, when there is documentation by the operating physician or the anesthesiologist that specific risk factors or significant medical conditions are present. Deep Sedation or General Anesthesia is medical necessary for patients meeting one of the below:

- ASA level 3 or higher with supporting documentation
- Acutely agitated, uncooperative patients (e.g., delirium, organic brain disease, senile dementia)
- Inability to follow simple commands (cognitive dysfunction, intoxication, or psychological impairment); or
- Increased risk for complications due to severe comorbidity (i.e. stable angina, uncontrolled diabetes, congestive heart failure, end stage renal disease, respiratory failure (*list is not all inclusive*)); or
- Individuals under the age of 18, or over 70; or
- Individuals who are Pregnant; or
- Individuals with increased risk for airway obstruction due to anatomic variation such as:
 - History of previous problems with anesthesia or sedation; or
 - History of stridor or severe sleep apnea (oxygen, Cpap, bi-pap or an oral appliance with the diagnosis of sleep apnea, required during sleep); or
 - Dysmorphic facial features; or
 - Oral abnormalities (e.g. macroglossia); or
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 - Jaw abnormalities (e.g. micrognathia); or
- History or anticipated intolerance to standard sedatives (i.e. individuals on chronic narcotics, benzodiazepine or a neuropsychological disorder); or
- History of drug or alcohol abuse; or
- Morbid obesity (BMI [body mass index] >40); or
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- Spasticity or movement disorder complicating procedure
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Use of Deep Sedation or General Anesthesia is considered **NOT** medically necessary for gastrointestinal endoscopic procedures in patients at average risk related to use of anesthesia and moderate sedation for any indication other than those listed above.

Medicare

**This policy does not apply to Medicare members.
See prior authorization list for codes.**

Coding Information

Anesthesiology care for upper and lower intestinal endoscopic procedures:

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)

00740 Anesthesia for upper gastrointestinal endoscopic procedures, endoscopic introduced proximal to duodenum

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).

References

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Hayes Medical Technology Directory. Propofol for Moderate Sedation During Colonoscopy. Lansdale, PA. 2010 May, updated search February 2013. Annual review March 7, 2014. Archived April 4, 2015.

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Appendix

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