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. Criteria/Guidelines

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, 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 are able to manage patients in the case of a potentially harmful event.

In addition to meeting medical necessity criteria for performing conscious sedation, in the absence of documentation that the following guidelines have been met, conscious sedation will not meet the medical necessity criteria and payment will be denied. The standard guidelines are as follows:

A. Sufficient numbers of qualified staff and equipment are available to evaluate the patient, perform the procedure, monitor and recover the patient.
   1. Individuals administering moderate or deep 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.
   3. A health care provider other than the person performing the procedure should monitor the patient at all times.
   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 moderate or deep sedation:
   1. Patient acuity is assessed to plan for the appropriate level of post procedure care.
   2. Pre-procedural education, treatments, and services are provided according to the plan for care, treatment, and services.
   3. A pre-sedation or anesthesia assessment is conducted.
   4. 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 moderate or deep sedation.
   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.
3. Managing a compromised airway during a procedure.
4. Handling a compromised cardiovascular system during a procedure.

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

E. **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 in light of any supporting documentation.

### III. Administrative Guidelines

A. Prior authorization is not required.

B. 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.

### IV. Policy History

- **Policy Number:** M.SUR.20.121201
- **Current Effective Date:** 01/01/2017
- **Original Document Effective Date:** 12/01/2012
- **Previous Revision Dates:** 01/01/2017
- **PAP Approved:** 12/01/2012

**References:**


JCAHO Requirements for conscious sedation, 2012

DISTINGUISHING MONITORED ANESTHESIA CARE (“MAC”) FROM MODERATE SEDATION/ANALGESIA (CONSCIOUS SEDATION)

Committee of Origin: Economics

(Approved by the ASA House of Delegates on October 27, 2004 and last amended on October 21, 2009)