



Manual: Reimbursement Policy
Policy Title: **Moderate (Conscious) Sedation**
Section: Medicine
Subsection: None
Date of Origin: 12/16/2016 **Policy Number:** RPM048
Last Updated: 7/30/2018 **Last Reviewed:** 8/10/2018

Scope

This policy applies to all Commercial medical plans, Medicare Advantage plans, and Oregon Medicaid/EOCCO plans.

Reimbursement Guidelines

For Contracted Providers on a 2017 or Newer Fee Schedule Contract

Moderate conscious sedation procedure codes are eligible for separate reimbursement, in accordance with current CPT coding guidelines and the provider-appropriate CMS fee schedule.

Since moderate conscious sedation codes are time-based procedure codes, time must be clearly documented to support the codes and units reported.

Current CCI edits denying the new moderate conscious sedation codes will be applied.

- Effective 1/1/2017 dates of service, CCI edits deny 99155 – 99157 when billed in combination with a diagnostic or therapeutic procedure supported by moderate conscious sedation. This is because 99155 – 99157 specify that they are performed by someone “other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports.” Thus they cannot be billed in combination with the main procedure.
- Effective 7/1/2017 dates of service, CCI edits deny 99152 when billed in combination with any gastrointestinal endoscopic procedure (upper or lower GI endoscopy, including

colonoscopy or sigmoidoscopy) supported by moderate conscious sedation. G0500 is the preferred moderate conscious sedation code to bill instead.

- Moda Health follows these CCI edits. See CMS instructions in MM10075 regarding the use of G0500. Our system is configured to apply sedation benefits for G0500 on Commercial plans as well as Medicare Advantage and Medicaid/EOCCO.
- For dates of service 7/1/2017 and following, 99152 will only be allowed separately when the procedure supported by the moderate conscious sedation is for a procedure that is not a gastrointestinal endoscopic procedure.
- G0500 is considered a valid primary code for add-on code 99153.

For Contracted Providers on a 2016 or Prior Fee Schedule Contract

Moderate conscious sedation procedure codes 99151 - 99157 are not eligible for separate reimbursement when billed in combination with any of the procedure codes formerly listed in the 2016 CPT Appendix G. The work of moderate sedation is already included in the RVU or fee allowance for the procedure code the sedation supports for 2016 and prior fee schedules.

- For Commercial professional claims, the denial will be applied with a subset denial.
- For Medicare Advantage professional claims, 99151 – 99157 will be priced at \$0.00 for providers on an older fee schedule contract.
- For Medicaid/EOCCO professional claims, the denial will be applied with a subset denial.
- For ASCs and Outpatient Hospital services, 99151 – 99157 are considered included in the allowance for the procedure the sedation supports, and should not be separately charged.
- As provider contracts are updated to 2017 or current fee schedules, these provisions will also be updated.

When performing moderate conscious sedation in support of other procedures which were not formerly listed in the 2016 CPT Appendix G:

- The new moderate sedation codes 99151 – 99157 are eligible to be separately reported and reimbursed.
- Moderate sedation is not considered included in the reimbursement for procedures which were not listed in CPT Appendix G.
- Since moderate conscious sedation codes are time-based procedure codes, time must be clearly documented to support the codes and units reported.

For Out-of-Network Providers

Moderate conscious sedation procedure codes are eligible for separate reimbursement. Claims from out-of-network providers are priced based upon the member's plan language for maximum plan allowable (MPA). For most standard plans, this is based upon a percentage-multiple of

current CMS fee schedule pricing. The remaining plans also use date-of-service-specific references to determine the MPA.

Since moderate conscious sedation codes are time-based procedure codes, time must be clearly documented to support the codes and units reported.

Background Information

In 2017 the moderate (conscious) sedation procedure codes were significantly revised, deleting codes 99143 – 99150 and adding codes 99151 – 99157 with revised descriptions and time-frames. Additionally, CPT and CMS no longer consider moderate conscious sedation an integral part of hundreds of other procedure codes and their RVUs. The summary of CPT codes which include moderate (conscious) sedation (formerly Appendix G) has been removed from the CPT code set. The moderate (conscious) sedation symbol has been removed from the 2017 CPT book listing of the codes previously included in former Appendix G. This reflects the removal of moderate sedation from the service; the RVUs for these codes have been changed on the 2017 CMS Physician Fee Schedule to reflect this. This means that where providers previously should only report and be reimbursed for one code (the primary procedure), beginning in 2017 they can now separately report two or three codes (the primary procedure plus moderate conscious sedation initial, and in some cases each additional 15 minutes).

For those contracted providers on a 2016 and earlier fee schedule/RVU, this would mean the moderate conscious sedation service would be reimbursed twice:

- Once under the primary procedure RVU which includes an allowance for the moderate conscious sedation.
- Once under the new range of moderate conscious sedation codes which would fall under the contract wording for procedure codes without an RVU on the older/previous year(s)' fee schedule.

This policy describes Moda Health's administrative policy response to address this concern.

Codes, Terms, and Definitions

Acronyms Defined

Acronym		Definition
ASC	=	Ambulatory Surgery Center
CMS	=	Centers for Medicare and Medicaid Services
MCS	=	Moderate (conscious) sedation
MPA	=	Maximum Plan Allowable
RVU	=	Relative Value Unit(s)

Definition of Terms

Term	Definition
Colonoscopy	A procedure in which a flexible fiber-optic instrument is inserted through the anus in order to examine the colon. (A colonoscopy is one type of lower GI endoscopy.)
Endoscopy	A procedure in which an instrument is introduced into the body to give a view of its internal parts. (Types of endoscopies include bronchoscopy, colonoscopy, nasal endoscopy, gastric endoscopy, esophagogastroduodenoscopy (EGD), etc.)
Moderate conscious sedation (MCS) Moderate sedation 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. It is also important to note that moderate sedation does not include minimal sedation (anxiolysis), deep sedation, or monitored anesthesia care (00100 - 01999). (AMA ²)

Procedure codes (CPT & HCPCS):

Code	Code Description
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

Code	Code Description
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) (CMS ⁶)

Coding Guidelines & Sources - (Key quotes, not all-inclusive)

“Moderate Sedation: Effective January 1, 2017, moderate sedation is no longer bundled into procedural codes. Separate payment will be made through new CPT codes 99151-99157 and HCPCS G0500. Payment reductions were made to 400 services for which moderate sedation is inherent to the provision of the procedure to remove the previously bundled payment. These codes were previously included in CPT Appendix G.” (AMA¹)

“Do not report 99151, 99152, 99153, 99155, 99156, 99157 in conjunction with 94760, 94761, 94762.” (AMA⁴)

“What Services Are Included in Moderate (Conscious) Sedation?”

When providing moderate sedation, the following services are included and are not reported separately:

- Assessment of the patient (not included in intraservice time)
- Establishment of IV access and fluids to maintain patency, when performed
- Administration of agent(s)
- Maintenance of sedation
- Monitoring of oxygen saturation, heart rate, and blood pressure
- Recovery (not included in intraservice time)” (AMA²)

“Intraservice time starts with the administration of the sedation agent(s). It requires continuous face-to-face attendance and ends at the conclusion of personal contact by the physician providing the sedation. Additionally, the service time is included in each of the code descriptors and is also defined in the guidelines.” (AMA²)

“When the moderate sedation codes were originally developed, report of this service was accomplished in one of two ways: the service was inherently valued as part of certain diagnostic and therapeutic procedures in which moderate sedation was required, or the moderate sedation service was reported separately in 0.5 hour increments for services that did not ordinarily require provision of moderate sedation. For services that inherently included moderate sedation, the effort of sedation was added to the value of the procedure for which it was used. As a result, no additional reporting was necessary—only the service code that identified the procedure supported by the sedation was needed. These conglomerate procedures were identified by use of the moderate sedation symbol (⓪) with the code for that service. In addition, the code was added to an appendix that listed services that inherently included moderate sedation (ie, Appendix G). Other procedures that did not inherently include moderate sedation were reported using the code for the service provided and a separate code that identified the provision of the supporting sedation service (ie, 99143-99145 and 99148-99150). Because the descriptors for these codes specified 0.5-hour increments (99143, 99144, 99148, 99149) or 15-minute additions (99145, 99150), only sedation services longer than 15 minutes were reportable, as use of these codes required that more than half of the time listed in the descriptor be performed in order to report that code.

A change in the practice of medicine has precipitated a change in the reporting mechanism for moderate sedation. Time needed to complete a procedure (and, therefore, time needed to maintain sedation of the patient) has decreased. As a result, the new codes (intended to replace the previous codes for reporting moderate sedation service) identify 15-minute increments within the code language. Similar to the previous codes, these codes require that more than half of that time be provided and documented in order to report the sedation service.

A change in provision of services that inherently included moderate sedation has also been noted. Specifically, an inconsistency in provision of the sedation service was identified—sedation services were not always performed for those services that inherently included moderate sedation. Since the sedation service had been inherently included and valued as part of a complete procedure, report of the combined therapeutic/diagnostic sedation service when sedation was not performed was a misrepresentation of the service provided. A change was needed to accurately identify only those services that were being provided.

As a result, moderate sedation has been removed from the services in which it was previously inherently included. To further demonstrate the intended use, the moderate sedation symbol (⓪) has been removed from all services that previously included moderate sedation, and the Appendix G listing has been removed from the code set. There are over 400 codes that were listed in Appendix G. These codes are considered revised for 2017 as moderate sedation is no longer inherently included and are listed in Appendix B with a strikethrough moderate sedation symbol.

There were other issues related to moderate sedation reporting. This includes inconsistency in documentation of the appropriate elements that should be used for time reported for sedation services, a misunderstanding of what was considered to be moderate sedation, and a misunderstanding of who could report these services.

These issues have been addressed via reconstruction of the guidelines and parenthetical notes that accompany the new codes now intended for reporting these services. ..." (AMA⁵)

“Moderate (Conscious) Sedation, 99148 (Q&A)

Question:

Would it be appropriate to report codes 99148-99150 if performed by a qualified health care professional (eg, Nurse)?

AMA Comment:

From a CPT coding perspective, codes 99148-99150 apply only to a physician and not a "qualified health care professional." These codes are intended for the second physician. If a qualified health care professional is performing these services, then codes 99143-99145 should be reported." (AMA³)

99143-99145	Moderate sedation services (other than those services described by codes 00100-01999) 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; ...
99148-99150	Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician or other qualified health care professional other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; ...

Cross References

- A. "Add-on Codes." Moda Health Reimbursement Policy Manual, RPM025.
- B. "Medical Records Documentation Standards." Moda Health Reimbursement Policy Manual, RPM039.
- C. "Colorectal Cancer Screening And Related Ancillary Services." Moda Health Reimbursement Policy Manual, RPM046.

References & Resources

1. AMA. "Medicare RBRVS Changes in 2017." *CPT Assistant*. American Medical Association. January 2017, Vol. 27, Issue 1, pages 3-4.
2. AMA. "Coding Communication: Moderate (Conscious) Sedation." *CPT Assistant*. American Medical Association. February 2006, Vol. 16, Issue 2, page 9.
3. AMA. "Moderate (Conscious) Sedation, 99148 (Q&A)." *CPT Assistant*. American Medical Association. May 2006, Vol. 16, Issue 5, page 19.

4. AMA. "Moderate (Conscious) Sedation Guidelines." *2017 CPT Book, Professional Edition*. American Medical Association. Page 677.
5. AMA. "Medicine, Moderate (Conscious) Sedation, Rationale." *CPT Changes 2017*. American Medical Association. Pages 167-171.
6. CMS. "Payment for Moderate Sedation Services Furnished with Colorectal Cancer Screening Tests." *MLN Matters*. MM10075. January 1, 2017.
7. CMS. "Anesthesia Service Included in the Surgical Procedure." *National Correct Coding Initiative Policy Manual*. Chapter 1 General Correct Coding Policies, § G.

IMPORTANT STATEMENT

The purpose of Moda Health Reimbursement Policy (formerly ODS Health Plan, Inc.) is to document payment policy for covered medical and surgical services and supplies. Health care providers (facilities, physicians and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement policy is not intended to impact care decisions or medical practice.

Providers are responsible for accurately, completely, and legibly documenting the services performed. The billing office is expected to submit claims for services rendered using valid codes from HIPAA-approved code sets. Claims should be coded appropriately according to industry standard coding guidelines (including but not limited to UB Editor, AMA, CPT, CPT Assistant, HCPCS, DRG guidelines, CMS' National Correct Coding Initiative (CCI/NCCI) Policy Manual, CCI table edits and other CMS guidelines).

Benefit determinations will be based on the applicable member contract language. To the extent there are any conflicts between the Moda Health Reimbursement Policy and the member contract language, the member contract language will prevail, to the extent of any inconsistency. Fee determinations will be based on the applicable provider contract language and Moda Health reimbursement policy. To the extent there are any conflicts between Reimbursement Policy and the provider contract language, the provider contract language will prevail.