



## Conscious Sedation

### **I. Policy**

University Health Alliance (UHA) will reimburse for Conscious Sedation when it is determined to be medically necessary and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated below.

### **II. Background**

During Conscious Sedation, a physician supervises or personally administers sedative and/or analgesic medications that can allay patient anxiety and control pain during a diagnostic or therapeutic procedure. Such drug-induced depression of a patient's level of consciousness to a "moderate" level of sedation, as defined in the Joint Commission (TJC) standards, is intended to facilitate the successful performance of the diagnostic or therapeutic procedure while providing patient comfort and cooperation. Physicians providing moderate sedation must be qualified to recognize "deep" sedation, manage its consequences, and adjust the level of sedation to a "moderate" or lesser level.

Because the response to procedures is not always predictable and sedation to anesthesia is a continuum, it is not always possible to predict how an individual patient will respond. Therefore, when conscious sedation is otherwise eligible for coverage, UHA will reimburse for conscious sedation only when performed within standard guidelines for patient safety. These guidelines are to ensure that conscious sedation is performed by qualified individuals who are trained in professional standards and techniques and can manage patients in the case of a potentially harmful event.

### **III. Criteria/Guidelines**

Conscious (moderate) sedation is covered (subject to Limitations/ Exclusions and Administrative Guidelines) only when medically necessary and only when the following criteria are met and documented:

- A. Enough qualified staff and equipment are available to evaluate the patient, perform the procedure, and monitor and recover the patient.
  1. Individuals administering conscious sedation and anesthesia are qualified and have the appropriate credentials to manage patients at whatever level of sedation or anesthesia is achieved, either intentionally or unintentionally.
  2. A registered nurse supervises periprocedural nursing care.
  3. A health care provider other than the person performing the procedure should always monitor the patient.
  4. Appropriate equipment to monitor the patient's physiologic status is available.
  5. Appropriate equipment to administer intravenous fluids and drugs is available as needed.
  6. Resuscitation capabilities are available.
- B. Before the administration of conscious sedation:
  1. A pre-sedation or anesthesia assessment is conducted.
  2. The site, procedure, and patient are accurately identified and clearly communicated using active communication techniques, such as "timeout," prior to the start of any surgical invasive procedure.

- C. Qualified individuals assisting in conscious sedation must possess education, training, and experience in:
1. Evaluating patients prior to conscious sedation; and
  2. Rescuing patients who slip into a “deeper than desired” level of sedation or anesthesia, for example moderately sedated patients who fall into deep sedation; and
  3. Recognizing and managing a compromised airway during a procedure to include advanced airway management; and
  4. Recognizing and managing a compromised cardiovascular system during a procedure; and
  5. Expertise in the dosage, side effects, and contraindications for the medications used in conscious sedation; and
    - a. While ACLS certification (Advanced Cardiac Life Support by the American Heart Association) is not required by UHA for coverage of services, such certification is a simple and adequate method of documenting staff qualification to assist in conscious sedation. In the absence of ACLS certification, documentation of staff qualifications in the above criteria must be available for review if requested.
    - b. Such qualifications MUST include BCLS certification (Basic Life Support).
- D. Physicians performing conscious sedation must be trained in professional standards and techniques or have competency-based training, education, and experience in four specific areas:
1. Pre-sedation assessment and patient selection.
  2. Agent administration (selection of drug class, drug dose, and route of administration) to predictably achieve the desired sedation level.
  3. Intraprocedure monitoring to maintain the desired level of sedation; and
  4. Resuscitation expertise to include expertise in advanced airway management.

**NOTE:**

*This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine, and it should not deter a provider from expressing his/her judgment.*

*Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members’ individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.*

*UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria considering any supporting documentation.*

**IV. Administrative Guidelines**

- A. Prior authorization is not required.
- B. Compliance with the above criteria does not guarantee that the conscious sedation services will qualify for coverage.
- C. Documentation supporting the medical necessity should be legible, maintained in the patient’s medical record and must be made available to UHA upon request. UHA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination

- criteria and to ensure proper reimbursement is made. In the absence of proper documentation that the above criteria have been met, medical necessity will not be supported, and payment will be denied.
- D. Moderate sedation should not be billed by the physician performing the procedure when an anesthesiologist is being used

#### **V. Policy History**

**Policy Number:** MPP-0100-121201

**Current Effective Date:** 03/01/2022

**Original Document Effective Date:** 12/01/2012

**Previous Revision Dates:** 01/01/2017, 01/01/2018, 03/01/2019

**PAC Approved Date:** 12/01/2012

**References:**

[www.prlog.org/10168132-guidelines-for-conscious-moderate-sedation.html](http://www.prlog.org/10168132-guidelines-for-conscious-moderate-sedation.html)

JCAHO Requirements for conscious sedation, 2012