PURPOSE

This policy outlines guidelines and criteria for coverage determination of anesthesia services for gastrointestinal endoscopic procedure.

DESCRIPTION

Anesthesia services encompass all services associated with the administration and monitoring of analgesia/anesthesia to a patient in order to produce partial or complete loss of sensation. Appropriate sedation and analgesia is part of a diagnostic or therapeutic gastrointestinal procedure. Anesthesia services may range from moderate sedation (the administration of medication with or without analgesia to achieve a state of depressed consciousness while maintaining the patient’s ability to respond to stimulation), to Monitored Anesthesia Care (MAC - a planned procedure during which the patient undergoes local anesthesia together with sedation and analgesia).

GUIDELINES/INSTRUCTIONS

SCOPE: This policy specifically addresses the use of anesthesia services during gastrointestinal endoscopic procedures. It does not address anesthesia services for diagnostic or therapeutic procedures other than gastrointestinal endoscopy.

POSITION:

Medically Necessary:

Moderate Sedation

Moderate sedation ("conscious sedation") ordered by the attending physician and administered by the surgeon or physician performing the gastrointestinal endoscopic procedure or an independent trained practitioner is considered medically necessary.

Other Types of Anesthesia Services including MAC

Other types of anesthesia services including monitored anesthesia care (MAC) are considered medically necessary during gastrointestinal endoscopic procedures when there is documentation by the operating
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physician and the anesthesiologist that demonstrates any of the following situations exists:

- A history of or anticipated intolerance to standard sedatives (i.e., patient is on chronic narcotic or benzodiazepine therapy, or has a neuropsychiatric disorder)
- Increased risk of complications due to a severe co morbidity (American Society of Anesthesiologists [ASA] class III physical status or greater). See additional information below.
- Prolonged or therapeutic endoscopic procedure requiring deep sedation
- Age 70 years and older
- Pediatric age group (younger than 18 years)
- Pregnancy
- History of drug or alcohol abuse
- Uncooperative or acutely agitated patient (i.e., delirium, organic brain disease, senile dementia)
- Increased risk for airway obstruction due to anatomic variant including any of the following:
  - History of previous problems with anesthesia or sedation
  - History of stridor or sleep apnea
  - Dysmorphic facial features
  - Presence of oral abnormalities including but not limited to small oral opening (less than 3 cm in an adult), high arched palate, macroglossia, tonsillar hypertrophy, or non-visible uvula
  - Neck abnormalities including but not limited to short neck, obesity involving the neck and facial structures, limited neck extension, decreased hyoid-mental distance (less than 3 cm in an adult), neck mass, cervical spine disease or trauma, tracheal deviation, or advanced rheumatoid arthritis
  - Jaw abnormalities including but not limited to micrognathia, retrognathia, trismus, or significant malocclusion.

The routine assistance of an anesthesiologist or a certified registered nurse anesthetist (CRNA) for average-risk adult patients undergoing standard upper and/or lower gastrointestinal endoscopic procedures is considered not medically necessary.

Additional Information:
American Society of Anesthesiology Physical Status Classification:

Class I: Patient has no organic, physiologic, biochemical, or psychiatric disturbances. The pathologic process for which operation is to be performed is localized and does not entail systemic disturbance.

Class II: Mild or moderate systemic disturbance caused either by the condition to be treated surgically or by other pathophysiologic processes

Class III: Severe, systemic disturbance or disease from whatever cause, even though it may not be possible to define the degree of disability with finality.

Class IV: Severe systemic disorders that are already life threatening, not always correctable by operation.

Class V: The moribund patient who has little chance of survival but is submitted to operation in desperation.

Not Medically Necessary:

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 is considered not medically necessary. (American College of Gastroenterology [ACG], American Gastroenterological Association [AGA] & ASGE, 2004; ASGE, 2002, 2003)
SETTING: Ambulatory/Outpatient Facility

CODING:

CPT
00740 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum (including MAC)
00810 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum (including MAC)
00902 Anesthesia for anorectal procedure (when specified as endoscopic procedure) (including MAC)

Also the following codes and modifiers, when specified as anesthesia for gastrointestinal endoscopic procedures:

43226 Esophagoscopy, rigid or flexible; with insertion of guide wire followed by dilation over guide wire
43200 Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43202 Esophagoscopy, rigid or flexible; with biopsy, single or multiple
43215 Esophagoscopy, rigid or flexible; with removal of foreign body
43216 Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
43217 Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43220 Esophagoscopy, rigid or flexible; with balloon dilation (less than 30 mm diameter)
43231 Esophagoscopy, rigid or flexible; with endoscopic ultrasound examination
43232 43232 Esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)
43235 43235 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
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<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>43237</td>
<td>Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination limited to the esophagus</td>
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<tr>
<td>43239</td>
<td>Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple</td>
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<tr>
<td>43247</td>
<td>Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of foreign body</td>
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<tr>
<td>43248</td>
<td>Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire</td>
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<tr>
<td>43249</td>
<td>Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)</td>
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<tr>
<td>43251</td>
<td>Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique</td>
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<tr>
<td>43256</td>
<td>Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)</td>
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<td>45378</td>
<td>Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)</td>
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<td>45380</td>
<td>Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple</td>
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<tr>
<td>45384</td>
<td>Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery</td>
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<tr>
<td>45385</td>
<td>Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique</td>
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<tr>
<td>45386</td>
<td>Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or</td>
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more strictures

53259 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum and/or jejunum as appropriate

62310 Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic

62311 Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)

62318 Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic

62319 Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)

64400-64450 Introduction/injection of anesthetic agent (nerve block), diagnostic or therapeutic [when used for regional anesthesia]; (includes codes 64400, 64402, 64405, 64408, 64410, 64412, 64413, 64415, 64416, 64417, 64418, 64420, 64421, 64425, 64430, 64435, 64445, 64446, 64447, 64448, 64449, 64450)

99100 Anesthesia for patient of extreme age, under 1 year and over 70

99116 Anesthesia complicated by utilization of total body hypothermia

99135 Anesthesia complicated by utilization of controlled hypotension

99140 Anesthesia complicated by emergency conditions (specify)

99143-99145 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 (includes codes 99143, 99144, 99145)

99148-99150 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 (includes codes 99148, 99149, 99150)
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G0105 Colorectal cancer screening; colonoscopy on individual at high risk

G0121 Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk

_CPT Physical Status Modifiers_

P1 A normal healthy patient (Class I)
P2 A patient with mild systemic disease (Class II)
P3 A patient with severe systemic disease (Class III)
P4 A patient with severe systemic disease that is a constant threat to life (Class IV)
P5 A moribund patient who is not expected to survive without the operation (Class V)

_HCPCS_

The following modifiers, used with codes for anesthesia for gastrointestinal endoscopic procedures:

AA Anesthesia services performed personally by anesthesiologist
AD Medical supervision by a physician: more than four concurrent anesthesia procedures
G8 Monitored anesthesia care (MAC) for deep complex, complicated, or markedly invasive surgical procedure
G9 Monitored anesthesia care (MAC) for patient who has history of severe cardiopulmonary condition
QK Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals
QS Monitored anesthesia care (MAC) service
QX CRNA service: with medical direction by a physician
QY Medical direction of one certified registered nurse anesthetist (CRNA) by an anesthesiologist
QZ CRNA service: without medical direction by a physician

_ICD-10Diagnosis_

All diagnoses

REFERENCES


Peer Reviewed Publications:


### Related Documents

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<td>08/09/2019</td>
<td>Dr. Tamar Springel</td>
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### Revision History

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