Medical Necessity Guidelines: Monitored Anesthesia Care and Assistance for Gastrointestinal Endoscopic Procedures

Effective: August 17, 2022

Prior Authorization Required
If REQUIRED, submit supporting clinical documentation pertinent to service request. Yes ☐ No ☒

Applies to:
COMMERCIAL Products
☒ Tufts Health Plan Commercial products; Fax: 617.972.9409
• CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

TUFTS HEALTH PUBLIC PLANS Products
☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055
☐ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055
☒ Tufts Health RItogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404
☐ Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304
*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.

SENIOR Products
• Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the Tufts Health Plan SCO Prior Authorization List
• Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List

OVERVIEW
Sedation is a necessary component of a safe and effective gastrointestinal endoscopic procedure. The vast majority of these are colonoscopies and esophagogastroduodenoscopies. Conscious sedation for these procedures can be safely and effectively administered under the direction of the gastroenterologist performing the procedure. Most gastroenterologists are trained to do this, and the work and payment for these services are included in the reimbursement for the procedure.

Based on guidelines from the Society of Gastrointestinal Endoscopy and the American Society of Anesthesia (ASA), certain patients are categorized as higher than normal risk for sedation-related complications. As a result of this risk, it is reasonable for an anesthesiologist or nurse anesthetist to administer the sedation and monitor the patient during the endoscopic procedure.

Note: Tufts Health Plan requires prior authorization for Upper GI endoscopy procedures. Please refer to the Medical Necessity Guideline for Upper GI Endoscopy: Certain Elective Procedures for the prior authorization coverage guidelines.

CLINICAL COVERAGE CRITERIA
PRIOR AUTHORIZATION IS NOT REQUIRED
Tufts Health Plan may cover anesthesia assistance for endoscopic gastrointestinal procedures when there is documentation in the medical record that one of the following risk factors and/or a significant medical condition exists:
1. Anesthesia Risk Category II or greater based on ASA Physical Status Classification System when there is increased risk for complication because of severe comorbidity.
   (See Appendix A)
2. Increased risk for airway obstruction or anatomic variant associated with difficult intubation
   For example:
   - History of stridor
   - Dysmorphic facial features, such as Pierre-Robin syndrome or Trisomy 21
   - Oral abnormalities, such as a small opening (< 3 cm in an adult) or macroglossia
   - Neck abnormalities, such as limited neck extension, neck mass, or tracheal deviation
Jaw abnormalities such as micrognathia (small jaw), retrognathia, or trismus (reduced opening secondary to muscle spasm)

3. General Medical
   - History of adverse reaction to sedation or inadequate response to moderate sedation
   - Active alcohol or substance abuse
   - Morbid obesity (B.M.I. 40 or higher)
   - Pregnancy
   - Less than 18 years of age

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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>00731</td>
<td>Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified</td>
</tr>
<tr>
<td>00732</td>
<td>Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)</td>
</tr>
<tr>
<td>00811</td>
<td>Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified</td>
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<tr>
<td>00812</td>
<td>Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screen colonoscopy</td>
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<tr>
<td>00813</td>
<td>Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum</td>
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</tbody>
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Appendix A
American Society of Anesthesiologists (ASA) Physical Status Classification System and associated modifiers:
I. The patient is normal and healthy (P-1)
II. The patient has mild systemic disease that does not limit activities (e.g., controlled hypertension or controlled diabetes without systemic sequelae) (P-2)
III. The patient has moderate or severe systemic disease that does not limit the activities (e.g., stable angina or diabetes with systemic sequelae) (P-3)
IV. The patient has severe systemic disease that is a constant threat to life (e.g., severe congestive heart failure, end-stage renal failure) (P-4)
V. The patient is morbid and is at a substantial risk of death within 24 hours (with or without a procedure) (P-5)
VI. Clinically dead patients being maintained for harvesting organs (P-6)

REFERENCES
3. American Society Of Anesthesiologists, ASA Physical Status Classification System, Access at asahq.org/standards-and-guidelines/asa-physical-status-classification-system on August 8, 2021
4. American Society of Anesthesiologists. • Position on Monitored Anesthesia Care; 10/17/18 • Statement on Anesthesia Care for Endoscopic Procedures; 10/15/14 • Statement on Safe Use of Propofol; 10/15/14 • Distinguishing Monitored Anesthesia Care from Moderate Sedation Analgesia; 10/16/13 asahq.org/quality-and-practice-management/standards-and-guidelines
5. American Society for Gastrointestinal Endoscopy. • Sedation and Anesthesia in GI Endoscopy; 2018 • Position Statement: Non-Anesthesiologist Administration of Propofol for GI Endoscopy; 2009 • Modifications in endoscopic practice for pediatric patients; 2014 • Modifications in endoscopic practice for the elderly; 2013
• Guideline for Endoscopy in Pregnant and Lactating Women; 2012


**APPROVAL HISTORY**

- September 10, 2014: Reviewed by IMPAC, renewed without changes.
- November 19, 2014: Reviewed by IMPAC, renewed without changes.
- August 12, 2015: Reviewed by IMPAC, renewed without changes.
- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016.
- October 24, 2016: Reviewed by IMPAC, renewed without changes
- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- October 11, 2017: Reviewed by IMPAC, renewed without changes
- December 31, 2017: Coding updated. Per AMA CPT, effective December 31, 2017 the following code(s) deleted: 00740, 00810; and effective January 1, 2018 the following code(s) added: 00731, 00732, 00811, 00812, 00813.
- September 12, 2018: Reviewed by IMPAC, renewed without changes
- October, 2018: Template and disclaimer updated
- September 18, 2019: Reviewed by IMPAC, renewed without changes
- August 19, 2020: Reviewed by IMPAC, renewed without changes
- September 17, 2020: Fax number for Unify updated
- September 18, 2021: Reviewed at IMPAC, Integration updates to MNG. Changed title from "Anesthesia Assistance with Elective Gastrointestinal Endoscopic Procedures” to “Monitored Anesthesia Care and Assistance for Gastrointestinal Endoscopic Procedures”. Changed criterion Anesthesia Risk Category from III to II. Changes effective 10/1/2021.
- February 1, 2022: Template Updated
- August 17, 2022: Reviewed by Medical Policy Approval Committee, renewed without changes

**BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION**

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.