Anesthesia for Routine Gastrointestinal Endoscopic Procedures

(Additional description)

Date of Origin: 05/2012  Last Review Date: 03/23/2017  Effective Date: 03/23/2017


Developed By: Medical Necessity Criteria Committee

I. Description

Gastrointestinal endoscopic procedures are routinely performed with the use of intravenous sedation and analgesia. The level of anesthesia required to relieve patient anxiety and discomfort can vary from patient to patient. There are four levels of sedation that have been identified by the American Society of Anesthesiologists. They include:

- **Minimal sedation** – a drug-induced state which patients respond normally to verbal commands and airway, ventilation, and cardiovascular function remain unaffected.
- **Moderate sedation (conscious sedation)** – a drug-induced depressed level of consciousness which patients can purposefully respond to verbal command or tactile stimulation. No airway intervention is required. Ventilation is adequate and cardiovascular function is usually maintained.
- **Deep sedation** – a drug-induced depressed level of consciousness which patients cannot be easily aroused but respond purposefully after repeated or painful stimuli. Airway intervention may be required. Patients may require assistance to maintain a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
- **General anesthesia** – a drug-induced loss of consciousness in which patients are not arousable, even by painful stimuli. Patients require assistance in maintaining a patent airway; positive pressure ventilation may be required due to depressed spontaneous ventilation or drug-induced depression or neuromuscular function. Cardiovascular function may be impaired.

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.

Monitored anesthesia care (MAC) refers to anesthesia services administered by anesthesia personnel and is not necessarily related to the level of anesthesia administered. Anesthesia personnel provide a pre-anesthesia evaluation and are present during the entire procedure. They must be prepared to convert the patient to general anesthesia and provide airway management if complications arise.

Deep sedation with propofol is required to be administered by anesthesia services. It has been used more frequently for routine endoscopic procedures. 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.

II. Criteria: CWQI HCS-0024

A. Moda Health will NOT cover anesthesia services to provide sedation and analgesia for routine upper and lower endoscopic procedures for average risk patients *(i.e. ASA Class 1 and Class 2)*

B. Moda Health will cover anesthesia services for routine upper and lower endoscopic procedures for 1 or more of the following indications:
   a. Patient with previous problems with anesthesia or sedation; or
   b. Patient with prescribed or illicit benzodiazepine use; or
   c. Alcohol or drug-addicted patients, or patients with an increased tolerance to sedation and analgesic agents *(i.e. chronic pain patients treated with opioids)*, or
   d. Patient undergoing prolonged or complex procedures, or
   e. Morbidly obese patients with BMI ≥ 40, or
   f. Patients with documented severe sleep apnea or
   g. ASA Class III *(see Attachment A)*, or
   h. ASA Class IV *(See Attachment A)*, or
   i. Patients younger than 18 years and older than 70 years of age, or
   j. Patients with other documented co-morbid conditions that would prevent safe sedation without anesthesia services *(i.e. neurologic conditions such as Parkinson’s, cardiac conditions, uncooperative or combative patients)*.

III. Information Submitted with the Prior Authorization Request:

1. Pre-procedure history and physical
2. Pre-anesthesia evaluation
3. Provider notes documenting any co-morbid medical condition.
4. Sleep study documenting significant obstructive sleep apnea if that is the condition requiring anesthesia services.

IV. Applicable CPT or HCPC codes covered:

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00740</td>
<td>Anesthesia for upper gastrointestinal endoscopic procedures, endoscope induced proximal to duodenum</td>
</tr>
<tr>
<td>00810</td>
<td>Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum</td>
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V. Anesthesia Modifiers:

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>A normal healthy patient (ASA Class I)</td>
</tr>
<tr>
<td>P2</td>
<td>A patient with mild systemic disease (ASA Class II)</td>
</tr>
<tr>
<td>P3</td>
<td>A patient with severe systemic disease (ASA Class III)</td>
</tr>
<tr>
<td>P4</td>
<td>A patient with severe systemic disease that is a constant threat to life (ASA Class IV)</td>
</tr>
<tr>
<td>P5</td>
<td>A moribund patient who is not expected to survive without the operation (ASA Class V)</td>
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</tbody>
</table>

*American Society of Anesthesiologist (ASA) physical status classification system for assessing a patient before surgery. (See Attachment A)*

VII. Annual Review History

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Revisions</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>02/2013</td>
<td>New criteria approved</td>
<td>02/2013</td>
</tr>
<tr>
<td>12/2013</td>
<td>Annual Review: Added description of MAC, added table with revision dates.</td>
<td>12/19/2013</td>
</tr>
<tr>
<td>12/2014</td>
<td>Annual Review: No change</td>
<td>12/03/2014</td>
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<tr>
<td>12/2015</td>
<td>Annual Review: Added BMI, Increased documentation, removed AHI</td>
<td>12/02/2015</td>
</tr>
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<td>03/2017</td>
<td>Annual Review: Updated to new template, no content changes</td>
<td>03/22/2017</td>
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Attachment A – ASA Classifications

<table>
<thead>
<tr>
<th>ASA Class</th>
<th>Description</th>
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<tbody>
<tr>
<td>Class I</td>
<td>The patient is normal and healthy</td>
</tr>
<tr>
<td>Class II</td>
<td>The patient has mild systemic disease that does not limit activities (i.e. controlled hypertension or controlled diabetes without systemic sequelae)</td>
</tr>
<tr>
<td>Class III</td>
<td>The patient has moderate or severe systemic disease that does not limit the activities (i.e. stable angina or diabetes with systemic sequelae)</td>
</tr>
<tr>
<td>Class IV</td>
<td>The patient has severe systemic disease that is a constant threat to life (i.e. severe congestive heart failure, end-stage renal disease)</td>
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<tr>
<td>ASA Class</td>
<td>Description</td>
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<tr>
<td>Class V</td>
<td>The patient is morbid and is at a substantial risk of death within 24 hours (with or without procedure)</td>
</tr>
<tr>
<td>Class E</td>
<td>Emergency status: in addition to indicating the underlying ASA status (1-5), any patient undergoing an emergency procedure is indicated by suffix “E.”</td>
</tr>
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VI. References

9. Physician Advisors

Appendix 1 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):
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<th>NCD/LCD Document (s):</th>
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<tbody>
<tr>
<td></td>
<td>Noridian Local Coverage Determination (LCD) Monitored Anesthesia Care (MAC) (L34100)</td>
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<th>NCD/LCD Document (s):</th>
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<td><a href="https://med.noridianmedicare.com/documents/10534/5321625/Local+Coverage+Determination+for+Monitored+Anesthesia+Care+%28MAC%29%20%28L34100%29">https://med.noridianmedicare.com/documents/10534/5321625/Local+Coverage+Determination+for+Monitored+Anesthesia+Care+%28MAC%29%20%28L34100%29</a></td>
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