

Monitored Anesthesia Care for Gastrointestinal Procedures

Policy Number: **M20190321021**
Effective Date: **8/1/2019**
Sponsoring Department: **Health Care Services**
Impacted Department(s): **Health Care Services**

Type of Policy: Internal External

Data Classification: Confidential Restricted Public

Applies to (Line of Business):

- Corporate (All)
- State Products, if yes which plan(s): MediSource; MediSource Connect; Child Health Plus Essential Plan
- Medicare, if yes, which plan(s): MAPD; PDP; ISNP; CSNP
- Commercial, if yes, which type: Large Group; Small Group; Individual
- Self-Funded Services (*Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.*)

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes No

Purpose and Applicability:

To set forth Independent Health's criteria for the use of **monitored anesthesia care (MAC)** for gastrointestinal procedures, including but not limited to colonoscopy and endoscopy.

Policy:

Background:

Adequate sedation and analgesia is an essential component of a diagnostic or therapeutic gastrointestinal procedure. Various levels of sedation and anesthesia may be used depending on the patient's status and the procedure type.

Monitored anesthesia care (MAC) allows for the safe administration of a maximal depth of sedation in excess of that provided during moderate sedation. MAC is an anesthesia service in which an anesthesia clinician continually monitors and supports the patient's vital functions; diagnoses and treats clinical problems that occur; administers sedative, anxiolytic, or analgesic medications if needed; and converts to general anesthesia if required. MAC includes a pre-procedure assessment and optimization, intra-procedural care and post procedure management.

Unlike MAC, moderate sedation is a proceduralist directed service which does not include a qualified anesthesia provider's pre-procedural assessment. National guidelines (e.g., from the American Society of Anesthesiologists) support the use of MAC for patients undergoing outpatient procedures who have certain risk factors or significant medical conditions. Therefore, MAC is considered medically necessary in these situations.

Commercial, Self-Funded and Medicare Advantage:

Monitored anesthesia care may be considered medically necessary during gastrointestinal endoscopic procedures when there is documentation by the anesthesiologist clearly demonstrating that one or more of the following higher risk situations exist as listed in the criteria below.

MediSource, MediSource Connect, Child Health Plus and Essential Plan:

MediSource, MediSource Connect, Child Health Plus and Essential Plan cover monitored anesthesia care utilizing the criteria below.

Compliance and Enforcement

Periodic retrospective audits will be conducted to ensure compliance with this policy. Independent Health will conduct post-service, pre-pay reviews of the member's medical record to determine proper compliance with its Monitored Anesthesia Care for Gastrointestinal Procedures policy.

Anesthesia claims will be denied if provided clinical documentation does not indicate compliance with the clinical criteria below.

Note: In the continuum of sedation procedures, those members not meeting the monitored anesthesia criteria above would also not be medically eligible for general anesthesia for gastrointestinal procedures.

Clinical Indications:

Monitored anesthesia care may be considered medically necessary **for 1 or more** of the following:

- Increased risk for complications due to severe co-morbidity (**ASA** class 3 physical status or greater; see Definitions section below)
- Severe sleep apnea that requires use of a positive pressure airway device during sleep
- Morbid obesity (Body mass index >40)
- Increased risk of airway obstruction due to anatomic variation (e.g., abnormalities of the oral cavity, neck or jaw, dysmorphic facial features)
- Inability to follow simple commands due to cognitive dysfunction or psychological impairment
- Spasticity or movement disorder complicating procedure
- History or anticipated intolerance to standard sedatives due to chronic opioid or benzodiazepine use

- Active medical problems related to drug or alcohol abuse
- Age older than 70
- Age younger than 18 years
- Pregnancy
- Documented history of previous problems with anesthesia or sedatives (e.g., failure of moderate sedation)
- Prolonged or therapeutic procedure requiring deep sedation
- Acutely agitated or uncooperative patients (e.g., delirium, organic brain disease, dementia)

Pre-Authorization Required? Yes No

Pre-authorization is not required at the present time. Criteria above will be utilized upon retrospective review.

Definitions

American Society of Anesthesiologists' (ASA) physical status classification for assessing a patient prior to surgery includes the following:

- I. Normal, healthy patient- ASA physical status 1;
- II. Patient with mild systemic disease- ASA physical status 2;
- III. Patient with severe systemic disease- ASA physical status 3;
- IV. Patient with severe systemic disease that is a constant threat to life- ASA physical status 4;
- V. Moribund patient who is not expected to survive without the operation-ASA physical status 5;
- VI. Patient declared brain dead whose organs are being harvested for donor purposes- ASA physical status 6.

Moderate sedation is a proceduralist directed service which does not include a qualified anesthesia provider's periprocedural assessment. During moderate sedation, the responsible physician typically assumes the dual role of performing the procedure and supervising the sedation and/or analgesic medications that can allay patient anxiety and limit pain during a diagnostic or therapeutic procedure.

Monitored anesthesia care (MAC) is an anesthesia service provided by a qualified anesthesia provider for a diagnostic or therapeutic procedure. MAC includes all aspects of anesthesia care including a pre-procedure assessment and optimization, intraprocedural care and postprocedural care. Specific services include diagnosis and treatment of clinical problems that occur during the procedure, support of vital functions inclusive of hemodynamic stability, airway management and appropriate management of the procedure induced pathologic changes, administration of sedatives, analgesics, hypnotics, anesthetic agents or other medications necessary for patient safety.

References

Related Policies, Processes and Other Documents

N/A

Non-Regulatory references

Adams MA, Saleh A, Rubenstein JH. A Systematic Review of Factors Associated with Utilization of Monitored Anesthesia Care for Gastrointestinal Endoscopy. Gastroenterol Hepatol (NY). 2016 Jun;12(6):361-70.

American Society of Anesthesiologists (ASA) [web site]. Distinguishing Monitored Anesthesia Care (“MAC”) From Moderate Sedation/Analgesia (Conscious Sedation). Amended October 19, 2023. Available at: [Statement on Distinguishing Monitored Anesthesia Care from Moderate Sedation Analgesia](#) Accessed December 9, 2025

ASGE Standards of Practice Committee, Early DS, Lightdale JR, Vargo JJ 2nd, et al. Guidelines for sedation and anesthesia in GI endoscopy. Gastrointest Endosc. 2018 Feb;87(2):327-337.

Cohen, J. Gastrointestinal endoscopy in adults: Procedural sedation administered by endoscopists. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on February 1, 2023.)

Cohen LB, Delegge MH, Aisenberg J, et al. AGA Institute review of endoscopic sedation. Gastroenterology. Aug 2007;133(2):675-701.

Hinkelbein J, Lamperti M, Akesson J, et al. European Society of Anaesthesiology and European Board of Anaesthesiology guidelines for procedural sedation and analgesia in adults. Eur J Anaesthesiol. 2018 Jan;35(1):6-24.

Rosero EB. Monitored anesthesia care in adults. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on February 1, 2023)

Regulatory References

Centers for Medicare and Medicaid (CMS) [web site]. Medicare Claims Processing Manual Chapter 12 - Physicians/Nonphysician Practitioners. Section 50 - Payment for Anesthesiology Services (Rev. 13012, 12-19-2024). Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf> Accessed December 9, 2025

New York State Department of Health [web site]. New York State Medicaid Program Physician Procedure Codes. Section 6 – Anesthesia. Version 2021. Available at:

https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician_Procedure_Codes_Sect6.pdf

Accessed December 9, 2025

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member’s contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes No

Revision Date	Owner	Notes
4/1/2026	Health Care Services	Reviewed
8/1/2025	Health Care Services	Revised- Formatting only
4/1/2025	Health Care Services	Reviewed

4/1/2024	Health Care Services	Revised
11/1/2023	Health Care Services	Revised
4/1/2023	Health Care Services	Reviewed
4/1/2022	Health Care Services	Reviewed
4/1/2021	Health Care Services	Reviewed
4/1/2020	Medical Management	Revised
8/1/2019	Medical Management	Effective Date changed from 5/1/2019