CMM-400: Anesthesia Services for Interventional Pain Procedures

Definitions

- **Conscious sedation** includes:
  - **Minimal sedation (anxiolysis)** indicates a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilation and cardiovascular functions are unaffected.
  - **Moderate sedation/analgesia (conscious sedation)** indicates a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
  - **Deep sedation/analgesia** is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully after repeated or painful stimulation.

- **Monitored anesthesia care (MAC)** includes the administration of sedatives and/or analgesics often used for mild to moderate sedation. An essential component of MAC is the periprocedural anesthesia assessment and understanding of the patient’s coexisting medical conditions and management of a patient’s actual or anticipated physiological derangements or medical problems that may occur during a diagnostic or therapeutic procedure. The provider of MAC must be prepared and qualified to convert to general anesthesia when necessary. MAC is administered by a certified registered nurse anesthetist (CRNA) or anesthesiologist. Additionally, a provider’s ability to intervene to rescue a patient’s airway from any sedation-induced compromise is a mandatory professional qualification to provide MAC.

- **General anesthesia** is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.
General Guidelines

- The determination of medical necessity for the performance of monitored anesthesia care (MAC) is always made on a case-by-case basis.

- The medical necessity of monitored anesthesia care (MAC) is:
  - Evaluated prior to each procedure and the determination is made independent of any prior medical necessity determinations for monitored anesthesia care (MAC); and
  - Only considered once an interventional pain procedure is approved or if the interventional pain procedure does not require prior authorization.
    - Benefits, coverage policies, and eligibility issues pertaining to each health plan may take precedence over eviCore’s guidelines. Providers are urged to obtain written instructions and requirements directly from each payor.

Indications

Monitored anesthesia care (MAC) is considered medically necessary when EITHER of the following are met:

- Monitored anesthesia care (MAC) will be used during ANY of the following interventional pain procedures:
  - Regional sympathetic blocks
  - Radiofrequency ablation of the medial branch nerves
  - Discography
  - Spinal cord stimulator trial and permanent implantation
  - Vertebral augmentation
  - Implantation of intrathecal drug delivery systems

- There is a presence of ANY of the following:
  - Attestation that a behavioral health professional has determined that severe anxiety, psychiatric condition(s), or cognitive impairment(s) would decrease patient safety during the procedure
  - Hyperkinetic movement disorders including ANY of the following:
    - Acquired/traumatic/hypoxic brain injury/stroke
    - Athetoid cerebral palsy
    - Basal ganglia disease
    - Dystonia
    - Familial paroxysmal choreoathetosis
    - Hemiballismus
    - Huntington’s Chorea
    - Multiple sclerosis
    - Paroxysmal kinesigenic choreathetosis
    - Spasticity related involuntary movements
    - Spinal cord injury
  - Patients at risk for airway obstruction due to an anatomic variation including ANY of the following:
    - Dysmorphic facial features
    - History of stridor
- Jaw abnormalities (e.g., micrognathia)
- Mallampati score of 4
- Neck abnormalities (e.g., mass)
- Oral abnormalities (e.g., macroglossia)
- Pierre-Robin syndrome
- Trisomy 21

Significant medical condition that increases the risk for complications including ANY of the following:
- Active hepatitis
- Cardiac disease including ANY of the following:
  - Poorly controlled hypertension
  - Implanted pacemaker/defibrillator
  - Moderate to severe reduction in ejection fraction requiring medical treatment
- End stage renal disease requiring dialysis
- Morbid obesity (BMI ≥ 40 kg/m²)
- Pulmonary disease including poorly controlled COPD requiring oxygen
- Sleep apnea requiring BOTH of the following during sleep:
  - BiPAP support
  - Supplemental oxygen

When the criteria for the performance of monitored anesthetic care (MAC) are met, ALL of the following criteria must also be met:

- A preoperative evaluation has been performed by a member of the anesthesia delivery team which includes airway examination and medical assessment.
- Informed consent has been obtained with a discussion of alternative sedation options.
- BOTH of the following are present during the delivery of monitored anesthesia care (MAC):
  - Continual monitoring of ventilatory function with capnography to supplement standard monitoring by observation and pulse oximetry
  - A qualified medical professional to recognize and treat airway complications.
- Recovery from monitored anesthesia care (MAC) will be managed by skilled nursing personnel with direct supervision by a certified registered nurse anesthetist or anesthesiologist.

**Non-Indications**

- Monitored anesthesia care (MAC) for manipulation of the spine or for closed procedures on the cervical, thoracic, or lumbar spine is considered experimental, investigational, or unproven.
Procedure (CPT®) Codes

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code’s inclusion on this list does not necessarily indicate prior authorization is required. Pre-authorization requirements vary by individual payor.

<table>
<thead>
<tr>
<th>CPT®</th>
<th>Code Description/Definition</th>
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<tbody>
<tr>
<td>01991</td>
<td>Anesthesia for Diagnostic or Therapeutic Nerve Blocks and Injections (When Block or Injection is Performed by a Different Physician or Other Qualified Health Care Professional); Other Than the Prone Position</td>
</tr>
<tr>
<td>01992</td>
<td>Anesthesia for Diagnostic or Therapeutic Nerve Blocks and Injections (When Block or Injection is Performed by a Different Physician or Other Qualified Health Care Professional); Prone Position</td>
</tr>
<tr>
<td>01935</td>
<td>Anesthesia for Percutaneous Image Guided Procedures on the Spine and Spinal Cord; Diagnostic</td>
</tr>
<tr>
<td>01936</td>
<td>Anesthesia for Percutaneous Image Guided Procedures on the Spine and Spinal Cord; Therapeutic</td>
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</tbody>
</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the individual payor (health insurance company, etc.) and is based on the member/patient/client/beneficiary’s policy or benefit entitlement structure as well as any third party payor guidelines and/or claims processing rules. Providers are strongly urged to contact each payor for individual requirements if they have not already done so.

References

12. Ene, H. Hyperkinetic movement disorders (including dystonias, choreas). PM&R Knowledge Now. 9/20/14