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RAPID UPDATE

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Update for Anesthesia Services and Conscious Sedation

Guideline for Anesthesia Services on Upper and Lower Endoscopy – Anthem Blue Cross and Blue Shield in Indiana, Kentucky and Ohio is updating its Anesthesia Services Clinical Guidelines. For endoscopic or related anesthesia services, please note:

*The routine assistance of an Anesthesiologist or Certified Registered Nurse Anesthetist (CRNA) for average risk patients undergoing standard upper and/or lower gastrointestinal endoscopic procedures is considered **not medically necessary**.*

This policy is consistent with a joint statement published by the American College of Gastroenterology, American Gastroenterological Association and American Society for Gastrointestinal Endoscopy in 2004. In general, diagnostic and uncomplicated therapeutic endoscopy and colonoscopy can be successfully performed with moderate (conscious) sedation.

A copy of this Clinical Guideline can be obtained by contacting Provider Inquiry. This guideline is used in medical review determinations by Anthem Blue Cross and Blue Shield.

As a result of this change, beginning on September 1, 2006, all claims for CPT codes 00740 and 00810 – anesthesia for endoscopic procedures – will be subject to medical review for compliance with this guideline.

Per the guideline, Anesthesia Services **may** be considered medically necessary during gastrointestinal endoscopic procedures in any of the following situations:

- a. Prolonged or therapeutic endoscopic procedure requiring deep sedation; or
- b. A history of or anticipated intolerance to standard sedatives; or
- c. Increased risk for complication due to severe comorbidity (American Society of Anesthesiologists [ASA] class III physical status or greater. See Appendix for physical status classifications which can be found in the CPT manual.)
- d. Patient of extreme age, under one year or over 70; or
- e. Pregnancy; or
- f. History of drug or alcohol abuse; or
- g. Uncooperative or acutely agitated patients (e.g., delirium, organic brain disease, senile dementia); or
- h. Increased risk for airway obstruction due to anatomic variant including any of the following:

- History of previous problems with anesthesia or sedation; or
- History of stridor or sleep apnea; or
- Dysmorphic facial features, such as Pierre-Robin syndrome or trisomy-21; or
- Presence of oral abnormalities including but not limited to a small oral opening (less than 3 cm in an adult), high arched palate, macroglossia, tonsillar hypertrophy, or a non-visible uvula; or
- Neck abnormalities including but not limited to short neck, obesity involving the neck and facial structures, limited neck extension, decreased hyoid-mental distance (less than 3 cm in an adult), neck mass, cervical spine disease or trauma, tracheal deviation, or advanced rheumatoid arthritis; or
- Jaw abnormalities including but not limited to micrognathia, retrognathia, trismus, or significant malocclusion.

Predeterminations may be requested for anesthesia with standard upper and/or lower gastrointestinal endoscopic procedures. Please check the member's card for the number to call for pre-authorizations and request a predetermination.

Conscious Sedation

American Medical Association CPT 2006 Appendix G includes moderate conscious sedation as an inherent part of the procedure. Since the CPT ® codes in Appendix G include moderate conscious sedation, it is not appropriate for the same physician to report both the service and the sedation codes 99143, 99144 and 99145. According to the Current Procedural Terminology (CPT) manual, Moderate 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 patient airway, and spontaneous ventilation is adequate.

Anthem Central Region bundles 99143, 99144 and 99145 into 19298, 20982, 31615-31629, 31635, 31645-31656, 31725, 32019, 32020, 32201, 33010-33011, 33206-33213, 33214, 33216-33220, 33222-33223, 33233-33235, 33240-33241, 33244, 33249, 35470-35476, 36555, 36557-36571, 36576, 36578, 36581-36583, 36585, 36590, 36870, 37184-37186, 37187-37188, 37203, 37215-37216, 43200-43232, 43234, 43235-43259, 43260-43272, 43453-43458, 44360-44373, 44376-44379, 44380-44383, 44385-44386, 44388-44397, 44500, 44901, 45303-45327, 45332-45345, 45355, 45378-45392, 47011, 48511, 49201, 49041, 49061, 50021, 50382-50384, 50387, 50592, 58823, 66720, 69300, 77600-77615, 92953, 92960-92961, 92973, 92974, 92975, 92978-92979, 92980-92981, 92982-92984, 92986, 92987, 92995-92996, 93312-93314, 93315-93317, 93318, 93501, 93505, 93508-93530, 93539-93556, 93561-93562, 93571-93572, 93609, 93613, 93615-93616, 93618, 93619, 93620-93622, 93624, 93640, 93642, 93650, 93651, 93652, 0008T. Based on 2006 CPT Manual, it states:

“The following list of procedures includes conscious sedation as an inherent part of providing the procedure. These codes are identified in the CPT codebook with a symbol.

Since these services include moderate sedation, it is not appropriate for the same physician to report both the service and the sedation codes 99143-99145. It is expected that if conscious sedation is provided to the patient as part of one of these services, it is provided by the same physician who is providing the service.”

If you have any questions please contact your local Network Management representative or Provider Inquiry.