Medical Necessity Guidelines: Anesthesia Assistance with Elective Gastrointestinal Endoscopic Procedures

Effective: August 1, 2017

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Applies to:
☒ Tufts Health Plan Commercial Plans products; Fax: 617.972.9409
☒ Tufts Health Public Plans products
☐ Tufts Health Direct – Health Connector; Fax: 888.415.9055
☐ Tufts Health Together – A MassHealth Plan; Fax: 888.415.9055
☐ Tufts Health Unify – OneCare Plan; Fax: 781.393.2607
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404
☒ Tufts Health Freedom Plan products; Fax: 617.972.9409

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.

COVERAGE GUIDELINES
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 III or greater based on ASA Physical Status Classification System when there is increased risk for complication because of severe comorbidity\(^1\). (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
Anesthesia Assistance with Elective Gastrointestinal Endoscopic Procedures

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>00740</td>
<td>Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum.</td>
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<tr>
<td>00810</td>
<td>Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum</td>
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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**

**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

**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 the 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.

Medical Necessity Guidelines apply to the fully insured Commercial and Medicaid products when Tufts Health Plan conducts utilization review unless otherwise noted in this guideline or in the Member’s benefit document, and may apply to Tufts Health Unify to the same extent as Tufts Health Together. This guideline does not apply to Tufts Medicare Preferred HMO, Tufts Health Plan Senior Care Options or to certain delegated service arrangements. 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. Applicable state or federal mandates or other requirements will take precedence. For CareLink<sup>SM</sup> Members, Cigna conducts utilization review so Cigna’s medical necessity guidelines, rather than these guidelines, will apply.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of these guidelines 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.