CLINICAL GUIDELINES

CMM-400: Anesthesia Services for Interventional Pain Procedures

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Clinical guidelines for medical necessity review of Comprehensive Musculoskeletal Management Services.
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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[3].
  - **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[3].
  - **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[3].
- **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[7].
- **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[3].

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.

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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 procedures[8]:
  - 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[13]
  - Hyperkinetic movement disorders including **ANY** of the following[12]:
    - 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 following[10]:
    - Active hepatitis
    - Cardiac disease including **ANY** of the following:
      - Poorly controlled hypertension
      - Implanted pacemaker/defibrillator

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    - Moderate to severe reduction in ejection fraction requiring medical treatment
  - End stage renal disease requiring dialysis
  - Morbid obesity (BMI ≥ 40 kg/m^2)
  - 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

- 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)**.

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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 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 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**
01935	Anesthesia for Percutaneous Image Guided Procedures on the Spine and Spinal Cord; **Diagnostic**
01936	Anesthesia for Percutaneous Image Guided Procedures on the Spine and Spinal Cord; **Therapeutic**
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.

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