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Moderate Sedation

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DESCRIPTION:

Moderate (conscious) sedation, also known as conscious sedation, is defined as 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 cardiovascular function or a patent airway, and spontaneous ventilation is adequate.

Moderate sedation codes are not used to report administration of medications for pain control, minimal sedation (anxiolysis), deep sedation or monitored anesthesia care (00100-01999).

REIMBURSEMENT INFORMATION:

Codes 99151-99153 describe moderate sedation provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status. Codes 99155-99157 describe moderate sedation provided by a physician or other qualified health care professional other than the health care professional performing the diagnostic or therapeutic service that the sedation supports.

The Centers of Medicare & Medicaid Services (CMS) created Healthcare Common Procedure Coding System (HCPCS) code G0500 to describe the initial 15 minutes of intraservice time provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic procedure that the sedation supports.

G0500 should be used if the procedure the sedation supports is a gastrointestinal endoscopic procedure, and the same physician or other qualified health care professional provides the sedation. Code 99153 would be used to report additional time, beyond the initial 15 minutes of intraservice time, if appropriate.

Preservice, intraservice and postservice work activities are described in American Medical Association *Current Procedural Terminology* (CPT®) Professional Edition. These activities are included in the moderate sedation codes and are not reported separately.

Intraservice time is used to define the appropriate code(s) to report moderate sedation services and must be documented in the clinical records. Preservice and postservice work times are not used to select the appropriate code. Intraservice time begins with the administration of the sedation agent and ends when the procedure is completed, the patient is stable for recovery status and the physician or other qualified healthcare professional providing the sedation ends personal continuous face to face time with the patient.

When a second physician other than the health care professional performing the procedure provides the moderate sedation in a facility setting, codes 99155-99157 are appropriate; when these services are performed by the second physician in the non-facility setting (e.g., physician office, imaging center, clinic), codes 99155-99157 should not be reported and are not reimbursed.

Furthermore, codes 99151-99157 will not be separately reimbursed with any procedure whose description contains "with anesthesia", "under anesthesia", "under or requiring general anesthesia", etc., based on their verbiage and the fact that conscious sedation is not expected with these procedures.

The following services are included in the reimbursement for moderate sedation and are not to be reported separately:

- Assessment of the patient
- Establishment of IV access and fluids to maintain patency; when performed
- Administration of agent
- Maintenance of sedation
- Monitoring of oxygen saturation, heart rate, and blood pressure
- Recovery

CPT® 99153 has no physician work associated with it and is therefore a technical component only code (PC/TC indicator 3). When billed in a facility setting it is not payable to the physician but may be paid to the facility. When billed in the office it is payable to the physician.

Appeals to override this policy will not be accepted.

BILLING/CODING INFORMATION:

The following codes may be used to describe moderate sedation:

CPT® Coding

99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15
	minutes of intraservice time, patient younger than 5 years of age

99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)
99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)
G0500	Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older (additional time may be reported with 99153, as appropriate)

DEFINITIONS:

General anesthesia: a drug-induced loss of consciousness during which patients are not able to be aroused, even by painful stimulation. The ability to independently maintain ventilator 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.

Sedation: the act of calming, especially by the administration of a sedative (i.e., a drug that quiets nervous excitement).

Moderate Sedation: 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 cardiovascular function or patent airway, and spontaneous ventilation is adequate.

Same Physician or Other Health Care Professional:

Same physician or other health care professional for the purposes of this policy includes all physicians and/or other health care professionals reporting under the same Federal Tax Identification number.

RELATED MEDICAL COVERAGE GUIDELINES OR PAYMENT POLICIES:

Anesthesia Services 10-003 Professional/Technical Component 10-014

REFERENCES:

- 1. Centers of Medicare and Medicaid Services (CMS): Medicare Claims Processing Manual, Publication 100-4, Chapter 12, Section 50 Payment for Anesthesiology Services
- 2. CMS National Correct Coding Initiative (NCCI) https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html
- 3. American Medical Association Current Procedural Terminology (CPT®) Professional Edition
- 4. Centers for Medicare & Medicaid Services (CMS), HCPCS Release and Code Sets, https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update

GUIDELINE UPDATE INFORMATION

02/15/21	Mapped sentence structure in Reimbursement Information to FB policy
03/17/22	Annual Review – no changes
03/09/23	Annual Review – References reviewed and updated.

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