

8th District Branch Report  
Edward Kelly Bartels, M.D., Councilor  
September 2019

The MSCE continues to voice their concern regarding a policy change initiated by Independent Health which stipulates new criteria for the use of monitored anesthesia care for gastrointestinal procedures. A copy of the policy is attached to this report. Meetings continue to take place with elected legislators, as well as a meeting has been scheduled with the editorial board of the BUFFALO NEWS during which conversation centers upon the insurer's policy to limit care on the basis of cost and the detrimental implications for patients. There is evidence that allowing gastroenterologists to focus on the procedure, and not sedation allows for increased rates of polyp detention, higher colon screening completion rates, and improved patient satisfaction. Senators Gallivan, Kennedy and Ranzenhofer as well as Assemblymember Wallace are supporting the collaborative efforts of the MSCE and NYSSA to have the policy rescinded. These legislators have also advised the 2 organizations that letters will be sent to both DFS and the NYS DOH of the IHA policy and concerns to patient access and safety.

A collaborative program entitled "Transformational Leadership: Professional Bravery – Define & Achieve your Goals" will take place on Saturday September 21, 2019 at Canisus College. This learning and networking event, hosted by the Medical Society of the County of Erie, the Bar Association of Erie County and members of NAWBO brings together WNY women leaders in business, medicine, law and education. The day long agenda includes "Developing your Strategic Plan", "Understanding your Inner Script". Breakout sessions entitled "Caught in the Middle" which explore early career, starting a family and being part of the sandwich generation; "Movin' On" which discusses the issue of facing a transition in career;; and finally "Keepin' On" which offers insight by super ambitious, high powered, high achieving women and how they sustain their drive throughout including self-care. Speakers include Elisabeth Dexter, MD (RPCCC thoracic surgeon), Danielle Bergman (Asst. Medical Center Director, VAWNYHS), Katie Krawczyk (Partner/CEO – 19 Ideas) Bridget Niland (Director of Project Play/Community Foundation of WNY), Kristen Robillard, MD (Managing Partner, Lakeshore Primary Care Assoc.) as well as former NSWBO president Lisa Coppola, Esq.

Partnering with Univera Healthcare, the MSCE will host an evening's networking event during which physicians will learn how to recharge and take care of themselves after a day spent caring for others. Dr. Ron Fish, Ph.D. psychologist and co-owner of Psychological Healthcare, and Mickey Lebowitz, MD, have developed this wellness course with the ultimate goal of helping participants not just survive but thrive in healthcare settings and achieve quality of care, quality of caring and life. The event will take place on September 26<sup>th</sup>.

**Monitored Anesthesia Care for Gastrointestinal Procedures**

Policy Number: **M20190321021**  
Effective Date: **5/1/2019**  
Sponsoring Department: **Medical Management**  
Impacted Department(s): **Medical Management**

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  
☒ 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)**

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Applicable to Vendors? Yes ☐ No ☒

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**Purpose and Applicability:**

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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:

### Commercial, Self-Funded and Medicare Advantage:

Monitored anesthesia care may be considered medically necessary during gastrointestinal endoscopic procedures when there is documentation by the operating physician or the anesthesiologist clearly demonstrating that one or more of the following higher risk situations exist:

- 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; or
- Acutely agitated or uncooperative patients (e.g., delirium, organic brain disease, dementia).

### 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 above.

### Compliance and Enforcement

Periodic retrospective audits will be conducted to ensure compliance with this policy. Providers found to be non-compliant will be subjected to a significant monetary sanction for each case identified.

### 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

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problems that occur; administers sedative, anxiolytic, or analgesic medications if needed; and converts to general anesthesia if required. MAC includes a preprocedure assessment and optimization, intraoperative care and post procedure management.

Unlike MAC, moderate sedation is a proceduralist directed service which does not include a qualified anesthesia provider's periprocedural 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.

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**Pre-Authorization Required?** Yes ☐ No ☒

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

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### 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

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preprocedure assessment and optimization, Intraoperative care and postoperative 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.

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.

## References

### Related Policies, Processes and Other Documents

#### 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 (N Y)*. 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 17, 2018. Available at: <https://www.asahq.org/standards-and-guidelines/distinguishing-monitored-anesthesia-care-mac-from-moderate-sedationanalgesia-conscious-sedation> . Accessed February 6, 2019.

American Society of Anesthesiologists (ASA) [web site]. Position on Monitored Anesthesia Care. Amended October 17, 2018. Available at: <https://www.asahq.org/standards-and-guidelines/position-on-monitored-anesthesia-care> . Accessed February 6, 2019.

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

Hinkelbein J, Lamperti M, Akeson 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 6, 2019.)

#### 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. 3747; Issued: 04-14-17; Effective: 01-01-17; Implementation: 05-15-17). Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf> . Accessed February 6, 2019.

New York State Department of Health [web site]. New York State Medicaid Program Physician Procedure Codes. Section 6 – Anesthesia. Version 2019. Available at: [https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician\\_Procedure\\_Codes\\_Sect6.pdf](https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician_Procedure_Codes_Sect6.pdf) . Accessed February 8, 2019.

*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

##### Sponsored By:

Name sponsor: Timothy Haley, MD

Title of sponsor: Medical Director-Medical Policy & Utilization Management

Signature of sponsor:

Revision Date	Owner	Notes
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