Anesthesia Services for Gastrointestinal Procedures

**Policy Name:** Anesthesia Services for Gastrointestinal Procedures  
**Current Policy Effective Date:** 5/1/2014

**Important Information – Please Read Before Using This Policy**

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare, Medicaid and MinnesotaCare members, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

**Coverage Policy**

Moderate (conscious) sedation during standard upper or lower gastrointestinal (GI) endoscopy is COVERED as a component of the endoscopic procedure (e.g., therapeutic endoscopy, colonoscopy) when administered to an average-risk patient (i.e., American Society of Anesthesiologists Physical Status Classification System - Class I or II). This does not apply to minimal sedation (anxiolysis), monitored anesthesia (i.e., deep sedation), or general anesthesia.

Monitored (deep sedation) and general anesthesia services are COVERED during upper or lower GI endoscopy when the patient:
1. Requires unusually prolonged diagnostic or therapeutic endoscopy due to known or probable obstructing lesion; luminal stricture; scarring from previous surgery; tortuosity; redundancy; or severe diverticulosis.
2. Has a neurologic, psychological, or developmental disorder necessitating deeper sedation for procedure compliance.
3. Has failed previous endoscopic procedure using moderate (conscious) sedation.
4. Is younger than 18 years of age.

Monitored, (deep sedation) and general anesthesia (deep sedation) is NOT COVERED for all other indications. Routine assistance of an anesthesiologist or Certified Registered Nurse Anesthetist (CRNA) for average risk patients undergoing standard upper and/or lower GI endoscopy is considered not medically necessary.

**Description**

Minimal sedation (anxiolysis) is an induced state of altered cognition whereby cognitive function and coordination may be impaired, but airways remain patent (i.e., open/unobstructed) and protective airway reflexes remain intact. The patient is also able to maintain a normal response to verbal commands and physical stimulation. Sedatives that induce minimal sedation include, but are not limited to, benzodiazepines (e.g., diazepam [valium]; lorazepam [ativan]) and GABA agonists (zolpidem [Ambien®]; zopiclone [Imovane®]).
Moderate (conscious) sedation is an induced state of sedation characterized by a minimally depressed consciousness such that the patient is able to continuously and independently maintain a patent airway, retain protective reflexes, and remain responsive to verbal commands and physical stimulation. Drugs that induce moderate sedation include, but are not limited to, combination benzodiazepine (e.g., midazolam [Versed®]) and an opioid (e.g., fentanyl).

Monitored anesthesia (deep sedation) anesthesia is an induced state of sedation characterized by depressed consciousness such that spontaneous ventilation may be inadequate. The patient is unable to continuously and independently maintain a patent airway and experiences a partial loss of protective reflexes and ability to respond to verbal commands or physical stimulation. Drugs that induce deep sedation include, but are not limited to, propofol (Diprivan®) or dexmedetomidine (Precedex™).

General anesthesia is a drug-induced loss of consciousness whereby patients are not arousable even with painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway and ventilation may be required. Cardiovascular function may also be impaired. Drug administration can be either via intravenous injection (IV) or inhalation induction. Commonly used IV agents include etomidate, ketamine, sodium thiopental, and propofol. A commonly-used agent for inhalation induction is sevoflurane.

In selecting the appropriate level of anesthesia for an individual patient, the American Society of Anesthesia (ASA) has devised a Physical Status Classification (PSC) System to help guide therapeutic determinations. The ASA PSC System follows:

- **Class I** - Patient has no organic, physiologic, biochemical, or psychiatric disturbances. The pathologic process for which operation is to be performed is localized and does not entail systemic disturbance.
- **Class II** - Mild or moderate systemic disturbance caused either by the condition to be treated surgically or by other pathophysiologic processes.
- **Class III** - Severe, systemic disturbance or disease from whatever cause, even though it may not be possible to define the degree of disability with finality.
- **Class IV** - Severe systemic disorders that are already life threatening, not always correctable by operation.
- **Class V** - The moribund patient who has little chance of survival but is submitted to operation in desperation.

**FDA Approval**
Many FDA approvals have been granted for anesthetic agents. For example, propofol was originally granted FDA approval in 1989, while dexmedetomidine was granted original FDA approval in 1999. To access further information, refer to http://www.accessdata.fda.gov/scripts/cder/drugsatfda/.

**Prior Authorization**
Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

**Coding Considerations**
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

**CPT Codes:**
- 00740 - Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum
- 00810 - Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum
Medica Coverage Policy

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