

Medical Coverage Policies

[Printer-Friendly Page](#)

Conscious Sedation

EFFECTIVE DATE	09/01/2004	LAST UPDATED	04/15/2008
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Description

Intravenous (IV) moderate (conscious) sedation is a minimally depressed level of consciousness during which patients are able to maintain an independent airway and respond to physical stimuli and verbal commands. Moderate sedation may be overseen by the physician performing the procedure. A qualified health care professional, typically a nurse, monitors the patient with the physician. Moderate sedation may also be performed by an anesthesia professional when the only task that the professional is performing is the administration of the sedation and the monitoring of the patient.

Moderate sedation does not include minimal sedation (anxiolysis), deep sedation, or monitored anesthesia care (CPT 00100-01999).

When providing moderate sedation, the following services are included and NOT reported separately:

- assessment of the patient (not included in intraservice time);
- establishment of IV access and fluids to maintain patency, when performed;
- administration of agent(s);
- maintenance of sedation; monitoring of oxygen saturation, heart rate and blood pressure; and
- recovery (not included in intraservice time).

Medical Criteria:

Not applicable, this is a claims payment policy only.

Policy:

Coverage of IV moderate sedation is appropriate for patients undergoing surgical or endoscopic procedures when general, local, or regional anesthesia is not the more appropriate choice. These decisions are based on the patient's medical condition, age, and the type of procedure.

Reimbursement for moderate sedation is built into the compensation valuation for many procedures. The oversight of the physician is inherent in the procedure allowance and the staff time is inherent in the facility allowance. Therefore, moderate sedation by the physician performing the procedure is not separately reimbursed (CPT codes 99143, 99144, 99145).

Moderate sedation performed in a facility setting is eligible for separate reimbursement in situations where a patient's medical condition requires dedication of a separate physician [critical care medicine (specialty code 079), an emergency room physician (specialty code 093), or another physician who is credentialed/qualified to perform these services], or an anesthesia professional (specialty codes 005 and 043) to perform one-to-one administration and monitoring. (CPT codes 99148, 99149, 99150).

Anesthesia services rendered by a dentist are not covered.

Coverage:

Please refer to the appropriate Member Certificate/Subscriber Agreement/Rite Care contract for applicable **Surgery/Anesthesia Services** benefits/coverage.

Coding:

- 99143, 99144, 99145-Covered, Not Separately Reimbursed
- 99148, 99149, 99150-Allow ER, Critical Care, and Anesthesia Specialties in facility site of

service

Also Known As:

Not applicable

Related Topics:

Not applicable

Published:

Policy Update, December 2004

Policy Update, May 2006

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 [Back to Previous Page](#)