

Policy for Outpatient Monitored Anesthesia Care

Policy

The routine assistance of an anesthesiologist or Certified Registered Nurse Anesthetist (CRNA) for average risk adult patients undergoing standard upper and/or lower gastrointestinal endoscopic procedures or pain management procedures is considered **MEDICALLY NECESSARY** under many circumstances.

Background

The American Society of Anesthesia statement on Anesthesia Care During Interventional Pain Procedures in Adults states: The Committee recognizes that conditions may exist that make skilled anesthesia care necessary for procedures not normally requiring such care. Major co-morbidities and mental or psychological impediments to cooperation are examples of conditions dictating anesthesia care for even minor pain procedures in unusual patients. The use of sedation and anesthesia must be balanced with the potential risk of harm from doing pain procedures in a sedated patient, especially those undergoing cervical spine procedures.

Guidelines

Accordingly, procedures that, in the opinion of the provider, will require Monitored Anesthesia Care (MAC) administered by a certified Anesthesiologist or Nurse Anesthetist must be pre-authorized according to the following criteria:

- 1) The patient must be at considerable potential risk of intolerance to the proposed procedure (e.g. a significant medical condition that may threaten cardio-respiratory function when under mild or moderate sedation) or may cause considerable difficulty to the proceduralist in the absence of MAC (**NOTE:** per Medicare, an underlying condition alone may not be sufficient evidence that MAC is necessary. The medical condition must be significant enough to impact the need to provide MAC. The presence of a stable, treated condition of itself is not necessarily sufficient), AND
- 2) The proceduralist can justify his/her opinion that the availability and use of reversal agents during moderate sedation, should they be needed, would be inadequate (e.g Narcan, Flumazenil). Such circumstances may include (but are not limited to):
 - a) Significant anatomic abnormality (e.g. tracheal stenosis, dysmorphic features, ASA Class III or IV airway)
 - b) Morbid obesity (height, weight and BMI documented) and expected complications
 - c) Extremes of age

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- d) Documented history of significant problems with moderate sedation or anxiolytics (e.g. extreme uncontrollable agitation, extreme tolerance or intolerance to the medications used)
 - e) Risk of aspiration (e.g. CVA, chronic disabling neurologic diseases such as M.S., ALS, Parkinson's, cranial nerve impairment, etc.)
 - f) Pregnancy
 - g) Documented history of obstructive sleep apnea (OSA)
 - h) The specific procedure is known to be significantly invasive and painful, requires a minimum of localization to achieve the desired pain relief and without a deeper form of sedation the procedure could not be performed safely or accurately,
- 3) Not primarily for the convenience of patient or provider, AND

Should MAC be determined to be necessary, ALL the following must be documented in the Treatment Authorization Request:

- a) The procedure is performed in a facility prepared for interventions in the event of a serious complication (e.g. reversal agents, resuscitation equipment and medications, monitoring equipment) as well as the means of rapid emergency transport to the nearest hospital should that need arise.
- b) If sedation is to be used with the patient in the prone position, specific medical indications as well as what special preparations may be made. (**NOTE:** The American Society of Anesthesiologists discourages the use of any sedation if the patient is placed in the prone position for a procedure.)

For procedures in which MAC is determined to be necessary at the time of the procedure, a retrospective authorization request must be submitted with documentation of the following:

- a) Routine conscious sedation was attempted and failed due to patient's significant pain or difficulty with procedure due to patient's pain, or other valid medical indication not previously known or expected.
- b) Dosing of sedation medications used was consistent with the usual and customary doses for the procedure.
- c) The use of additional doses of sedation medications was done or considered and not done for valid medical reasons.
- d) Intra-operative documentation was done according to the Guidelines of the American Society of Anesthesiologists including fetal monitoring in pregnant patients.
- e) Post-procedure evaluation and monitoring was done until full consciousness was achieved, including estimated time to departure.

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