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Supervisor  
Utilization  
Management  
Area Utilization Review  
- CA Region  
Applicability CA - PSJH  
Physician  
Enterprise All

## UM CA Regional Medical Review Policy: Anesthesia for Routine Gastrointestinal Endoscopic Procedures

**Historical Number: NA**

### Scope:

Providence provider network, Includes: Southern California Networks Orange County / High Desert Medical Groups (St. Jude, St. Joseph, Mission, St. Mary's), LA County Medical Groups (Axminster Medical Group, Facey Medical Group, Providence Care Network, St. Johns Physician Partners Medical Group, ), Axminster/Providence Medical Institute Provider Network, and Northern California Networks (Sonoma, Humboldt, and Napa Valley)

## I. PURPOSE

Gastrointestinal endoscopic procedures are routinely performed with the use of intravenous sedation and analgesia. The use of MAC is not routinely needed for routine endoscopic procedures.

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 Anesthesiologist. 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 required.

## II. Definitions

Term	Definition
MAC	Anesthesiologist, present during entire procedure.
Minimal Sedation	A drug induced state which patients respond normally to verbal commands and airway, ventilation, and cardiovascular function remain unaffected.
Moderate Sedation	Drug induced depressed level of consciousness. Patient is able to respond to verbal command or tactile stimulation.
Deep Sedation	Drug induced depressed level of consciousness, patients cannot be easily aroused but respond purposefully after repeated or painful stimuli.
General Anesthesia	Drug induced loss of consciousness in which patients are not aroused, even by painful stimuli. Assistance needed to maintain patent airway.

## III. POLICY

- St. Joseph Heritage Health will cover anesthesia services for routine upper and lower endoscopic procedure if the patient has 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. Alcohol or drug-addicted patients, or patients with an increased tolerance to sedation and analgesic agents (i.e. chronic pain patients treated with opioids)
  - D. Patient undergoing prolonged or complex procedure
  - E. Morbidly obese patients with BMI more than 40
  - F. Patients with documented severe sleep apnea or
  - G. ASA Class III
  - H. ASA class IV
  - I. Patients younger than 18 years and older than 70 years of age.
  - J. Patients with other documented co-morbid conditions that would prevent safe sedation without anesthesia services (i.e. neurological conditions such as Parkinson's, cardiac conditions, uncooperative or combative patients).
- St. Joseph Heritage Health **will NOT** cover anesthesia services to provide sedation and

analgesia for routine upper and lower endoscopic procedure for average risk patients.

## **IV. Equipment/Supplies: NA**

## **V. PROCEDURE**

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 conditions.
4. Sleep study documenting significant obstructive sleep apnea if that is the conditions requiring anesthesia services.

CPT or HCPC

Codes Covered:

00740- Deleted as of 1/1/18 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope induced proximal to duodenum.

00731- New codes as of 1/1/18 Anesthesia for upper endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified.

00732- New code as of 1/1/18 Anesthesia for upper gastrointestinal procedures cholangiopancreatography (ERCP).

00810- Deleted as of 1/1/18 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum.

Modifiers: Modifier

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)

Class:

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. Maintenance

Date	Revision, Description
11/04/ 2021	Updated to new standard format. Minor updates for business naming Removed Hoag from Ministries Listing Added Humboldt to locations of ministries.
08/07/ 2023	Updated to include LA and make this an all UM regional policy. See Scope for updated ministry listings

## VII. REFERENCES

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, physician's assistant under the direction of the gastroenterologist, or gastroenterologist.

**Monitored anesthesia care (MAC)** refers to anesthesia services administered by anesthesia personnel and not necessarily related to the level of anesthesia administered. Anesthesia personnel provided 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 Moda Health Medical Necessity Criteria Anesthesia for Routine Endoscopic Procedures have not demonstrated any clinical benefit in the average risk patient undergoing standard upper and lower endoscopy procedures.

## Approval Signatures

Step Description	Approver	Date
Director Utilization Management	Alik Apikian: Director Utilization Management	09/2023
Senior Clinical Educator	Sheila Almeida: Supervisor Utilization Management	09/2023

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## Applicability

CA - Physician Enterprise Northern, CA - Physician Enterprise Southern

## Standards

No standards are associated with this document

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