Anesthesia for Routine Gastrointestinal Endoscopic Procedures

Date of Origin: 05/2012 **Last Review Date: 08/28/2024** **Effective Date: 9/1/2024**

Dates Reviewed: 12/2013, 11/2014, 12/2015, 03/2017, 12/2017, 8/2018, 07/2019, 09/2020, 09/2021, 08/2022, 09/2023, 08/2024

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 in 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 in 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 in 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-0004

A. Monitored anesthesia for routine endoscopic procedures policy does **NOT** apply to Medicare members as prior authorization is **NOT** required

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

C. 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;
   b. Patient with prescribed or illicit benzodiazepine use,
   c. History of alcohol or drug abuse, or patients with increased tolerance to sedation and analgesic agents *(e.g. Chronic pain patients treated with opioids; occasional marijuana use does not by itself require MAC Anesthesia*)*
   d. Patient undergoing prolonged or complex procedures,
   e. Morbidly obese patients with BMI ≥ 40 kg/m^2,
   f. Patients with documented severe sleep apnea
   g. Increased risk for complication due to severe comorbidity (American Society of Anesthesiologists, ASA Class III physical status or greater *(see Attachment A – ASA classifications))*,
   h. Patients younger than 18 years and older than 70 years of age,
   i. 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, pregnancy).*
   j. Increased risk of airway obstruction due to anatomic variant including any one of the following;
      i. History of stridor, or
      ii. Dysmorphic facial features, such as Pierre-Robin syndrome or trisomy 21, or
      iii. Jaw abnormalities including but not limited to micrognathia, trismus, retrognathia, or significant malocclusion; or
      iv. Neck abnormalities e.g., neck mass; or
      v. Oral abnormalities e.g., macroglossia

III. Information Submitted with the Prior Authorization Request (if available):

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:

Codes	Description
00731	Anesthesia for upper endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified.
00740	Anesthesia, Upper GI endoscopy procedure, proximal duodenum
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 endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum

V. Anesthesia Modifiers:

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

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

VI. Annual Review History

Review Date	Revisions	Effective Date
02/2013	New criteria approved	02/2013
12/2013	Annual Review: Added description of MAC, added table with revision dates.	12/19/2013
12/2014	Annual Review: No change	12/03/2014
12/2015	Annual Review: Added BMI, Increased documentation, removed AHI	12/02/2015
03/2017	Annual Review: Updated to new template, no content changes	03/22/2017
12/06/2017	Updated with new codes for 2018.	01/01/2018
8/2018	Annual Review: Updated Medicare does not apply	08/22/2018
07/2019	Annual Review: No content changes	08/01/2019
09/2020	Annual Review: Added; Marijuana use, by itself, is not considered a requirement for MAC anesthesia	10/01/2020
12/2020	Update: Section III: - Added 'if available' for documentation requirement	
09/2021	Annual review: No changes	10/01/2021

10/2021	Update: Replaced 'intermittent or frequently' with 'occasional' marijuana use	
08/2022	Annual review: No changes	09/01/2022
09/2023	Annual Review: added coverage requirements anesthesia use for increased risk airway obstruction, ICD 10 codes added, see appendix	10/1/2023
08/2024	Annual Review: grammar updates-history of drug or alcohol abuse	9/1/2024

Attachment A – ASA Classifications

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

VI. References

1. Carlsson U, and Grattidge P. *Sedation for upper gastrointestinal endoscopy: a comparative study of propofol and midazolam.* Endoscopy 1995; 27: 240-243.
2. Cohen LB, Hightower CD, Wood DA, et al. *Moderate level sedation during endoscopy: a prospective study using low dose propofol, meperidine/fentanyl, and midazolam*. Gastrointestinal Endoscopy 2004; 59(7):795-803.
3. Faigel DO, Baron TH, Goldstein JL, et al. Standards Practice Committee, American Society for Gastrointestinal Endoscopy: guidelines for the use of deep sedation and anesthesia for GI endoscopy. Gastrointest Endosc 2002; 56: 613-7.
4. Gross JB, Bailey PL, Epstein BS, et al. *Practice guidelines for sedation and analgesia by non-anesthesiologist.* American Society of Anesthesiologists 2001.
5. Lee KK, Anderson MA, Baron TH, et al. Standards of Practice Committee, American Society for Gastrointestinal Endoscopy: Modifications in endoscopic practice for pediatric patients. Gastrointest Endosc 2008; 67:1-9.

6. Nelson DB, barkun AN, block KP, et al. *Guidelines: Propofol use during gastrointestinal endoscopy.* Gastrointestinal Endoscopy 2001; 53(7).
7. Standards of Practice Committee of the American Society for Gastrointestinal Endoscopy, Lichtenstein DR, Jagannath S, Baron TH, Anderson MA, Banerjee S, Dominitz JA, Fanelli RD, Gan SI, Harrison ME, Ikenberry SO, Shen B, Stewart L, Khan K, Vargo JJ., *Sedation and Anesthesia in GI Endoscopy*, Gastrointest Endosc. 2008 Nov; 68(5):815-26.
8. Sipe BW, Rex DK, Latinovich D. *Propofol versus midazolam/meperidine for outpatient colonoscopy: administration by nurses supervised by endoscopist*. Gastrointestinal Endoscopy 2002; 55:815-825.
9. Guidelines to the Practice of Anesthesia - Revised Edition 2018. – NCBI, by G Dobson - 2018 - Cited by 8 - Related articles; Can J Anaesth. 2018 Jan;65(1):76-104. doi: 10.1007/s12630-017-0995-9. Epub 2017 Dec 14.; https://www.ncbi.nlm.nih.gov/pubmed/29243160
10. American Society of Anesthesiologists; ASA Practice Guidance Resources; https://www.asahq.org/education-and-career/clinical-resources
11. American Society for Gastrointestinal Endoscopy; Guidelines for sedation and anesthesia in GI endoscopy; Prepared by: ASGE STANDARDS OF PRACTICE COMMITTEE;Volume 87, No. 2: 2018 GASTROINTESTINAL ENDOSCOPY; http://dx.doi.org/10.1016/j.gie.2017.07.018
12. Centers for Medicare and Medicaid; Noridian LCD L34100; RETIRED Local Coverage Determination for Monitored Anesthesia Care (MAC) (L34100); Revised effective date 1/01/2018; Retirement Date 04/09/2018 at https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34100.
13. Physician Advisors

Appendix 1 – Applicable Diagnosis Codes for CPT codes 00811, 00812, 00813

Codes	Description
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
E66.01	morbid (severe) obesity from excess calories
E66.2	Morbid (severe) obesity with alveolar hypoventilation
F10.20	Alcohol dependence, uncomplicated
F19.20	Other psychoactive substance dependence, uncomplicated
G47.33	Obstructive Sleep Apnea
K50	Crohn disease [regional enteritis]
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn’s disease of small intestine with rectal bleeding
K50.012	Crohn’s disease of small intestine with intestinal obstruction
K50.013	Crohn’s disease of small intestine with fistula
K50.014	Crohn’s disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn’s disease of small intestine with unspecified complications
K51.80	Other ulcerative colitis without complications
K57.20	Diverticulosis of large intestine with perforation and abscess, without bleeding
K57.30	Diverticulosis of large intestine without perforation, abscess or bleeding

Codes	Description
K57.32	Diverticulitis of large intestine without perforation, abscess or bleeding
K57.40	Diverticulitis of both small and large intestine with perforation and abscess without bleeding
K57.50	Diverticulosis of both small and large intestine without perforation, abscess or bleeding
K57.52	Diverticulitis of both small and large intestine without perforation, abscess or bleeding
K57.80	Diverticulosis of intestine, part unspecified, with perforation and abscess, without bleeding
K57.90	Diverticulosis of intestine, part unspecified, without perforation, abscess or bleeding
K57.92	Diverticulitis of intestine, part unspecified, without perforation, abscess or bleeding.
K92.2	Gastrointestinal hemorrhage, unspecified
R10.0	acute abdominal pain that is severe, localized, and rapid onset
R10.11	Right upper quadrant pain
R10.12	Left upper quadrant pain
R10.13	Epigastric pain
R10.2	Pelvic and perineal pain
R10.30	Lower abdominal pain, unspecified
R10.31	Right lower quadrant pain
R10.32	Left lower quadrant pain
R10.33	Periumbilical pain
R10.84	Generalized abdominal pain
R16	Hepatomegaly and splenomegaly, not elsewhere classified
R16.1	Splenomegaly, not elsewhere classified
R16.2	Hepatomegaly with splenomegaly, not elsewhere classified
R18	Toxic liver disease with chronic active hepatitis with ascites
R18.8	Other ascites
R19	Other symptoms and signs involving the digestive system and abdomen
R19.1	Abnormal bowel sounds
R19.2	Visible peristalsis
R19.3	Abdominal rigidity
R19.4	Change in bowel habit
R19.5	Other fecal abnormalities
R19.6	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
R19.7	Diarrhea, unspecified
R19.8	Other specified symptoms and signs involving the digestive system and abdomen

Appendix 2: Applicable Diagnosis Codes for CPT codes 00731

B25.2	Cytomegaloviral pancreatitis
E66.01	Morbid (severe) obesity from excess calories
E66.2	Extreme obesity with alveolar hypoventilation
E67.1	Hypercarotenemia
F10.20	Alcohol dependence, uncomplicated
F19.20	Other psychoactive substance dependence, uncomplicated
G47.33	Obstructive Sleep Apnea (Adult) (pediatric)

I85.00	Esophageal varices without bleeding
I85.01	Esophageal varices with bleeding
I85.10	Secondary esophageal varices without bleeding
I85.11	Secondary esophageal varices with bleeding
K25.0	Acute gastric ulcer with hemorrhage
K29.00	Acute gastritis without bleeding
K70.40	Alcoholic hepatic failure without coma
K70.41	Alcoholic hepatic failure with coma
K70.9	Alcoholic liver disease, unspecified
K76.6	Portal hypertension
K85.0	Idiopathic acute pancreatitis
K85.1	Biliary acute pancreatitis
K85.2	Alcohol induced acute pancreatitis
K85.3	Drug induced acute pancreatitis
K85.8	Other acute pancreatitis
K85.9	Acute pancreatitis, unspecified
K92	Other diseases of digestive system
K92.2	Gastrointestinal hemorrhage, unspecified
R10	Abdominal and pelvic pain
R10.10	Upper abdominal pain, unspecified
R10.11	Right upper quadrant pain
R10.12	Left upper quadrant pain
R10.13	Epigastric pain
R10.2	Pelvic and perineal pain
R10.30	Lower abdominal pain, unspecified
R10.31	Right lower quadrant pain
R10.32	Left lower quadrant pain
R10.33	Periumbilical pain
R10.84	Generalized abdominal pain
R10.9	Unspecified abdominal pain
R16	Hepatomegaly and splenomegaly, not elsewhere classified
R16.0	Hepatomegaly, not elsewhere classified
R16.1	Splenomegaly, not elsewhere classified
R18	Ascites
R19	Intra-abdominal and pelvic swelling, mass and lump, unspecified site
R19.8	Other specified symptoms and signs involving the digestive system and abdomen

Appendix 2- 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):

Jurisdiction(s): F	NCD/LCD Document (s): L35049
Noridian Local Coverage Determination (LCD) Monitored Anesthesia Care (MAC)	

NCD/LCD Document (s):
https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34100...

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC