CENTENE Corporation

Payment Policy: Moderate Conscious Sedation

Reference Number: CC.PP.015
Product Types: ALL
Effective Date: 01/01/2013
Last Review Date: 03/05/2018

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Policy Overview

The American Medical Association's (AMA) Current Procedural Terminology (CPT®) defines Moderate Conscious Sedation 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 a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

Moderate Conscious Sedation includes CPT® codes (99151-99153, 99155-99157) and does not include the anesthesia codes 00100-01999.

Certain procedures/services are considered integral to the moderate conscious sedation procedure and should not be reported separately:

- Assessment of the patient (not included in intraservice time);
- Establishment of IV access and fluids to maintain line patency;
- Administration of agent(s);
- Maintenance of sedation;
- Monitoring of O2 saturation, heart rate and blood pressure; and
- recovery

CPT® codes 99151-99153 should not be reported with codes listed in Appendix G of the CPT® manual. Appendix G codes are inclusive of moderate conscious sedation.

CPT® codes 99155-99157 should not be reported with codes listed in Appendix G of the CPT® manual when billed in a non-facility setting. Appendix G codes are inclusive of moderate conscious sedation.

Furthermore, to bill CPT codes 99151-99153 and 99155-99157, the physician or other qualified health care professional performing the service, must have an ***independent trained observer*** present to assist in monitoring the patient's level of consciousness and physiological status.

Reimbursement

The Health Plan will not allow separate reimbursement for Procedure codes 99151-99153 when billed with

1. Procedures listed in Appendix G of the CPT book
2. Anesthesia procedures (CPT codes 00100-01999)
3. CPT and HCPCS codes that are part of CMS NCCI edit

The Health Plan will allow separate reimbursement for Moderate Sedation services reported as CPT® codes 99151-99153 when provided by the Same Physician, hospital, ambulatory surgical center, or other qualified health care professional reporting the diagnostic or therapeutic procedure.

Utilization
Sedation Performed by Second Physician in A Facility Setting

When moderate conscious sedation is administered by a physician or other qualified health professional other than the health care professional performing the procedure or therapeutic service, in the facility setting, (e.g., hospital, outpatient hospital/ambulatory surgery center, skilled nursing facility) for the procedures listed in Appendix G, CPT® instruct the second physician or other qualified healthcare professional to report 991455-99157.

Medicare Defined Place of Service Codes for Facility Setting

- 21 Inpatient Hospital
- 22 Outpatient Hospital
- 23 Emergency Room-Hospital
- 24 Ambulatory Surgical Center
- 26 Military Treatment Facility
- 31 Skilled Nursing Facility
- 34 Hospice
- 41 Ambulance - Land
- 42 Ambulance - Air or Water
- 51 Inpatient Psychiatric Facility
- 52 Psychiatric Facility - Partial Hospitalization
- 53 Community Mental Health Center
- 56 Psychiatric Residential Treatment Center
- 61 Comprehensive Inpatient Rehabilitation Facility

Sedation Performed by Second Physician in a Non-Facility Setting

CPT® further instructs for the circumstance in which these services are performed by the second physician or other qualified health care professional in the non-facility setting (e.g., office, freestanding imaging center), codes 991455-99157 are not reported.

Facility and non-facility services are determined based on the location where the services are billed.

Drug Reimbursement
The cost of the drug used in Moderate Sedation, if supplied by the physician in a location other than an inpatient/outpatient hospital, emergency room or ambulatory surgical center, is reimbursable at the appropriate fee schedule or contracted rate.

Documentation Requirements
When the sedation is performed by the same physician or other qualified health professional performing the diagnostic or therapeutic service that the sedation supports,
CPT® codes 99151-99153 should be billed. The use of these codes requires the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status.

Information in the provider's medical record should contain the following documentation to support that an independent, trained observer was present during the procedure:

Examples

- Dr. Jones is performing a spinal procedure. The documentation states that ***"the patient was continuously monitored by the nurse."*** The conscious sedation is separately reportable because an independent trained observer was present and the documentation clearly supports this.

- Dr. Jones is performing a spinal procedure. The documentation states that ***"I continuously monitored the patient during the procedure."*** Dr. Jones cannot bill separately for anesthesia as it is included in the procedure.

Coding and Modifier Information
This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2017, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT/HCPCS Code	Descriptor
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)

Definitions

Same Physician, Hospital, Ambulatory Surgical Center, or Other Qualified Health Care Professional:

- The same physician, hospital, ambulatory surgical center or other qualified health care professional rendering health care services reporting the same Federal Tax Identification number.

Moderate Conscious 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 a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

Intraservice Time

- Time starting with the administration of the sedation agent(s), requires continuous face-to-face attendance, and ends when the physician who performs the sedation is no longer providing personal contact to the patient.

Related Policies

Not Applicable

Related Documents or Resources

1. Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services.
2. Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications.
3. American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services.

References

1. *Current Procedural Terminology (CPT®)*, 2017
2. *HCPCS Level II*, 2017
3. *International Classification of Diseases*, Ninth Revision, Clinical Modification (ICD-9-CM), 2017
4. *ICD-10-CM Official Draft Code Set*, 2017

Revision History	
08/05/2016	Corrected typographical error under "Intraservice Time" and added description of CPT code 99150 under "Covered Procedure Codes"
02/27/2017	Converted to new template and conducted review
03/05/2018	Reviewed and revised policy, changed the codes to 99151-99153, 99155-99157 as previous codes have been deleted

Important Reminder

For the purposes of this payment policy, "Health Plan" means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan's affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at http://www.cms.gov for additional information.

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