



ANESTHESIA SERVICES

BRIEF COVERAGE STATEMENT

Anesthesiology is the practice of medicine dealing with, but not limited to, the following:

- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical, and other diagnostic or therapeutic procedures;
- The evaluation and management of essential physiologic functions under the stress of anesthetic and surgical manipulations;
- The clinical management of the unconscious patient during a procedure;
- The evaluation and management of acute or chronic pain;
- The management of certain services during cardiac and respiratory resuscitation;
- The application of specific methods of respiratory therapy; and/or
- The clinical management of various fluid, electrolyte, and metabolic disturbances.

Anesthesia services include all services associated with the administration and monitoring of the anesthetic/analgesic during various types/methods of anesthesia. Anesthesia services may include preanesthesia, intraoperative anesthesia, and postanesthesia components. Anesthesia services include, but are not limited to:

- General anesthesia
- Regional anesthesia, and
- Monitored anesthesia care (MAC).

These services include:

- A preoperative evaluation and the prescription of an anesthetic plan;
- Anesthesia care during the procedure;
- Interpretation of intra-operative laboratory tests;
- Administration of intravenous fluids including blood and/or blood products;
- Routine monitoring (such as electrocardiogram (ECG), temperature, blood pressure, pulse oximetry, capnography, end-tidal infrared gas analysis, mass spectrography, bispectral electroencephalography, and transcranial Doppler);
- Immediate post-anesthesia care; and
- A postoperative visit when applicable.

Time-based anesthesia services include all care of the patient until the anesthesiologist, resident, anesthesiologist assistant, or certified registered nurse anesthetist (CRNA) is no longer in personal attendance.

Anesthesia services are separate and distinct from the administration of moderate sedation, which can be administered or supervised by any non-anesthesia credentialed provider, as long as



the supervising physician is credentialed to provide moderate sedation services at the site of the practice location.

SERVICES ADDRESSED IN OTHER POLICIES

- Adult Dental Anesthesia
- Children's Dental Anesthesia

ELIGIBLE PROVIDERS

Providers must meet all of the following criteria in order to bill Colorado Medicaid for services rendered.

- Enrolled as a Colorado Medicaid provider;
- Maintain a certification for Medicare accreditation through a Medicare approved accreditation agency; and
- Provide proof of Medicare certification on the Medicaid provider enrollment forms.

Rendering providers include:

- Board certified or eligible Anesthesiologist
- Medical Resident under supervision of an anesthesiologist
- Certified Registered Nurse Anesthetist (CRNA)

ELIGIBLE PLACES OF SERVICES

- Office
- Clinic
- Federally Qualified Health Center
- Rural Health Center
- Outpatient Hospital
- Ambulatory Surgery Center

ELIGIBLE CLIENTS

All Colorado Medicaid-enrolled clients are eligible to receive services when medically necessary, as documented in the Covered Services section of this standard.



SPECIAL PROVISION: EXCEPTION TO POLICY LIMITATIONS FOR CLIENTS AGED 20 AND YOUNGER

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid program that requires the state Medicaid agency to cover services, products, or procedures for Medicaid clients ages 20 and younger if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition (health problem) identified through a screening examination (includes any evaluation by a physician or other licensed clinician). EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure that is

- Unsafe, ineffective, or experimental/investigational.
- Not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

COVERED SERVICES AND LIMITATIONS

Colorado Medicaid covers anesthesia services when the surgical, obstetrical, or other diagnostic or therapeutic procedure is ordered by the medical provider and is medically necessary as defined in the Colorado Code of Regulations 10 C.C.R. 2505-10 Section 8.076.1.8.

GENERAL ANESTHESIA

General anesthesia is a controlled and reversible state of unconsciousness, accompanied by a partial or complete loss of protective reflexes, including loss of ability to independently maintain airway and respond purposefully to physical stimulation or verbal command. General anesthesia entails amnesia and analgesia, and may or may not include muscle relaxation.

General anesthesia involves the administration and dosing of a variety of pharmacological agents to induce a state of general anesthesia, and includes the intra-operative monitoring of the recipient's vital signs, treatment of adverse physiological reactions, administration of intravenous fluids including blood and/or blood products, interpretation of intra-operative laboratory evaluations, and provision of critical care services.

General anesthesia requires the continuous presence of a licensed and qualified provider and includes the performance of a preanesthetic examination and evaluation, prescription of the



anesthesia care required, administration of any necessary medications, and provision of indicated postoperative anesthesia care.

REGIONAL ANESTHESIA

Regional anesthesia is the induced loss of sensation or motor function to a region of the recipient's body, utilizing pharmacologic agents in the central neuraxis (spinal, epidural, caudal), nerve plexi (cervical plexus, brachial plexus, lumbar plexus, sacral plexus), or individual peripheral nerves.

Regional anesthesia involves the intra-operative monitoring of the recipient's vital signs, treatment of adverse physiological reactions, administration of intravenous fluids including blood and/or blood products, interpretation of intra-operative laboratory evaluations, and the ability to convert to general anesthesia if necessary.

Regional anesthesia necessitates the continuous presence of an anesthesiologist, resident, or CRNA supervised by an anesthesiologist and includes the performance of a preanesthetic examination and evaluation, prescription of the anesthesia care required, administration of any necessary medications, and provision of indicated postoperative anesthesia care.

MONITORED ANESTHESIA CARE

Monitored anesthesia Care (MAC) often includes the administration of doses of medications where the loss of normal protective reflexes or loss of consciousness is likely. MAC refers to those clinical situations where the patient remains able to protect the airway for the majority of the procedure. If, for an extended period of time, the patient is rendered unconscious or loses normal protective reflexes, then anesthesia care is considered a general anesthetic.

MAC involves the intra-operative monitoring of the recipient's vital physiological signs, in anticipation of either the need for administration of general anesthesia or an adverse physiological reaction to surgery.

Monitoring of a patient in anticipation of the need for administration of general anesthesia during a surgical or other procedure requires careful and continuous evaluation of various vital physiological functions and the recognition and subsequent treatment of any adverse changes.

MAC necessitates the continuous actual presence of an anesthesiologist, resident, or CRNA supervised by an anesthesiologist and includes the performance of a preanesthetic examination and evaluation, prescription of the anesthesia care required, administration of any necessary medications, and provision of indicated postoperative anesthesia care.

PAIN MANAGEMENT

Peripheral nerve blocks, plexus blocks, and epidural and caudal blocks administered for postoperative or intractable pain are covered.

LOCAL ANESTHESIA

Local anesthesia is defined as a volume of local anesthetic that is injected into the cutaneous and subcutaneous tissue only, and provides loss of sensation to pain in a limited area of the body.



The administration of local anesthesia is included in the fee for the procedure; therefore there is no separate reimbursement if the operating physician performs an anesthesia-related service such as an injection of a local, field, or regional block.

PATIENT CONTROLLED ANALGESIA (DURING HOSPITALIZATION)

Patient controlled analgesia is defined as pain control by continuous infusion of pain medication facilitated by an infusion pump in a hospital setting.

Colorado Medicaid covers medically necessary daily pain management service. The service must be conducted face-to-face.

DEEP SEDATION

Deep sedation is a drug-induced depression of consciousness during which recipients cannot be easily aroused but purposefully respond following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Recipients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate.

Deep sedation may be administered by emergency medicine physicians (MDs) whose advance practice training has prepared them for airway management, advanced life support and rescue from any level of sedation.

GASTROINTESTINAL ENDOSCOPIC PROCEDURES

Moderate (conscious) sedation is commonly administered to average-risk adult patients undergoing general, diagnostic, uncomplicated, therapeutic endoscopy and colonoscopy. Moderate (conscious) sedation does not include minimal sedation (anxiolysis), deep sedation, or monitored anesthesia care.

Monitored anesthesia care and general anesthesia may be considered medically necessary during gastrointestinal endoscopic procedures when there is documentation - by the operating physician and the anesthesiologist - of any of the following circumstances:

- 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).
- 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) cognitive limitations
- Increased risk for airway obstruction due to anatomic variant, including **any** of the following:



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Policy & Financing

- 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.

Note: 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.

PAIN MANAGEMENT

Colorado Medicaid covers treatment for chronic pain management, based on guidelines of the American Society of Anesthesiologists. Appropriate diagnostic procedures and interventions include:

- Evaluation and assessment – a documented history and physical examination and an assessment that ultimately supports a chosen treatment strategy
- Interventional diagnostic procedures under appropriate imaging guidance
 - Selective nerve root blocks
 - Medial branch blocks
 - Facet joint injections
 - Sacroiliac joint injections or
 - Provocative discography
- Single modality interventions including, but not limited to
 - First line therapy
 - Pharmacologic management
 - Physical or restorative therapy
 - Blocks (*i.e.*, joint and nerve or nerve root)
 - Electrical nerve stimulation – TENS units etc.
 - Epidural steroids with or without local anesthetics
 - Intrathecal drug therapies
 - Minimally invasive spinal procedures - may should be performed for pain related to vertebral compression fractures



- Trigger point injections
- Medablative techniques (only after other modalities have failed)
- Botulinum toxin injections –For members with piriformis syndrome, the treatment may be effective and Colorado Medicaid will consider extending benefits for this procedure on a case by case basis. Psychologic treatment can be a useful adjunctive treatment in members with chronic pain. These treatments are covered under the behavioral health benefit and may include
 - Cognitive behavioral therapy, biofeedback, and relaxation training; and
 - Supportive psychotherapy, group therapy, or counseling

PRIOR AUTHORIZATION REQUIREMENTS

When a surgical procedure requires prior authorization, it is the responsibility of the surgeon to obtain the prior authorization. Colorado Medicaid covers appropriate anesthesia services ordered by the attending surgeon on prior authorized cases.

Colorado Medicaid may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

GENERAL LIMITATIONS

QUALIFYING CIRCUMSTANCES

Many anesthesia services are provided under difficult circumstances, depending on factors such as extraordinary condition of patient, notable operative conditions, and/or unusual risk factors. These conditions should be reported in addition to the primary procedure, and include:

- Anesthesia for Patient of Extreme Age – reported for patients under 1 year and over 70 years of age.
- Total Body Hypothermia – Anesthesia complicated by utilization of total body hypothermia is covered if hypothermia is due to the type of surgery being performed (for example, open heart or brain surgery).
- Controlled Hypotension – Anesthesia complicated by utilization of controlled hypotension is covered when hypotension is due to the type of surgery being performed (for example, open heart or brain surgery).
- Emergency Conditions – Report for anesthesia complicated by an emergency if delay in the provision of surgery may lead to a significant increase in the threat to life or body part.
- Physical Status modifiers – Anesthesia complicated by the following physical status modifiers may be eligible for additional remuneration:



- Severe systemic disease
- Severe systemic disease that is a constant threat to life
- Moribund patient who is not expected to survive without the operation

ANESTHESIA STAND-BY FOR HIGH RISK OBSTETRICAL DELIVERIES

Anesthesia stand-by services are covered for high-risk deliveries when the appropriate diagnosis code is used and no other anesthesia services are provided.

TERMINATION OF SURGERY

If a surgery is terminated after the preanesthesia evaluation and examination is performed, the documentation must support the level of service provided.

ANESTHESIA CONSULTATIONS

The attending physician or other appropriate source must request consultations, and the need for the consultation must be documented in the client's medical record.

The consultant's opinion and any services that are ordered or performed must also be documented in the client's medical record and communicated by written report to the requesting physician or other appropriate source.

Routine preoperative visits are not considered consultations. Colorado Medicaid follows CPT E/M definitions of consultations.

UNUSUAL ANESTHESIA

Under unusual circumstances, general anesthesia may be performed for procedures that typically require local or regional anesthesia or no anesthesia at all. Colorado Medicaid will review unusual anesthesia claim submissions on a case by case basis. Documentation to support the reported service must be provided with the claim.

BILLING LIMITATIONS FOR MOBILE ANESTHESIA CHARGES

Colorado Medicaid does not provide separate payment for the use of office equipment needed for administration of anesthesia regardless of whether it is onsite or must be transported to the physician's office.

For office-based surgical procedures, charges for the transportation and set up of equipment for the administration of anesthesia are not eligible for payment. Transportation and setup of equipment is considered incidental to and included in the global surgical package for the procedure performed and is not separately payable.

NON-COVERED SERVICES

- Nerve blocks for anesthetic purposes are processed as general anesthesia. Nerve blocks for diagnostic or therapeutic purposes are processed as surgical procedures.
- Acupuncture is not a current benefit of Colorado Medicaid.



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