

## Corporate Medical Policy

### Anesthesia Services

**File Name:** anesthesia\_services  
**Origination:** 8/2007  
**Last Review:** 10/2024

#### Description of Procedure or Service

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There are three main categories of anesthesia: local, regional and general.

1. Local anesthesia is usually injected into the tissue to numb just the specific location of the body requiring minor surgery. Local infiltration or topical application of an anesthetic into or onto the operative site is local, rather than regional, anesthesia.
2. Regional anesthesia involves making a particular region of the body numb, or insensitive to pain. The region is usually large such as a limb, or the lower body. Regional anesthesia allows for an anesthesiologist to make an injection near a cluster of nerves, nerve trunks, or a major nerve to numb the area of the body requiring surgery. The patient may remain awake, or may be given a sedative. Two of the most frequently used types of regional anesthesia are spinal anesthesia and epidural anesthesia.
3. General anesthesia causes the patient to be made unconscious, with no awareness and they are unarousable, even with painful stimuli. General anesthetic drugs include gases or vapors inhaled through a breathing mask or tube and medications introduced through a vein. The medications used to create a state of general anesthesia are potent and they work quickly and smoothly. The ability to independently maintain ventilatory function is often impaired. Patients may require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation and/or drug-induced depression of neuromuscular function, cardiovascular function may also be impaired. The anesthesiologist monitors the patient's vital signs and other parameters constantly to avoid side effects of the medications, to provide a high level of safety to the patient, and also to provide comprehensive management of concurrent medical problems.

Monitored anesthesia care (MAC) is a specific anesthesia service for a diagnostic or therapeutic procedure. MAC refers to a set of physician services, not a particular level of sedation. Various levels of sedation and analgesia (anesthesia) may be used depending on the procedure to be performed and the patient's clinical condition. The services include the ability to convert to a general anesthesia if needed and to intervene in the event that a patient's airway becomes compromised. MAC includes the performance of a preanesthetic examination and evaluation, prescription of the anesthesia care required, administration of any necessary oral or parenteral medications (e.g., sedation and analgesia medications), comprehensive management of concurrent medical problems, and the provision of indicated postoperative anesthesia care.

MAC includes the intra-operative monitoring of an individual's physiological signs in anticipation of either the need for administration of general anesthesia or the need to treat the development of an adverse physiological reaction to the anesthetic itself or to the surgical procedure (e.g., hypotension, blood loss). This monitoring includes the evaluation of the patient's oxygenation, ventilation, circulation, temperature, etc.

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Moderate sedation/analgesia (conscious sedation) is used to avoid patient anxiety and control pain during a diagnostic or therapeutic procedure. A sedative and/or analgesic is generally given by the physician performing the procedure or someone under his/her supervision. It provides depression of consciousness allowing the patient to be relaxed and comfortable but responsive to verbal commands while having the procedure. The patient is able to maintain his or her own respiratory function without breathing assistance with this sedation. This is considered part of the procedure being performed and is not eligible for separate reimbursement.

**\*\*\*Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

## Policy

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**BCBSNC will provide coverage for Anesthesia Services when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.**

## Benefits Application

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This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

## When Anesthesia Services are covered

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The following anesthesia services may be considered medically necessary:

- General Anesthesia
- Regional Block Anesthesia
  - Nerve trunk block
  - IV anesthesia proximal to elbow and knee
  - Spinal anesthesia
  - Epidural anesthesia
- Monitored Anesthesia Care (when used in lieu of general anesthesia)

Regional block and monitored anesthesia care are regarded as equivalent to general anesthesia. Anesthesia services must be administered by a medical doctor or a qualified anesthetist under the direction of a medical doctor.

Anesthesia may be considered medically necessary for the safe and effective administration of dental procedures for young children (below the age of 9 years), persons with serious mental or physical conditions or persons with significant behavioral problems.

The following components are considered an integral part of the anesthesia service and additional benefits are not provided:

- Pre-anesthesia evaluation
- Postoperative visits
- Administration of anesthetic, fluids and/or blood administered by the medical doctor of anesthesiology (MDA) or qualified anesthetist and necessary drugs and materials provided by the MDA
- Interpretation of invasive and/or non-invasive monitoring procedures including: EKG, EEG, EMG, blood gases, capnography, oxygen saturation, evoked potentials
- Services administered in recovery room

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## **When Anesthesia Services are not covered**

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The administration of local anesthesia or for anesthesia administered by the operating surgeon, surgical assistant or dentist is considered incidental to the surgical or dental procedure. This includes sedation given for endoscopic procedures including colonoscopy. Separate reimbursement is not provided for incidental services. (Refer to separate policy, "Bundling Guidelines".)

In the case of cardiac catheterization and PTCA, the catheterization lab setting provides monitoring availability. Any monitoring not done by the attending cardiologist is done by hospital personnel and separate benefits are not provided.

## **Policy Guidelines**

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The anesthesia benefit includes coverage for general, regional, and monitored anesthesia care (MAC) ordered by the attending doctor and administered by or under the supervision of an anesthesiologist. There are no additional benefits for local anesthetics or anesthesia administered by the attending physician.

In accordance with the North Carolina Medical Board Position Statement entitled Office Based Procedures, "Anesthesia should be administered by an anesthesiologist or a CRNA supervised by a physician. The physician who performs the surgical or special procedure should not administer the anesthesia. The anesthesia provider should not be otherwise involved in the surgical or special procedure."

## **Billing/Coding/Physician Documentation Information**

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable codes: See procedure code for the specific procedure or service.*

BCBSNC 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.

## **Scientific Background and Reference Sources**

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Senior Medical Director Review - 8/2007

American Society of Anesthesiologists. 2008. Distinguishing monitored anesthesia care ("MAC") from moderate sedation/analgesia (conscious sedation). Retrieved 6/5/09 from <http://www.asahq.org/publicationsAndService/standards/35.pdf>.

American Society of Anesthesiologists. 2008. Position on monitored anesthesia care. Retrieved 6/5/09 from <http://www.asahq.org/publicationsAndService/standards/23.pdf>.

American Society of Anesthesiologists. 2008. Standards for basic anesthetic monitoring. Retrieved 6/5/09 from <http://www.asahq.org/publicationsAndService/standards/02.pdf>.

Specialty Matched Consultant Advisory Panel - 8/2009

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Specialty Matched Consultant Advisory Panel – 12/2009

BCBSA Medical Policy Reference Manual [Electronic Version]. 7.02.01, 7/8/2010

North Carolina Medical Board Position Statements (electronic version) retrieved 8/2/2017 from [https://www.ncmedboard.org/resources-information/professional-resources/laws-rules-position-statements/position-statements/office-based\\_procedures](https://www.ncmedboard.org/resources-information/professional-resources/laws-rules-position-statements/position-statements/office-based_procedures)

Senior Medical Director – 10/2011

Specialty Matched Consultant Advisory Panel – 11/2011

Specialty Matched Consultant Advisory Panel – 1/2013

Specialty Matched Consultant Advisory Panel – 1/2014

Specialty Matched Consultant Advisory Panel – 1/2015

Specialty Matched Consultant Advisory Panel 1/2016

Medical Director review 1/2016

BCBSA Medical Policy Reference Manual [Electronic Version]. 7.02.01, 11/8/2016

BCBSA Medical Policy Reference Manual [Electronic Version]. 7.02.01, 11/9/2017

Specialty Matched Consultant Advisory Panel 10/2020

BCBSA Medical Policy Reference Manual [Electronic Version]. 7.02.01, 11/14/2019

Specialty Matched Consultant Advisory Panel 10/2021

BCBSA Medical Policy Reference Manual [Electronic Version]. 7.02.01, 01/2021

Medical Director review 10/2021

Specialty Matched Consultant Advisory Panel 10/2022

Medical Director review 10/2022

American Society of Anesthesiologists (ASA). Position on monitored anesthesia care (Amended October 17, 2018). 2018; <https://www.asahq.org/standards-and-guidelines/position-on-monitored-anesthesia-care>

American Society of Anesthesiologists (ASA). Distinguishing monitored Anesthesia care (MAC) from moderate sedation/analgesia (Last Amended October 17, 2018). 2018; <https://www.asahq.org/standards-and-guidelines/distinguishing-monitored-anesthesia-care-mac-from-moderate-sedationanalgesia-conscious-sedation>.

Specialty Matched Consultant Advisory Panel 10/2023

Medical Director review 10/2023

Specialty Matched Consultant Advisory Panel 10/2024

Medical Director review 10/2024

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## Policy Implementation/Update Information

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- 8/27/07 New policy implemented. Senior Medical Director review 8/7/2007. (btw)
- 2/2/10 Consultant Advisory Panel Review 8/28/09. No changes made at that time. Consultant Advisory Panel Review 12/30/09. Updated "Description" section. Changed "spinal block anesthetics" to "regional" in "Policy Guidelines" section. Minor formatting changes made. References added. (btw)
- 6/22/10 Policy number(s) removed. (btw)
- 11/8/11 Information under the "When Anesthesia Services Are Not Covered" revised. The following statements were deleted: "Monitoring of IV sedation by an anesthesiologist for gastrointestinal endoscopy, arteriograms, CT scans, MRIs, cardiac catheterizations, and PTCA is generally considered not medically necessary except for children, acutely agitated patients, or, in some cases, for acutely ill patients who cannot have the procedure without sedation. Exceptions may be made for CT scans and MRIs for agitated patients. Examples include but are not limited to patients with: organic brain disease, senile dementia, delirium, claustrophobia, or uncooperative mentally retarded patients." The following statements were added; "See separate evidence-based guideline, "Monitored Anesthesia Care", for the evidence supporting use of Monitored Anesthesia for procedures including but not limited to: GASTROINTESTINAL ENDOSCOPY, ARTERIOGRAMS, CT SCANS, AND MRIS." AND "In accordance with the North Carolina Medical Board Position Statement entitled Office Based Procedures, "Anesthesia should be administered by an anesthesiologist or a CRNA supervised by a physician. The physician who performs the surgical or special procedure should not administer the anesthesia. The anesthesia provider should not be otherwise involved in the surgical or special procedure." "Policy Guidelines" revised. The following statements were removed: "The Office-Based Moderate Sedation/Analgesia (Conscious Sedation) Certification for endoscopic and other specified procedures never intended for the provider to use Propofol in the office setting. The package insert for Propofol (Diprivan®), AstraZeneca) indicates in the Warnings section; "For general anesthesia or monitored anesthesia care (MAC) sedation, Diprivan Injectable Emulsion should be administered only by persons trained in the administration of general anesthesia and not involved in the conduct of the surgical/diagnostic procedure. Sedated patients should be continuously monitored, and facilities for maintenance of a patent airway, providing artificial ventilation, administering supplemental oxygen, and instituting cardiovascular resuscitation must be immediately available.". Removed the following statement: "It is expected that the supervising anesthesiologist for any certified registered nurse anesthetist (CRNA) or anesthesiologist assistant (AA) must be on-site while the anesthesia is being administered. Services being rendered by a CRNA or AA should be filed under the supervising Anesthesiologist's provider number." Added the following reference: North Carolina Medical Board Position Statements (electronic version) retrieved 7/5/2011 from [http://www.ncmedboard.org/position\\_statements/detail/office-based\\_procedures/](http://www.ncmedboard.org/position_statements/detail/office-based_procedures/). Removed the following reference: "FDA. (2007). Diprivan® (propofol) injectable emulsion for IV administration. Retrieved 7/31/2007 from <http://www.fda.gov/cder/foi/label/2007/019627s045lbl.pdf>." Reviewed by Senior Medical Director 10/20/2011. (btw)
- 1/10/12 Specialty Matched Consultant Advisory Panel review 11/30/2011. No change to policy statement. (btw)

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- 1/29/13 Specialty Matched Consultant Advisory Panel review 1/16/2013. Under the When Covered section, moved spinal anesthesia under regional anesthesia and added epidural to bulleted list. No change to policy intent. (btw)
- 2/11/14 Specialty Matched Consultant Advisory Panel review 1/28/14. No change to policy statement. (btw)
- 2/24/15 References updated. Specialty Matched Consultant Advisory Panel review 1/2015. Medical Director Review 1/2015. Policy Statement unchanged. (td)
- 2/29/16 When Covered section updated. References updated. Specialty Matched Consultant Advisory Panel review 1/27/2016. Medical Director Review 1/2016. (td)
- 12/30/16 Description of Monitored Anesthesia Care updated. Reference added. Specialty Matched Consultant Advisory Panel review 11/30/2016. No change to policy statement. (an)
- 3/31/17 The following statement was added to the section “When Anesthesia Services are Covered”: Anesthesia may be considered medically necessary for the safe and effective administration of dental procedures for young children (below the age of 9 years), persons with serious mental or physical conditions or persons with significant behavioral problems. The first sentence in the “When Anesthesia Services are not Covered” was revised to read: The administration of local anesthesia or for anesthesia administered by the operating surgeon, surgical assistant **or dentist** is considered incidental to the surgical or **dental procedure**. (an)
- 8/1/17 Updated link to NC Medical Board position statement for office-based procedures. (an)
- 12/15/17 Reference added. Specialty Matched Consultant Advisory Panel review 11/29/2017. No change to policy statement. (an)
- 11/9/18 Specialty Matched Consultant Advisory Panel review 10/24/2018. No change to policy statement. (an)
- 10/29/19 Specialty Matched Consultant Advisory Panel review 10/16/2019. No change to policy statement. (eel)
- 11/10/20 Specialty Matched Consultant Advisory Panel review 10/21/2020. No change to policy statement. (eel)
- 11/2/21 References updated. Specialty Matched Consultant Advisory Panel review 10/2021. Medical Director Review 10/2021. No change to policy statement. (tt)
- 11/1/22 References updated. Specialty Matched Consultant Advisory Panel review 10/2022. Medical Director Review 10/2022. No change to policy statement. (tt)
- 11/7/23 References updated. Specialty Matched Consultant Advisory Panel review 10/2023. Medical Director Review 10/2023. No change to policy statement. (tt)
- 10/30/24 References updated. Specialty Matched Consultant Advisory Panel review 10/2024. Medical Director Review 10/2024. No change to policy statement. (tt)

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.