



CLINICAL GUIDELINES

CMM-400: Anesthesia Services for Interventional Pain Procedures

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VERSION 1.0.2026



EviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Imaging 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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Table of Contents

Guideline	Page
Definitions.....	3
General Guidelines.....	6
Indications.....	8
Non-Indications.....	11
Codes (CMM-400).....	13
References (CMM-400).....	15

Definitions

Guideline	Page
Definitions.....	4

Definitions

CMM.PN.DF.400

v1.0.2026

**Deep Sedation/
Analgesia**

a drug-induced depression of consciousness during which individuals cannot be easily aroused but respond purposefully after repeated or painful stimulation.²

General Anesthesia

a drug-induced loss of consciousness during which individuals are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Individuals 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.²

**Minimal Sedation
(anxiolysis)**

a drug-induced state during which individuals respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilation and cardiovascular functions are unaffected.²

**Moderate Sedation/
Analgesia (conscious
sedation)**

a drug-induced depression of consciousness during which individuals 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.²

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 individual's coexisting medical conditions and management of an individual's actual or anticipated physiological derangements or medical problems that may occur during a diagnostic or therapeutic procedure.

- MAC is administered by a certified registered nurse anesthetist (CRNA) or anesthesiologist.
- A mandatory professional qualification to provide MAC is that the provider must be prepared and qualified to intervene to rescue an individual's airway (i.e., to convert to general anesthesia) from any sedation-induced compromise.⁶

General Guidelines

Guideline	Page
General Guidelines.....	7

General Guidelines

CMM.PN.GG.400**v1.0.2026**

Application of Guideline

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

Number of Procedures

- When criteria have been met, only one anesthesia delivery CPT® code is considered **medically necessary** per single date of service.

Health Equity Considerations

Health equity is the highest level of health for all individuals; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which individuals are born, grow, live, work, and age. Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include the following: safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

Indications

Guideline	Page
Indications.....	9

Indications

CMM.PN.IN.400

v1.0.2026

Monitored anesthesia care (MAC) is considered **medically necessary** for EITHER of the following clinical scenarios when ALL of the associated criteria have been met:

MAC Indications Based on Interventional Procedure Type

- 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.
 - **Note:** The medical necessity of the primary interventional pain procedure is made independent of any prior medical necessity determinations for monitored anesthesia care (MAC).
- MAC will be used during ANY of the following interventional pain procedures:⁷
 - regional sympathetic blocks
 - radiofrequency denervation/ablation of the medial branch nerves
 - discography
 - spinal cord stimulator (trial and permanent implantation)
 - vertebral augmentation
 - implantation of intrathecal drug delivery systems

MAC Indications Based on Individual Risk Factors

- 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.
 - **Note:** The medical necessity of the primary interventional pain procedure is made independent of any prior medical necessity determinations for monitored anesthesia care (MAC).
- MAC will be used due to the presence of ANY of the following clinical scenarios in which an individual would be considered at-risk for complications from their primary interventional pain procedure without the use of MAC:
 - Attestation that a behavioral health professional has determined that severe anxiety, psychiatric condition(s), or cognitive impairment(s) would decrease an individual's safety during the procedure¹²
 - Hyperkinetic movement disorders including ANY of the following¹¹
 - acquired/traumatic/hypoxic brain injury/stroke
 - athetoid cerebral palsy
 - basal ganglia disease

- dystonia
- familial paroxysmal choreoathetosis
- hemiballismus
- Huntington's chorea
- multiple sclerosis
- paroxysmal kinesigenic choreoathetosis
- spasticity related involuntary movements
- spinal cord injury
- Risk for airway obstruction due to an anatomic variation including ANY of the following:^{10,13}
 - dysmorphic facial features
 - history of stridor
 - jaw abnormalities (e.g., micrognathia)
 - Mallampati score of four (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:⁹
 - 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 $\geq 40\text{kg/m}^2$)
 - pulmonary disease including poorly controlled COPD requiring oxygen
 - sleep apnea requiring BOTH of the following during sleep:
 - BiPAP support
 - supplemental oxygen

Non-Indications

Guideline	Page
Non-Indications.....	12

Non-Indications

CMM.PN.NI.400

v1.0.2026

Not Medically Necessary

- Monitored anesthesia care performed without meeting the criteria in the Definitions, the General Guidelines, and the Indications sections is considered **not medically necessary**.
- Monitored anesthesia care is considered **not medically necessary** when performed for EITHER of the following:
 - manipulation of the spine
 - closed procedures on the cervical, thoracic, or lumbar spine

Codes (CMM-400)

Guideline	Page
Codes (CMM-400).....	14

Codes (CMM-400)

CMM.PN.PC.400

v1.0.2026

The inclusion of any code in this table does not imply that the code is under management or requires prior authorization. Refer to the applicable health plan for management details. Prior authorization of a code listed in this table is not a guarantee of payment. The Certificate of Coverage or Evidence of Coverage policy outlines the terms and conditions of the member's health insurance policy.

Code	Code Description/Definition
01991	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
01992	Anesthesia for 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
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 (e.g., kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic
01942	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (e.g., kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral
00640	Anesthesia for procedures on cervical spine and cord; procedures with patient in the sitting position

References (CMM-400)

Guideline	Page
References (CMM-400).....	16

References (CMM-400)

CMM.PN.RF.400

v1.0.2026

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