

## Commercial Reimbursement Policy

Subject: **Moderate (Conscious) Sedation – Professional**

Policy Number: **C-08008**

Policy Section: **Anesthesia**

Last Approval Date: **12/29/2023**

Effective Date: **11/19/2021**

### Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by an Anthem member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

### Policy

Anthem considers the following services to be included in the reimbursement for moderate sedation and not eligible for separate reimbursement unless provider, state, or federal contracts and/or requirements indicate otherwise:

- Assessment of the patient (not included in intraservice time).
- Establishment of IV access and fluids when performed to maintain patency.
- Administration of agent(s).
- Maintenance of sedation.

- Monitoring of oxygen saturation, heart rate and blood pressure.
- Recovery (not included in intraservice time).

Moderate sedation administered by a provider that is not performing the associated surgical, diagnostic, or therapeutic procedure is not eligible for reimbursement when administered in a non-facility setting.

For providers using fee schedules based on RVU's 2016 and older: moderate sedation is not eligible for separate reimbursement when the performing provider reports moderate sedation along with a procedure listed in CPT® Appendix G linked below.

For providers using fee schedules based on 2017 and later RVU's: moderate sedation is eligible for separate reimbursement when the same provider reports both the procedure and the moderate sedation.

### Related Coding

Code	Description	Comments
99151	Moderate sedation services provided by the same physician or other qualified healthcare 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	Eligible for separate reimbursement when reported with procedure codes that reimburse based on 2017 and later RVUs in the provider's contracted fee schedule
99152	Moderate sedation services provided by the same physician or other qualified healthcare 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	Eligible for separate reimbursement when reported with procedure codes that reimburse based on 2017 and later RVUs in the provider's contracted fee schedule
99153	Moderate sedation services provided by the same physician or other qualified healthcare 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)	Eligible for separate reimbursement when reported with procedure codes that reimburse based on 2017 and later RVUs in the provider's contracted fee schedule

99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified healthcare professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age	Eligible for separate reimbursement when reported with procedure codes that reimburse based on 2017 and later RVUs in the provider's contracted fee schedule
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified healthcare professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	Eligible for separate reimbursement when reported with procedure codes that reimburse based on 2017 and later RVUs in the provider's contracted fee schedule
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified healthcare professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes of intraservice time (List separately in addition to code for primary service)	Eligible for separate reimbursement when reported with procedure codes that reimburse based on 2017 and later RVUs in the provider's contracted fee schedule
Appendix G (CPT® 2016 and older)	<a href="#">Codes that include moderate sedation</a>	These codes are automatically bundled with moderate sedation, only if the fee schedule uses 2016 and older RVUs; No modifier override

## Policy History

12/29/2023	Review approved: no changes
11/19/2021	Review approved: policy language updated in favor of a two-tiered policy (based on the contracted fee schedule of the provider); additional language changes were made; minor grammatical edits were made to the Policy History section; a definition was added for RVUs and additional language was added to the definition of intraservice time; CMS was added as a reference; comments were added to the Related Coding section
09/15/2020	Review approved: updated policy language; removed deleted codes
06/01/2019	Review approved: policy template updated; retained description section
10/04/2016	Review approved: revised title to include Moderate ( <i>Conscious</i> ) Sedation to match CPT®; replaced 2016 sedation codes with 2017 sedation codes; revised policy statement (that Empire designates the procedures moderate (conscious) sedation is included with); these designated codes were previously listed in CPT® Appendix G, which was deleted for 2017; added

	code list of previous Appendix G codes that will not allow separate sedation when reported by same provider
03/01/2016	Review approved: language updated with no changes made to the policy criteria; for example, updated provider type as “physician or other qualified health care professional”; added language for coding that the coding is provided as an informational tool and does not guarantee reimbursement
03/05/2015	Review approved: edited the policy statement in the description section to read “The policy documents Empire’s reimbursement and reporting guidelines for moderate sedation.” (consistent language with our other policies); new language was added to the policy section, that “Empire follows” Appendix G, which lists codes that include moderate sedation; CPT® Codes were put into a table and footnotes were removed
03/04/2014	Review approved: no changes
03/05/2013	Review approved: added language (“or other qualified health care professional”) to match 2013 CPT® language for codes 99143-99148; added footnotes as applicable
03/06/2012	Annual review approved: no changes
03/01/2011	Review approved: a second paragraph was added to the description section to indicate the scope of this policy
03/12/2010	Review approved
09/18/2008	Initial approval and effective

## References and Research Materials

This policy has been developed through consideration of the following:

- American Medical Association (AMA) Current Procedural Terminology (CPT®) 2023
- CMS
- Healthcare Common Procedure Coding System (HCPCS) 2023
- Optum EncoderPro 2023
- Resource-based relative value scale (RBRVS) 2023

## Definitions

Independent trained observer	An individual who is qualified to monitor the patient during the procedure.
Intraservice time	The time within a single episode of care, which is used in 15-minute intervals to determine the appropriate CPT® code to report moderate sedation services. Intraservice time starts with the administration of the sedation agent(s), continues with direct (face-to-face) attendance, and ends at the close of personal contact, with the patient, by the physician or other qualified healthcare professional providing the sedation.
Moderate (Conscious) Sedation	Drug-induced depression of consciousness during which patients respond purposefully to verbal commands.
RVUs	Relative Value Units are the units of measurement for CMS’s resource-based relative value scale (RBRVS), which are used to define the value

	of a service or procedure relative to the value of all other services and procedures.
General Reimbursement Policy Definitions	

<b>Related Policies and Materials</b>
Professional Anesthesia Services

**Use of Reimbursement Policy**

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over Reimbursement Policy and must be considered first in determining eligibility for coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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