NO. 91632

MODERATE SEDATION FOR INTERVENTIONAL PAIN MANAGEMENT

Effective: 06/01/2026
Committee Review: 05/13/2026
Last Updated: 08/31/2026

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Policy scope: This policy outlines the clinical indications under which moderate (conscious) sedation is considered medically necessary for adults undergoing interventional pain management procedures.

Related policies:

- None

I. MEDICAL NECESSITY CRITERIA

The administration of moderate sedation or anesthesia for interventional pain management procedures, including but not limited to diagnostic or therapeutic nerve blocks, diagnostic or therapeutic injections, or percutaneous image-guided procedures, in an adult is considered medically necessary only when the criteria below are met.

A. Inclusions (Medically Necessary):

Moderate sedation for an adult undergoing an interventional pain management procedure is considered medically necessary when **EITHER** of the following criteria are met:

1. **Procedure Related Indications:**
    a. The interventional pain procedure requires the individual to remain motionless for a prolonged period or in a painful position; **OR**

2. **Procedure and Patient-Specific Risk Factors:**

    Both of the following criteria are met:
    a. **Medically Necessary Interventional Pain Procedures:**
        i. Any of the following interventional pain management procedures are being performed:
            a) Epidural blood patch
            b) Epidural steroid injection
            c) Facet joint injection
            d) Medial branch blocks
            e) Peripheral and/or spinal nerve root block
            f) Sacroiliac joint injection
            g) Sympathetic blocks

    AND

    b. **Documented Patient – Specific Risk Factors:**
    At least **one** of the following is present:
        i. Severe anxiety, defined as being under active medical management with psychotropic medication and/or cognitive therapy, or other severe psychiatric condition(s), or severe cognitive impairment(s) that would risk putting the member's safety at risk during the planned procedure; **or**
        ii. Documented history of needle phobia as reported by the member; **or**
        iii. Documented history of previous interventional pain management procedures requiring moderate sedation to complete safely; **or**
        iv. Chronic opioid therapy contributing to sensitivity to pain

B. Exclusions (Not Medically Necessary):

1. Anesthesia and moderate sedation for an adult undergoing any other interventional pain management procedure is considered **not medically necessary for any other indication**, including but not limited to the following:
    a. Trigger point injections
    b. Peripheral joint injections (e.g., knee, shoulder, wrist)

C. Limitations:

1. The policy does not apply to children under 18 years of age.
2. Anesthesia and moderate sedation for all other pain management services are not covered unless done with a surgical procedure.

II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

Medicare: Refer to the CMS Online Manual System (IOMs) and Transmittals.
For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to CMS Medicare Coverage Database.

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare Coverage Database website for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)	
Not Identified	
Local Coverage Determinations (LCDs)	
CGS Administrators, LLC	LCD - Epidural Steroid Injections for Pain Management (L39015) LCD - Facet Joint Interventions for Pain Management (L38773)
First Coast Service Options, Inc.	LCD - Epidural Steroid Injections for Pain Management (L33906) LCD - Facet Joint Interventions for Pain Management (L33930)
Wellpoint Federal (formerly National Government Services, Inc.)	LCD - Epidural Steroid Injections for Pain Management (L39036) LCD - Facet Joint Interventions for Pain Management (L35936)
Noridian Healthcare Solutions	LCD - Epidural Steroid Injections for Pain Management (L39240) LCD - Facet Joint Interventions for Pain Management (L38803)

Novitas Solutions, Inc.	LCD - Epidural Steroid Injections for Pain Management (L36920) LCD - Facet Joint Interventions for Pain Management (L34892)
Palmetto GBA	LCD - Epidural Steroid Injections for Pain Management (L38994) LCD - Facet Joint Interventions for Pain Management (L38765)
WPS Insurance Corporation	LCD - Epidural Steroid Injections for Pain Management (L39054) LCD - Facet Joint Interventions for Pain Management (L38841)

III. BACKGROUND

Moderate sedation or conscious sedation is defined 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 (American Society of Anesthesiologists [ASA] et al., 2018; ASA, 2024).

Sedation and analgesia exist on a continuum ranging from minimal sedation (anxiolysis) to general anesthesia. The American Society of Anesthesiologists (ASA) defines Moderate Sedation/Analgesia ("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, spontaneous ventilation is adequate, and cardiovascular function is usually maintained (ASA et al., 2018; ASA, 2024).

The ASA *Statement on Anesthetic Care During Interventional Pain Procedures for Adults* notes that most interventional pain procedures are typically performed using local anesthesia alone. However, moderate sedation or anesthesia services may be appropriate in select circumstances, including patients with significant anxiety, psychiatric disease, cognitive impairment, or medical comorbidities that may compromise procedural safety. In addition, procedures that require the patient to remain motionless for a prolonged period of time and/or remain in a painful position may warrant moderate sedation or anesthesia care team involvement (ASA, 2021; Kaye et al., 2019). Examples include, but are not limited to, sympathetic blocks (e.g., celiac plexus,

paravertebral, hypogastric), chemical or radiofrequency ablation, percutaneous discectomy, vertebral augmentation procedures, trial spinal cord stimulator lead placement; permanent spinal cord stimulator generator and lead implantation; and intrathecal pump implantation (ASA, 2021; Manchikanti et al., 2020).

Professional society guidelines and consensus statements, including those from the ASA and the Spine Intervention Society (SIS), further emphasize that minor pain management procedures such as epidural steroid injections, epidural blood patch, sacroiliac joint injection, bursal injections, and occipital nerve block and facet injections under most routine circumstances, require only local anesthesia. There may be limited exceptions that would be considered on a case-by-case basis, based on patient-specific clinical factors (e.g., severe anxiety) rather than procedure type alone (ASA, 2021; Manchikanti et al., 2020); Schneider et al., 2018).

IV. GUIDELINES / POSITION STATEMENTS

Medical/Professional Society	Guideline
American Society of Anesthesiologists (ASA)	Statement on Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia (2024) Statement on Anesthetic Care During Interventional Pain Procedures for Adults (2021) Practice Guidelines for Moderate Procedural Sedation by American Society of Anesthesiologists Task Force (2018)
American Society of Interventional Pain Physicians (ASIPP)	Comprehensive Evidence-Based Guidelines for Facet Joint Interventions in the Management of Chronic Spinal Pain-ASIPP Guidelines (2020) ASIPP Guidelines for Sedation and Fasting Status of Patients Undergoing Interventional Pain Management Procedures (2019)
Spine Intervention Society's Patient Safety Committee (SIS)	Spine Intervention Society's Patient Safety Committee: Patient Safety: Conscious Sedation (2018)

V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)

See U.S. Food & Drug Administration (FDA) Medical Device Databases for the most current information.

Device	Premarket Approval, 513(f)(2)(De Novo), or 510(k) Number	Notice date

VI. CODING

See also:
Priority Health Anesthesia Services Billing Policy No. 107

ICD-10 Codes that may support medical necessity

F41.1- F41.9	Generalized anxiety disorder
F40.231	Fear of injections and transfusions
F40.232	Fear of other medical care
F11.950 - F11.959	Opioid use, unspecified with opioid induced psychotic disorder
F11.981 - F11. 988	Opioid use, unspecified with other specified opioid induced disorder
F03.90 - F03.918	Unspecified dementia

CPT/HCPCS Codes

Anesthesia and moderate sedation services billed with pain management services for a patient 18 years of age or older will be denied unless a surgical procedure 10021-69990 (other than a pain management procedure) is also present.

An exception will apply for anesthesia services billed with modifiers indicating severe systemic disease (physical status modifiers P3, or P4, or monitored anesthesia care modifier G9).

Report modifier KX when requirements specified in the medical policy have been met.

00300	Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck, and posterior trunk, not otherwise specified
00400	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified
00600	Anesthesia for procedures on cervical spine and cord; not otherwise specified
00620	Anesthesia for procedures on thoracic spine and cord, not otherwise specified
00630	Anesthesia for procedures in lumbar region; not otherwise specified
01937	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; cervical or thoracic
01938	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; lumbar or sacral
01939	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic

01940	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral
01941	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (e.g., kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic
01942	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (e.g., kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral
01991	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); other than the prone position
01992	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); prone position
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
62273	Injection, epidural, of blood or clot patch
62320	Injection(s) of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
62321	Injection(s) of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (i.e., fluoroscopy or CT)
62322	Injection(s) of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
62323	Injection(s) of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (i.e., fluoroscopy or computed tomography)
64479	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level
64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64483	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level

64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)
64999	Unlisted procedure, nervous system (explanatory notes should accompany claims with unlisted procedure codes)
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)
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)
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography

VII. MEDICAL NECESSITY REVIEW

Prior authorization for certain drugs, devices, services and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service or procedure is medically necessary. For more information, refer to the Priority Health Provider Manual.

Individual case review may allow coverage for care or treatment that is investigational yet promising for the conditions described. Requests for individual consideration require prior plan approval. All determinations of coverage for experimental, investigational, or unproven treatment will be made by a Priority Health medical director or clinical pharmacist. The exclusion of coverage for experimental, investigational, or unproven treatment may be reviewed for exception if the condition is either a terminal illness, or a chronic, life threatening, severely disabling disease that is causing serious clinical deterioration.

VIII. APPLICATION TO PRODUCTS

Coverage is subject to the member's specific benefits. Group-specific policy will supersede this policy when applicable.

- **HMO/EPO**: This policy applies to insured HMO/EPO plans.
- **POS**: This policy applies to insured POS plans.
- **PPO**: This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **ASO**: For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
- **INDIVIDUAL**: For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
- **MEDICARE**: Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN**: For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IX. REFERENCES

General
1. American Society of Anesthesiologists (ASA). Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia. Original Approval Oct 13, 1999; Last Amended October 23, 2024. Available at (Accessed March 13, 2026)
2. American Society of Anesthesiologists (ASA). Statement on Anesthetic Care During Interventional Pain Procedures for Adults. Original Approval Oct 22, 2005; Last Amended Oct 13, 2021. (Accessed March 13, 2026).
3. Kaye AD, Jones MR, Viswanath O, Candido KD, Boswell MV, Soin A, Sanapati M, Harned ME, Simopoulos TT, Diwan S, Albers SL, Datta S, Falco FJ, Manchikanti L.

ASIPP Guidelines for Sedation and Fasting Status of Patients Undergoing Interventional Pain Management Procedures. Pain Physician. 2019 May;22(3):201-207. PMID: 31151329.
4. Manchikanti L, Kaye AD, Soin A, Albers SL, Beall D, Latchaw R, Sanapati MR, Shah S, Atluri S, Abd-Elsayed A, Abdi S, Aydin S, Bakshi S, Boswell MV, Buenaventura R, Cabaret J, Calodney AK, Candido KD, Christo PJ, Cintron L, Diwan S, Gharibo C, Grider J, Gupta M, Haney B, Harned ME, Helm Ii S, Jameson J, Jha S, Kaye AM, Knezevic NN, Kosanovic R, Manchikanti MV, Navani A, Racz G, Pampati V, Pasupuleti R, Philip C, Rajput K, Sehgal N, Sudarshan G, Vanaparthy R, Wargo BW, Hirsch JA. Comprehensive Evidence-Based Guidelines for Facet Joint Interventions in the Management of Chronic Spinal Pain: American Society of Interventional Pain Physicians (ASIPP) Guidelines Facet Joint Interventions 2020 Guidelines. Pain Physician. 2020 May;23(3S):S1-S127. PMID: 32503359.
5. Practice Guidelines for Moderate Procedural Sedation and Analgesia 2018. A report by the American Society of Anesthesiologists (ASA) Task Force on Moderate Procedural Sedation and Analgesia, the American Association of Oral and Maxillofacial Surgeons, American College of Radiology, American Dental Association, American Society of Dentist Anesthesiologists, and Society of Interventional Radiology. *Anesthesiology*. 2018 Mar;128(3):437-479. PMID:29334501.
6. Schneider BJ, McCormick Z, O'Brien D, Bunch M, Smith CC; Spine Intervention Society's (SIS) Patient Safety Committee. Patient Safety: Conscious Sedation. Pain Med. 2018 Sep 1;19(9):1872-1873. PMID: 29548019.]

SUMMARY OF CHANGES

Additions:

- Converted policy to new template with updated sections including policy scope, Medical/Professional Society Guidelines, Government Regulations section listing applicable CMS NCDs or LCDs, and FDA/Regulatory section

Changes:

- Reorganized medical necessity sections by combining former Section "C" with Section "B" to improve readability and reduce redundancy.
- Updated and streamlined the background section for clarity and consistency with current ASA, ASIPP, and Spine Intervention Society guidance

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Past committee review dates: 05/2022, 05/2023, 05/2024, 05/2025, 05/2026

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