

Contractor Name

Wisconsin Physicians Service (WPS)

Contractor Number

00951, 00952, 00953, 00954

Contractor Type

Carrier

LCD Database ID Number

LCD Version Number

LCD Title

Sedation and Analgesia by Non-anesthesiologists

Contractor's Determination Number

AN-030

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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.

Primary Geographic Jurisdiction

Wisconsin, Illinois, Michigan, Minnesota

Oversight Region

Region V

CMS Consortium

Midwest

Original Determination Effective Date

Revision Effective Date

Indications and Limitations of Coverage and/or Medical Necessity

Sedation/analgesia benefits patients by allowing them to tolerate unpleasant procedures by alleviating fear, anxiety, discomfort or pain. In addition, in children and uncooperative adults, sedation and analgesia permits the practitioner to expedite performance of a procedure that requires that the patient not move.

Sedation recognizes four defined levels, but is a continuum that will progress from one level to the next.

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 emergency resuscitative personnel and equipment is required for patient safety. At a minimum, the equipment must include a source of supplemental oxygen, suction source, airway support and pharmacologic antagonists. The practitioner must be certified in advanced cardiac life support (ACLS).

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

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. These are covered services and separately reimbursed only when the procedures with which moderate sedation is performed are not listed in Appendix G of CPT codebook.

If the physician performing the procedure also provides a level of anesthesia 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. Procedures not listed in Appendix G will ordinarily be performed without moderate sedation or under anesthesia described by CPT codes 00100-01999.

Moderate sedation is not medically necessary for procedures performed under local anesthesia or for peripheral nerve blocks. Billing for moderate (conscious) sedation is not appropriate for restraining or sedating combative, disruptive, or unruly patients.

Since Medicare does not allow payment to a physician for services performed by a facility employee or any resident, the independent trained observer assisting in the monitoring of the patient's level of consciousness and physiological status of the patient cannot be any hospital employed personnel.

Coverage Topic

Anesthesia (Outpatient)
 Doctor Office Visits
 Surgical Services

Bill Type Codes

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 service by same physician < 5 years
99144	Moderate sedation service by same physician 5 years =
99145	Moderate sedation service by same physician, in addition to code for primary service; each additional 15 minutes
99148	Moderate sedation service different physician < 5 years
99149	Moderate sedation service different physician 5 years +
99150	Moderate sedation service by different physician, in addition to code for primary service; each additional 15 minutes

Does the CPT 30% Rule Apply

No

ICD-9 Codes that Support Medical Necessity

Note: ICD-9 codes must be coded to the highest level of specificity.

Diagnoses that Support Medical Necessity

NA

ICD-9 Codes that DO NOT Support Medical Necessity

Diagnoses that DO NOT Support Medical Necessity

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. Periodic contemporaneous monitoring by an independent trained observer who assists in the monitoring of level of consciousness, respiratory function including oxygen saturation, heart rate, and blood pressure must be documented. 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.

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

Start Date of Comment Period

Wisconsin: 05/30/2008
Illinois: 05/30/2008
Michigan: 05/30/2008
Minnesota: 05/30/2008

End Date of Comment Period

Wisconsin:
Illinois:
Michigan:
Minnesota:

Start Date of Notice Period

(Published)

Wisconsin:

Illinois:

Michigan:

Minnesota:

Revision History Number/Explanation

Wisconsin:

Illinois:

Michigan:

Minnesota:

Last Reviewed On**Notes**

* - An asterisk indicates a revision to that section of the policy.

Does this LCD contain a "Least Costly Alternative" Provision?

No

LCD Attachments

There are no related documents for this LCD.

This policy does not reflect the sole opinion of the contractor or the Contractor Medical Director(s). Although the final decision rests with the contractor, this policy was developed in cooperation with the Carrier Advisory Committee(s), which include representatives of various medical societies.