



CLINICAL GUIDELINES

CMM-400: Anesthesia Services for Interventional Pain Procedures

Version 1.0.2023
Effective May 31, 2023



eviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or individual's Primary Care Physician (PCP) may provide additional insight.

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Clinical guidelines for medical necessity review of Comprehensive Musculoskeletal Management Services.

CMM-400: Anesthesia Services for Interventional Pain**Definitions****General Guidelines****Indications****Non-Indications****Procedure (CPT[®]) Codes****References**

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 unaffected³.
 - ◆ **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 maintained³.
 - ◆ **Deep sedation/analgesia** is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully after repeated or painful stimulation³.
- **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 MAC⁷.
- **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 impaired³.

General Guidelines

- The determination of medical necessity for the **performance of** monitored anesthesia care (MAC) is always made on a case-by-case basis.
- Only one anesthesia delivery CPT® code is allowed on a single date of service.
- The medical necessity of the primary pain procedure is made independent of any prior medical necessity determinations for monitored anesthesia care (MAC).

- Monitored anesthesia care (MAC) is 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

Requests for monitored anesthesia care (MAC) must meet criteria for the **performance of MAC AND** criteria for the **delivery of MAC**.

Criteria for the Performance of MAC

MAC is considered **medically necessary** when **EITHER** of the following are met:

- MAC will be used during **ANY** of the following interventional pain procedures⁸:
 - ◆ 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 procedure¹³
 - ◆ Hyperkinetic movement disorders including **ANY** of the following¹²:
 - 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^{11,14}:
 - 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 following¹⁰:
 - 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

Criteria for the Delivery of MAC

When the above criteria for the performance of MAC are met, **ALL** of the following **delivery criteria must also be met**⁶:

- 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 must be present during the delivery of 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 MAC will be managed by skilled nursing personnel with direct supervision by a certified registered nurse anesthetist (CRNA) or anesthesiologist.

Non-Indications

Not Medically Necessary

- Monitored anesthesia care (MAC) performed and delivered without meeting the requirements listed in the Definitions, the General Guidelines, and the Indications sections is considered **not medically necessary**.

Experimental, Investigational, or Unproven

- 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 (EIU)**.

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.

CPT®	Code Description/Definition
01991	Anesthesia for <u>Diagnostic or Therapeutic</u> 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
01992	Anesthesia for <u>Diagnostic or Therapeutic</u> Nerve Blocks and Injections (When Block or Injection is Performed by a Different Physician or Other Qualified Health Care Professional); Prone Position
01939	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic
01940	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral
01941	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic
01942	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral
CPT®	Code Considered Experimental, Investigational, or Unproven
00640	Anesthesia for Procedures on Cervical Spine and Cord; Procedures with patient in the Sitting Position

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

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