BlueCross BlueShield Arizona

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EVIDENCE-BASED CRITERIA	**ORIGINAL EFFECTIVE DATE: 01/17/23**
SECTION: SURGERY	**LAST REVIEW DATE: 01/17/23**
	CURRENT EFFECTIVE DATE: 01/17/23
	LAST CRITERIA REVISION DATE: 01/17/23
NEXT ANNUAL REVIEW DATE: 1ST QTR 2024	**ARCHIVE DATE:**

MONITORED ANESTHESIA CARE

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Evidence-Based Criteria must be read in its entirety to determine coverage eligibility, if any.

This Evidence-Based Criteria provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Evidence-Based Criteria are subject to change as new information becomes available.

For purposes of this Evidence-Based Criteria, the terms "experimental" and "investigational" are considered to be interchangeable.

MONITORED ANESTHESIA CARE (cont.)

Description:

Adequate sedation and analgesia are important parts of many diagnostic and therapeutic procedures. Various levels of sedation and analgesia (anesthesia) may be used, depending on the individual's condition and the procedure being performed. Monitored anesthesia care (MAC) refers to a set of physician services, not a particular level of sedation. The services include the ability to convert an individual to general anesthesia (if needed) and to intervene in the event an individual's airway becomes compromised.

This policy only addresses anesthesia services for diagnostic or therapeutic procedures involving gastrointestinal endoscopy, bronchoscopy, and interventional pain procedures performed in the outpatient setting.

Table PG1. ASA's Physical Status Classification System

Class	Definition
ASA I	A normal, healthy individual
ASA II	An individual with mild systemic disease
ASA III	An individual with severe systemic disease
ASA IV	An individual with severe systemic disease that is a constant threat to life
ASA V	A moribund individual who is not expected to survive without the operation
ASA VI	A declared brain-dead individual whose organs are being harvested

ASA: American Society of Anesthesiologists

Monitored Anesthesia Care

Monitored anesthesia care (MAC) can be provided by qualified anesthesia personnel with training and experience in:

- Individual assessment
- Continuous evaluation and monitoring of individual physiologic functions
- Diagnosis and treatment (both pharmacologic and nonpharmacologic) of any and all deviations in physiologic function

Monitored anesthesia care (MAC) is a set of anesthesia services defined by the type of anesthesia personnel present during a procedure, not specifically by the level of anesthesia needed. The American Society of Anesthesiologists (ASA) defined MAC, and the following is derived from the ASA's statements: "Monitored anesthesia care is a specific anesthesia service for a diagnostic or therapeutic procedure. Indications for monitored anesthesia care include the nature of the procedure, the individual's clinical condition and/or the potential need to convert to a general or regional anesthetic.

MONITORED ANESTHESIA CARE (cont.)

Description: (cont.)

Monitored anesthesia care includes all aspects of anesthesia care - a preprocedure visit, intraprocedure care, and postprocedure anesthesia management. During monitored anesthesia care, the anesthesiologist provides or medically directs a number of specific services, including but not limited to:

- Diagnosis and treatment of clinical problems that occur during the procedure
- Support for vital functions
- Administration of sedatives, analgesics, hypnotics, anesthetic agents or other medications as necessary for individual safety
- Psychological support and physical comfort
- Provision of other medical services as needed to complete the procedure safely

Monitored anesthesia care may include varying levels of sedation, analgesia, and anxiolysis as necessary. The provider of monitored anesthesia care must be prepared and qualified to convert to general anesthesia when necessary. If the individual loses consciousness and the ability to respond purposefully, the anesthesia care is a general anesthetic, irrespective of whether airway instrumentation is required."

Procedural and Individual Risks
Examples of prolonged endoscopy procedures that may require deep sedation include the following: endoscopy in individuals with adhesions after abdominal surgery, endoscopic retrograde cholangiopancreatography, stent placement in the upper gastrointestinal tract, and complex therapeutic procedures such as plication of the cardioesophageal junction.

The Mallampati score is considered a predictor of difficult tracheal intubation and is routinely used in preoperative anesthesia evaluation. The score is obtained by having the individual extend the neck, open the mouth, and extend the tongue while in a seated position. Individuals are scored from classes I through IV (Table PG2).

Table PG2. Mallampati Scoring System

Class	Definition
I	The tonsils, uvula and soft palate are fully visible
II	The hard and soft palate, uvula and upper portion of the tonsils are visible
III	The hard and soft palate and the uvula base are visible
IV	Only the hard palate is visible

Individuals with class III or IV Mallampati scores are considered to be at higher risk of intubation difficulty. While the Mallampati score does not determine a need for MAC, it may be considered in determining risk for airway obstruction. Other tests to predict difficult tracheal intubation include the upper lip bite test, the intubation difficulty scale, and the Cormack-Lehane grading system.

MONITORED ANESTHESIA CARE (cont.)

Criteria:

- The use of monitored anesthesia care for gastrointestinal endoscopy, bronchoscopy, and interventional pain procedures when there is documentation by the proceduralist and anesthesiologist that specific risk factors or significant medical conditions are present is considered ***medically necessary*** with documentation of **ANY** of the following:

1. Increased risk for complications due to severe comorbidity (American Society of Anesthesiologists class III, IV, or V [Table PG1])
2. Morbid obesity (body mass index >40 kg/m^2)
3. Documented sleep apnea
4. Inability to follow simple commands (cognitive dysfunction, intoxication, or psychological impairment)
5. Spasticity or movement disorder complicating the procedure
6. History or anticipated intolerance to standard sedatives, such as:
   - Chronic opioid use
   - Chronic benzodiazepine use
7. Individuals with active medical problems related to drug or alcohol abuse
8. Individuals younger than 18 years or 70 years or older
9. Individuals who are pregnant
10. Individuals with increased risk for airway obstruction due to anatomic variation, such as:
    - History of stridor
    - Dysmorphic facial features
    - Oral abnormalities (e.g., macroglossia)
    - Neck abnormalities (e.g., neck mass)
    - Jaw abnormalities (e.g., micrognathia)
11. Acutely agitated, uncooperative individuals
12. Prolonged or therapeutic gastrointestinal endoscopy procedures requiring deep sedation

MONITORED ANESTHESIA CARE (cont.)

Criteria: (cont.)

- The use of monitored anesthesia care for gastrointestinal endoscopic, bronchoscopic, or interventional pain procedures in individuals at average risk related to use of anesthesia and sedation is considered ***experimental or investigational*** when any **ONE** or more of the following criteria are met:

  1. Lack of final approval from the appropriate governmental regulatory bodies (e.g., Food and Drug Administration); or
  2. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes; or
  3. Insufficient evidence to support improvement of the net health outcome; or
  4. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives; or
  5. Insufficient evidence to support improvement outside the investigational setting.

Resources:

Literature reviewed 01/17/23. We do not include marketing materials, poster boards and non-published literature in our review.

Resources prior to 01/17/23 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. ACOG Committee Opinion Number 284, August 2003: Nonobstetric surgery in pregnancy. *Obstet Gynecol*. Aug 2003;102(2):431. doi:10.1016/s0029-7844(03)00750-6

2. Agostoni M, Fanti L, Gemma M, Pasculli N, Beretta L, Testoni PA. Adverse events during monitored anesthesia care for GI endoscopy: an 8-year experience. *Gastrointest Endosc*. Aug 2011;74(2):266-75. doi:10.1016/j.gie.2011.04.028

3. American Society of Anesthesiologists (ASA). Position on monitored anesthesia care (Amended October 17, 2018). 2018. Accessed October 3, 2022. https://www.asahq.org/standards-and-guidelines/position-on-monitored-anesthesia-care

4. American Society of Anesthesiologists (ASA). Distinguishing monitored Anesthesia care (MAC) from moderate sedation/analgesia (Last Amended October 17, 2018). 2018. Accessed October 2, 2022. https://www.asahq.org/standards-and-guidelines/distinguishing-monitored-anesthesia-care-mac-from-moderate-sedationanalgesia-conscious-sedation

5. American Society of Anesthesiologists (ASA). Guidelines for ambulatory anesthesia and surgery (Reaffirmed October 2018). 2018. Accessed October 4, 2022. https://www.asahq.org/standards-and-guidelines/guidelines-for-ambulatory-anesthesia-and-surgery

MONITORED ANESTHESIA CARE (cont.)

Resources: (cont.)

6. American Society of Anesthesiologists (ASA). Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia (Last Amended on October 23, 2019). 2019. Accessed October 1, 2022. https://www.asahq.org/standards-and-guidelines/continuum-of-depth-of-sedation-definition-of-general-anesthesia-and-levels-of-sedationanalgesia

7. American Society of Anesthesiologists (ASA). Statement on safe use of propofol (Amended October 2019). 2019. Accessed September 25, 2022. https://www.asahq.org/standards-and-guidelines/statement-on-safe-use-of-propofol

8. American Society of Anesthesiologists (ASA). Statement on Respiratory Monitoring during Endoscopic Procedures (Amended October 2019). 2019. Accessed September 30, 2022. https://www.asahq.org/standards-and-guidelines/statement-on-respiratory-monitoring-during-endoscopic-procedures

9. American Society of Anesthesiologists (ASA). Statement on anesthetic care during interventional pain procedures for adults (Amended October 13, 2021). 2021. Accessed September 21, 2022. https://www.asahq.org/standards-and-guidelines/statement-on-anesthetic-care-during-interventional-pain-procedures-for-adults

10. Bernards CM, Hadzic A, Suresh S, Neal JM. Regional anesthesia in anesthetized or heavily sedated patients. *Reg Anesth Pain Med*. Sep-Oct 2008;33(5):449-60. doi:10.1016/j.rapm.2008.07.529

11. Berzin TM, Sanaka S, Barnett SR, et al. A prospective assessment of sedation-related adverse events and patient and endoscopist satisfaction in ERCP with anesthesiologist-administered sedation. *Gastrointest Endosc*. Apr 2011;73(4):710-7. doi:10.1016/j.gie.2010.12.011

12. Calderwood AH, Chapman FJ, Cohen J, et al. Guidelines for safety in the gastrointestinal endoscopy unit. *Gastrointest Endosc*. Mar 2014;79(3):363-72. doi:10.1016/j.gie.2013.12.015

13. Chandrasekhara V, Early DS, Acosta RD, et al. Modifications in endoscopic practice for the elderly. *Gastrointest Endosc*. Jul 2013;78(1):1-7. doi:10.1016/j.gie.2013.04.161

14. Cohen LB, Delegge MH, Aisenberg J, et al. AGA Institute review of endoscopic sedation. *Gastroenterology*. Aug 2007;133(2):675-701. doi:10.1053/j.gastro.2007.06.002

15. Coté GA, Hovis RM, Ansstas MA, et al. Incidence of sedation-related complications with propofol use during advanced endoscopic procedures. *Clin Gastroenterol Hepatol*. Feb 2010;8(2):137-42. doi:10.1016/j.cgh.2009.07.008

16. de Paulo GA, Martins FP, Macedo EP, Gonçalves ME, Mourão CA, Ferrari AP. Sedation in gastrointestinal endoscopy: a prospective study comparing nonanesthesiologist-administered propofol and monitored anesthesia care. *Endosc Int Open*. Feb 2015;3(1):E7-e13. doi:10.1055/s-0034-1377835

MONITORED ANESTHESIA CARE (cont.)

Resources: (cont.)

17. Dhaliwal A, Dhindsa BS, Saghir SM, et al. Choice of sedation in endoscopic retrograde cholangiopancreatography: is monitored anesthesia care as safe as general anesthesia? A systematic review and meta-analysis. *Ann Gastroenterol*. Nov-Dec 2021;34(6):879-887. doi:10.20524/aog.2021.0650

18. Early DS, Lightdale JR, Vargo JJ, 2nd, et al. Guidelines for sedation and anesthesia in GI endoscopy. *Gastrointest Endosc*. Feb 2018;87(2):327-337. doi:10.1016/j.gie.2017.07.018

19. Enestvedt BK, Eisen GM, Holub J, Lieberman DA. Is the American Society of Anesthesiologists classification useful in risk stratification for endoscopic procedures? *Gastrointest Endosc*. Mar 2013;77(3):464-71. doi:10.1016/j.gie.2012.11.039

20. Fleisher LA, Pasternak LR, Herbert R, Anderson GF. Inpatient hospital admission and death after outpatient surgery in elderly patients: importance of patient and system characteristics and location of care. *Arch Surg*. Jan 2004;139(1):67-72. doi:10.1001/archsurg.139.1.67

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23. McCarty TR, Hathorn KE, Creighton DW, AlSamman MA, Thompson CC. Safety and sedation-associated adverse event reporting among patients undergoing endoscopic cholangiopancreatography: a comparative systematic review and meta-analysis. *Surg Endosc*. Dec 2021;35(12):6977-6989. doi:10.1007/s00464-020-08210-2

24. Neal JM, Bernards CM, Hadzic A, et al. ASRA Practice Advisory on Neurologic Complications in Regional Anesthesia and Pain Medicine. *Reg Anesth Pain Med*. Sep-Oct 2008;33(5):404-15. doi:10.1016/j.rapm.2008.07.527

25. Poincloux L, Laquière A, Bazin JE, et al. A randomized controlled trial of endoscopist vs. anaesthetist-administered sedation for colonoscopy. *Dig Liver Dis*. Jul 2011;43(7):553-8. doi:10.1016/j.dld.2011.02.007

26. Practice guidelines for sedation and analgesia by non-anesthesiologists. *Anesthesiology*. Apr 2002;96(4):1004-17. doi:10.1097/00000542-200204000-00031

27. Rizk MK, Sawhney MS, Cohen J, et al. Quality indicators common to all GI endoscopic procedures. *Am J Gastroenterol*. Jan 2015;110(1):48-59. doi:10.1038/ajg.2014.383

MONITORED ANESTHESIA CARE (cont.)

Resources: (cont.)

28. Shen XC, Ao X, Cao Y, et al. Etomidate-remifentanil is more suitable for monitored anesthesia care during gastroscopy in older patients than propofol-remifentanil. *Med Sci Monit*. Jan 1 2015;21:1-8. doi:10.12659/msm.891183

29. Sieg A, Beck S, Scholl SG, et al. Safety analysis of endoscopist-directed propofol sedation: a prospective, national multicenter study of 24 441 patients in German outpatient practices. *J Gastroenterol Hepatol*. Mar 2014;29(3):517-23. doi:10.1111/jgh.12458

30. Silvestri GA, Vincent BD, Wahidi MM, Robinette E, Hansbrough JR, Downie GH. A phase 3, randomized, double-blind study to assess the efficacy and safety of fospropofol disodium injection for moderate sedation in patients undergoing flexible bronchoscopy. *Chest*. Jan 2009;135(1):41-47. doi:10.1378/chest.08-0623

31. Singh H, Poluha W, Cheung M, Choptain N, Baron KI, Taback SP. Propofol for sedation during colonoscopy. *Cochrane Database Syst Rev*. Oct 8 2008;2008(4):Cd006268. doi:10.1002/14651858.CD006268.pub2

32. Treeprasertsuk S, Rerknimitr R, Angsuwatcharakon P, et al. The safety of propofol infusion compared to midazolam and meperidine intravenous bolus for patients undergoing double balloon enteroscopy. *J Med Assoc Thai*. May 2014;97(5):483-9.

33. Vargo JJ, Cohen LB, Rex DK, Kwo PY. Position statement: nonanesthesiologist administration of propofol for GI endoscopy. *Gastrointest Endosc*. Dec 2009;70(6):1053-9. doi:10.1016/j.gie.2009.07.020

34. Whippey A, Kostandoff G, Paul J, Ma J, Thabane L, Ma HK. Predictors of unanticipated admission following ambulatory surgery: a retrospective case-control study. *Can J Anaesth*. Jul 2013;60(7):675-83. doi:10.1007/s12630-013-9935-5

Coding:

CPT: 00520, 00635, 00731, 00732, 00811, 00812, 00813, 01937, 01938, 01939, 01940, 01941, 01942, 01991, 96373, 96374

History:	Date:	Activity:
Medical Policy Panel	01/17/23	Approved guideline
Medical Director (Dr. Deering)	12/27/22	Review with revisions

Policy Revisions:

MONITORED ANESTHESIA CARE (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílínigíí Blue Cross Blue Shield of Arizona haada yit'éego bína'ídíłkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'ídíłkidgo beehaz'áanii hóló díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'ą doo bąąh ílínígóó. Ata' halne'ígíí kojį' bich'į' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:
إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل ب 877-475-4799.

MONITORED ANESTHESIA CARE (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:

اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799
[تماس حاصل نمایید.

Assyrian:

[illegible] Blue Cross Blue Shield of Arizona [illegible] 877-475-4799.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคณ หรอคนทคณกาลงชวยเหลอมคาถามเกยวกบ Blue Cross Blue Shield of Arizona คณมสทธทจะไดรบความชวยเหลอและขอมลในภาษา ของคณไดโดยไมมคาใชจาย พดคยกบลาม โทร 877-475-4799