

# **LCD for Moderate (Conscious) Sedation (L29582)**

## **Contractor Information**

### **Contractor Name**

Wisconsin Physicians Service Insurance Corporation

### **Contractor Number**

00951, 00952, 00953, 00954, 52280, 05101, 05201, 05301, 05401, 05102, 05202, 05302, 05402

### **Contractor Type**

Carrier – MAC – FI

## **LCD Information**

### **LCD ID Number**

L29582

### **LCD Title**

Moderate (Conscious) Sedation

### **Contractor's Determination Number**

AN-030

### **AMA CPT / ADA CDT Copyright Statement**

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### **CMS National Coverage Policy**

Publication 100-4, Chapter 12, § 50 A: This section addresses the general payment rules for physician anesthesia services paid under the physician fee schedule.

### **Oversight Region**

Region V

### **Original Determination Effective Date**

For services performed on or after 07/16/2009

## **Original Determination Ending Date**

## **Revision Effective Date**

For services performed on or after 08/01/2009

## **Revision Ending Date**

## **Indications and Limitations of Coverage and/or Medical Necessity**

Ensuring patient comfort is a critical component of clinical management, particularly when patients are scheduled to undergo a diagnostic or therapeutic procedure. Many of the procedures currently performed in a wide variety of settings are associated with pain, discomfort, fear, and anxiety. They can be performed more successfully when the patient is sedated and/or comfortable. In addition, in children and many adult patients, administration of sedatives and analgesics may permit the practitioner to complete the procedure more expeditiously, particularly when it is critical that the patient does not move.

The level of sedation represents a continuum, but can be divided into four levels based on the physiologic response to administration of medications. Patients can progress from one level to another very rapidly, particularly when not closely monitored. Levels of Sedation include the following:

Minimal sedation (anxiolysis) is a drug-induced state wherein the patient follows verbal commands. Cognitive function and coordination may be impaired but there is normal ventilatory and cardiovascular function.

Moderate sedation (conscious sedation) is a drug-induced state where consciousness is depressed yet the patient responds purposefully to verbal or light tactile stimuli. The patient maintains a patent airway and has adequate spontaneous ventilation. Cardiovascular function is usually maintained. Moderate sedation does not include monitored anesthesia care (MAC).

Deep sedation is a drug-induced state where consciousness is depressed but the patient cannot be easily aroused but will exhibit purposeful responses to repeated noxious or painful stimuli. The ability to independently maintain ventilatory function may be impaired. Assistance may be required to maintain airway patency, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

General anesthesia is a drug-induced loss of consciousness wherein the patient is unarousable, even to painful stimuli. Independent maintenance of ventilatory function is frequently impaired, and assistance is needed to maintain a patent airway. Positive pressure ventilation may be required due to depression of spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may also be impaired.

### **Limitations**

Safe administration of moderate conscious sedation requires monitoring of multiple physiologic parameters, and these must be documented in the medical record. See Documentation Requirements.

Because moderate conscious sedation may progress to deep sedation or general anesthesia, the availability of appropriate resuscitative personnel and equipment is required for patient safety. A suggested minimum includes a source of supplemental oxygen, suction source, airway support and pharmacologic antagonists. The practitioner should be appropriately trained in airway management and resuscitative skills.

Sedation/analgesia may be provided by the same physician performing the diagnostic or therapeutic procedure that the sedation supports, or by another physician.

Billing for moderate (conscious) sedation is not appropriate for restraining or sedating combative, disruptive, or unruly patient

Same physician (CPT codes 99143-99145)

CPT codes 99143-99145 describe moderate sedation (other than those services described by CPT codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status. CPT codes 99143-99145 can be billed in either a facility or a non-facility setting. However, these services are covered and separately reimbursed ONLY when the procedures with which moderate sedation is performed are NOT listed in Appendix G of CPT code book.

If the physician performing the procedure also provides a level of sedation lower in intensity than moderate or conscious sedation, including but not limited to minimal sedation, simple anxiolysis, local, or topical, the anesthesia service is not separately reimbursed.

When moderate sedation services other than those described by CPT codes 00100-01999 are provided by the same physician performing a diagnostic or therapeutic procedure, listed in Appendix G of the CPT codebook that the sedation supports, the conscious sedation is considered to be an inherent part of providing the procedure and is not separately reimbursed.

Second Physician (CPT codes 99148-99150)

CPT codes 99148-99150 describe moderate sedation (other than those services described by CPT codes 00100-01999) provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports. In the unusual event when a second physician other than the health care professional performing a diagnostic or therapeutic service listed in Appendix G of the CPT codebook that the sedation supports, provides moderate sedation in a facility setting, the sedation service is covered and separately reimbursed.

The moderate sedation services of the second physician are not covered or reimbursed when performed in a non-facility setting. Medicare defines a facility as a hospital, outpatient hospital, ambulatory surgical center (ASC) or skilled nursing facility.

## Coding Information

### Bill Type Codes:

**Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.**

### Revenue Codes:

**Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.**

## **CPT/HCPCS Codes**

Use of these codes does not guarantee reimbursement. The patient's medical record must document that the coverage criteria have been met.

99143

MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00100-01999) PROVIDED BY THE SAME PHYSICIAN PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS, REQUIRING THE PRESENCE OF AN INDEPENDENT TRAINED OBSERVER TO ASSIST IN THE MONITORING OF THE PATIENT'S LEVEL OF CONSCIOUSNESS AND PHYSIOLOGICAL STATUS; YOUNGER THAN 5 YEARS OF AGE, FIRST 30 MINUTES INTRA-SERVICE TIME

99144

MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00100-01999) PROVIDED BY THE SAME PHYSICIAN PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS, REQUIRING THE PRESENCE OF AN INDEPENDENT TRAINED OBSERVER TO ASSIST IN THE MONITORING OF THE PATIENT'S LEVEL OF CONSCIOUSNESS AND PHYSIOLOGICAL STATUS; AGE 5 YEARS OR OLDER, FIRST 30 MINUTES INTRA-SERVICE TIME

99145

MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00100-01999) PROVIDED BY THE SAME PHYSICIAN PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS, REQUIRING THE PRESENCE OF AN INDEPENDENT TRAINED OBSERVER TO ASSIST IN THE MONITORING OF THE PATIENT'S LEVEL OF CONSCIOUSNESS AND PHYSIOLOGICAL STATUS; EACH ADDITIONAL 15 MINUTES INTRA-SERVICE TIME (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)

99148

MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00100-01999), PROVIDED BY A PHYSICIAN OTHER THAN THE HEALTH CARE PROFESSIONAL PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS; YOUNGER THAN 5 YEARS OF AGE, FIRST 30 MINUTES INTRA-SERVICE TIME

99149

MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00100-01999), PROVIDED BY A PHYSICIAN OTHER THAN THE HEALTH CARE PROFESSIONAL PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS; AGE 5 YEARS OR OLDER, FIRST 30 MINUTES INTRA-SERVICE TIME

99150

MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00100-01999), PROVIDED BY A PHYSICIAN OTHER THAN THE HEALTH CARE PROFESSIONAL PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS; EACH ADDITIONAL 15 MINUTES INTRA-SERVICE TIME (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)

### **ICD-9 Codes that Support Medical Necessity**

XX000

Not Applicable

### **Diagnoses that Support Medical Necessity**

### **ICD-9 Codes that DO NOT Support Medical Necessity**

### **ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation**

### **Diagnoses that DO NOT Support Medical Necessity**

## **General Information**

### **Documentation Requirements**

1. The patient's medical record must document the medical necessity of services performed for each date of service submitted on a claim, and documentation must be available to Medicare upon request.
2. Patient's presenting for moderate conscious sedation will have a sedation-oriented history and will undergo a focused physical examination that include vital signs, cardiovascular auscultation and airway assessment, immediately prior to initiation of sedation.
3. An independent trained observer must continuously monitor and document the following parameters: level of consciousness, respiratory function including oxygen saturation, heart rate, and blood pressure. This individual's sole responsibility should be dedicated to monitoring.
4. These parameters must be documented before beginning the procedure, following administration of the sedative agents, at five-minute intervals during the procedure, following completion of the procedure, and at discharge from the service area.

### **Appendices**

### **Utilization Guidelines**

Services performed for excessive frequency are not medically necessary. Frequency is considered excessive when services are performed more frequently than generally accepted by peers and the reason for additional services is not justified by documentation

### **Sources of Information and Basis for Decision**

The development and coverage guidelines in this policy were based on a review of pertinent medical literature, policies from other Medicare contractors, and discussions with appropriate specialists.

Practice guidelines for Sedation and Analgesia by Non-Anesthesiologists. *Anesthesiology* 2002;96: 1004-17

Continuum of Depth of Sedation Definition of General Anesthesia and levels of Sedation/Analgesia. (Approved by House of delegates on October 13, 1999 and amended on October 27, 2004)

### **Advisory Committee Meeting Notes**

Meeting Date:

Wisconsin: 05/23/2008

Illinois: 05/21/2008

Michigan: 05/07/2008

Minnesota: 05/29/2008

Iowa, Kansas, Missouri, Nebraska, Part A 02/12/2009

Start Date of Comment Period

Wisconsin: 05/30/2008

Illinois: 05/30/2008

Michigan: 05/30/2008

Minnesota: 05/30/2008

J5 MAC A and B, Formerly Mutual of Omaha Part A 02/12/2009

**End Date of Comment Period**

Wisconsin, Illinois, Michigan, Minnesota 09/03/2008

J5 MAC A and B, Formerly Mutual of Omaha Part A 03/30/2009

**Start Date of Notice Period**

(Published)

Wisconsin, Illinois, Michigan, Minnesota 06/01/2009, Article; 10/01/2008, Article

J5 MAC A and B, Formerly Mutual of Omaha Part A 06/01/2009, Article

**Start Date of Comment Period**

02/12/2009

**End Date of Comment Period**

03/30/2009

**Start Date of Notice Period**

06/01/2009

**Revision History Number**

13

**Revision History Explanation**

Correctly removed contract number 05392 effective 8/1/2009, as it is being combined with contractor number 05302 (WPS Part B MAC Missouri - Entire State.) JS 07/30/09

**Reason for Change**

**Last Reviewed On Date**

01/01/2009

**Related Documents**

This LCD has no Related Documents.

**LCD Attachments**

Updated on 07/30/2009 with effective dates 08/01/2009 - N/A

Updated on 07/30/2009 with effective dates 07/16/2009 - 07/31/2009

Updated on 07/17/2009 with effective dates 07/16/2009 - N/A

Updated on 07/14/2009 with effective dates 07/16/2009 - N/A

Updated on 07/14/2009 with effective dates 07/16/2009 - N/A