

# MEDICAL POLICY



MEDICAL POLICY DETAILS	
Medical Policy Title	MONITORED ANESTHESIA CARE (MAC)
Policy Number	7.03.02
Category	Technology Assessment
Effective Date	06/21/12
Revised Date	06/20/13, 06/19/14, 05/28/15
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Product Disclaimer	<ul style="list-style-type: none"> <li>• If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</li> <li>• If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</li> <li>• If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</li> </ul>

***Note: This policy addresses monitored anesthesia care for gastrointestinal endoscopy, bronchoscopy, and interventional pain procedures only.***

For purposes of this policy, monitored anesthesia care (MAC) refers to the use of dedicated, qualified anesthesia personnel being present during the proposed procedure.

## POLICY STATEMENT

- I. Based upon our criteria and assessment of peer-reviewed literature, MAC has been medically proven effective and is therefore **medically appropriate** for upper and lower gastrointestinal (GI) endoscopy, bronchoscopy and interventional pain procedures when any of the following risk factors/medical conditions are present:
  - A. Increased risk for complications due to severe co-morbidity (ASA class 3 physical status or greater; *see guidelines section below*);
  - B. Severe sleep apnea that requires use of a positive pressure airway device during sleep;
  - C. Increased risk of airway obstruction due to anatomic variation (e.g., abnormalities of the oral cavity, neck or jaw, dysmorphic facial features);
  - D. Inability to follow simple commands due to cognitive dysfunction or psychological impairment;
  - E. Spasticity or movement disorder complicating procedure;
  - F. History or anticipated intolerance to standard sedatives due to chronic opioid or benzodiazepine use;
  - G. Active medical problems related to drug or alcohol abuse;
  - H. Age younger than 18 years;
  - I. Pregnancy;
  - J. Documented history of previous problems with anesthesia or sedatives (e.g., failure of moderate sedation);
  - K. Prolonged or therapeutic procedure requiring deep sedation; or
  - L. Acutely agitated or uncooperative patients (e.g., delirium, organic brain disease, dementia).
- II. Based upon our criteria and assessment of peer-reviewed literature, use of MAC in the average-risk patient (e.g., absence of any of the above mentioned risk factors/medical conditions) for upper and lower GI endoscopy, bronchoscopy and interventional pain procedures does not improve patient outcomes and is therefore considered **not medically necessary**.

## POLICY GUIDELINES

The American Society of Anesthesiologists' (ASA) physical status classification for assessing a patient prior to surgery includes the following:

- I. Normal, healthy patient- ASA physical status 1;

## **Medical Policy: MONITORED ANESTHESIA CARE (MAC)**

**Policy Number: 7.03.02**

**Page: 2 of 6**

- II. Patient with mild systemic disease- ASA physical status 2;
- III. Patient with severe systemic disease- ASA physical status 3;
- IV. Patient with severe systemic disease that is a constant threat to life- ASA physical status 4;
- V. Moribund patient who is not expected to survive without the operation-ASA physical status 5;
- VI. Patient declared brain dead whose organs are being harvested for donor purposes- ASA physical status 6.

### **DESCRIPTION**

Adequate sedation and analgesia are important components of many diagnostic and therapeutic procedures. Various levels of sedation and analgesia/anesthesia may be utilized depending on the procedure being performed and the patient's condition. The American Society of Anesthesiologists' define four levels of sedation as follows:

*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.

*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.

*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.

*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.

MAC refers to dedicated anesthesia personnel (e.g., anesthesiologist, nurse anesthetist) being present during a procedure and does not implicitly indicate the level of anesthesia needed. MAC may include varying levels of sedation, analgesia and anxiolysis as necessary. The provider of monitored anesthesia care must be prepared and qualified to convert to general anesthesia when necessary. Indications for MAC include the nature of the procedure, the patient's clinical condition and/or the potential need to convert to a general or regional anesthetic.

MAC includes all aspects of anesthesia care: a pre-procedure visit, intra-procedure care and post-procedure anesthesia management. During MAC, the anesthesiologist/anesthetist provides or medically directs a number of specific services including: 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; and provision of other medical services as needed to complete the procedure safely.

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.

### **RATIONALE**

Comparative evidence that supports the use of MAC in specific procedures is limited. Patient characteristics, such as comorbidities, airway features, or the ability to cooperate with the proceduralist, are more indicative of the need for this service. Physician-directed moderate sedation is a safe and effective alternative to MAC for the majority of patients undergoing procedures in whom deep sedation or anesthesia is unnecessary, such as GI endoscopy, bronchoscopy, and interventional pain procedures.

**Medical Policy: MONITORED ANESTHESIA CARE (MAC)**

**Policy Number: 7.03.02**

**Page: 3 of 6**

An extensive review of the literature related to sedation for GI endoscopy was published through the American Gastroenterological Association (AGA) Institute (Cohen, et al. 2007). The review recommended that use of an anesthesia professional should be strongly considered for ASA physical status three through five patients. The AGA noted that other possible indications for an anesthesia specialist include patients with pregnancy, morbid obesity, neurologic or neuromuscular disorders, a history of alcohol or substance abuse, and patients who are uncooperative or delirious. The AGA also noted that endoscopic procedures that may require an anesthesia specialist include endoscopic retrograde cholangiopancreatography (ERCP), stent placement in the upper GI tract, and complex therapeutic procedures such as plication of the cardioesophageal junction.

Guidelines regarding sedation during endoscopy were released by the American Society for Gastrointestinal Endoscopy (Lichtenstein, et al. 2008). These guidelines indicate “Adequate and safe sedation can be achieved in most patients undergoing routine esophagogastroduodenoscopy [EGD] and colonoscopy by using an intravenous benzodiazepine and opioid combination.”

The ASA has a position a statement on anesthetic care during interventional pain procedures (approved 2005, amended 2010). In summary, while recognizing that conditions exist which may make skilled anesthesia care necessary, most minor pain procedures, under most routine circumstances, do not require anesthesia care other than local anesthesia.

**CODES**

- *Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.*
- ***CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.***
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*

**CPT Codes**

<b>Code</b>	<b>Description</b>
00635	Anesthesia for procedures in lumbar region; diagnostic or therapeutic lumbar puncture
01936	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic
01991	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); other than prone position
00520	Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified
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
99151-99157	Moderate sedation services (code range)

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**Medical Policy: MONITORED ANESTHESIA CARE (MAC)**

**Policy Number: 7.03.02**

**Page: 4 of 6**

**HCPCS Codes**

<b>Code</b>	<b>Description</b>
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)
J2704	Injection, propofol, 10 mg

**ICD10 Codes**

<b>Code</b>	<b>Description</b>
	Multiple diagnosis codes

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**Medical Policy: MONITORED ANESTHESIA CARE (MAC)**

**Policy Number: 7.03.02**

**Page: 5 of 6**

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**Medical Policy: MONITORED ANESTHESIA CARE (MAC)**

**Policy Number: 7.03.02**

**Page: 6 of 6**

\*Key Article

**KEY WORDS**

MAC, Monitored anesthesia care

**CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

There is currently a National Coverage Determination (NCD) for anesthesia in cardiac pacemaker surgery. Please refer to the following NCD websites for Medicare Members: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=105&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Upstate&CptHcpcsCode=36514&bc=gAAAABAAAA&>