



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

Anesthesia services include all services associated with the administration and monitoring of analgesia or anesthesia to an individual in order to produce partial or complete loss of sensation. Examples of various methods of anesthesia include moderate sedation ("conscious sedation"), monitored anesthesia care (MAC), regional anesthesia and general anesthesia.

Typically screening, diagnostic and uncomplicated therapeutic upper endoscopy 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. This policy addresses criteria for monitored anesthesia care, also known as deep sedation, during upper endoscopy procedures. Deep sedation with Diprivan® (propofol) administered by an anesthesiologist is often used.

Criteria

Commercial and Medicaid

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 of one of the following risk factors or medical conditions:

- American Society of Anesthesiologists Physical Status classification system (ASA) level 3 or higher

- Inability to follow simple commands (cognitive dysfunction, intoxication, psychological impairment, delirium, organic brain disease, senile dementia);
- Increased risk for complications due to severe comorbidity (i.e. unstable angina, uncontrolled diabetes, congestive heart failure, end stage renal disease, respiratory failure (*list is not all inclusive*));
- Individuals under the age of 18, or over 65;
- Individuals who are pregnant;
- Individuals with increased risk for airway obstruction due to anatomic variation such as:
 - History of previous problems with anesthesia or sedation;
 - History of stridor or severe sleep apnea (oxygen, CPAP, BI-PAP or an oral appliance with the diagnosis of sleep apnea, required during sleep);
 - Dysmorphic facial features;
 - Oral abnormalities (e.g. macroglossia);
 - Neck abnormalities (e.g. neck mass);
 - Jaw abnormalities (e.g. micrognathia);
- History or anticipated intolerance to standard sedatives (i.e. individuals on chronic narcotics, benzodiazepine or a neuropsychological disorder);
- History of drug or alcohol abuse;
- Morbid obesity (BMI [body mass index] >40);
- 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 cardio esophageal junction);
- 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.

Medicare

PacificSource Medicare follows Local Coverage Determination (LCD) L35049 and Local Coverage Article (LCA) A57361 for Monitored Anesthesia Care.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

CPT®* codes 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)

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).

**CPT® codes, descriptions and materials are copyrighted by the American Medical Association (AMA)*

References

American Society for Gastrointestinal Endoscopy (ASGE) (2012) *Guidelines for endoscopy in pregnant and lactating women*. *Gastrointest Endosc* 2012; 76:18-24. https://www.asge.org/docs/default-source/education/practice_guidelines/doc-5c7150fd-910a-4181-89bf-bc697b369103.pdf

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FDA Approved Drug Products. 451094A/Issued February 2008. DIPRIVAN® (propofol) Injectable Emulsion.

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.

Appendix

Policy Number: [Policy Number]

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Depts: Health Services

Applicable regulation(s): [Applicable Regulation(s)]