

## Medical Necessity Guidelines: Anesthesia Assistance with Elective Gastrointestinal Endoscopic Procedures

Effective: August 19, 2020

<b>Prior Authorization Required</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/>
If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	
<p><b>Applies to:</b>  <b>COMMERCIAL Products</b>  <input checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409  <input checked="" type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409  <ul style="list-style-type: none"> <li>CareLink<sup>SM</sup> – Refer to <a href="#">CareLink Procedures, Services and Items Requiring Prior Authorization</a></li> </ul> <b>TUFTS HEALTH PUBLIC PLANS Products</b>  <input type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055  <input type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055  <input checked="" type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404  <input type="checkbox"/> 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.</p> <p><b>SENIOR Products</b>  <ul style="list-style-type: none"> <li>Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the <a href="#">Tufts Health Plan SCO Prior Authorization List</a></li> <li>Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the <a href="#">Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List</a></li> </ul> </p>	

### 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:

- Anesthesia Risk Category III or greater based on ASA Physical Status Classification System when there is increased risk for complication because of severe comorbidity<sup>1</sup>. (See Appendix A)
- 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

#### CODES

Code	Description
00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified
00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)
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; screen colonoscopy
00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum

#### 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

1. Lichtenstein DR et al, Guideline from the Standards of Practice Committee of the American Society for Gastrointestinal Endoscopy, "Sedation and Anesthesia in GI Endoscopy," *Gastrointestinal Endoscopy*, Vol 68, #5 2008.
2. National Guideline Clearinghouse. Sedation and anesthesia in GI endoscopy. Accessed on November 14, 2013 at [guideline.gov/popups/printView.aspx?id=14332](http://guideline.gov/popups/printView.aspx?id=14332).
3. Vargo, John J et al. "Patient safety during sedation by anesthesia professionals during routine upper endoscopy and colonoscopy: an analysis of 1.38 million procedures." *Gastrointestinal endoscopy* vol. 85,1 (2017): 101-108. doi:10.1016/j.gie.2016.02.007. Accessed September 17, 2020.

#### APPROVAL HISTORY

- November 25, 2013: Reviewed by the Integrated Medical Policy Advisory Committee (IMPAC) for an effective date of January 2, 2014.
- 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

### **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.

[Provider Services](#)