

**MODERATE SEDATION FOR
INTERVENTIONAL PAIN MANAGEMENT****Effective Date: July 25, 2022
Date Of Origin: May 11, 2022****Review Dates: 5/22, 5/23, 5/24, 5/25
Status: Current****I. POLICY/CRITERIA**

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.

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 medically necessary according to the criteria below.

- A. Moderate sedation for an adult undergoing an interventional pain management procedure is considered medically necessary when EITHER of the following criteria are met:
1. The interventional pain procedure requires remaining motionless for a prolonged period or in a painful position, OR
 2. Both of the following criteria are met:
 - a. Any of the following interventional pain management procedures is being performed:
 - i. epidural blood patch
 - ii. epidural steroid injection
 - iii. facet joint injection
 - iv. medical branch blocks
 - v. peripheral and/or spinal nerve root block
 - vi. sacroiliac joint injection
 - vii. sympathetic blocks
 - AND
 - b. Any of the following:
 - 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 in a safe manner; or
 - iv. Chronic opioid therapy contributing to sensitivity to pain.
- B. Moderate sedation for an adult undergoing an interventional pain management procedure is considered not medically necessary for ANY other indication, including the following:
- 1. Trigger point injection
 - 2. Peripheral joint injection (e.g., knee, shoulder, wrist)
- C. Anesthesia and moderate sedation for all other pain management services are not covered unless done with a surgical procedure.
- D. The policy does not apply to children under 18 years of age.

II. MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, 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, please refer to the [Priority Health Provider Manual](#).

III. APPLICATION TO PRODUCTS

Coverage is subject to 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 located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, 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

IV. DESCRIPTION

Sedation and analgesia include a continuum of states of consciousness ranging from minimal sedation (anxiolysis) to general anesthesia. The American Society of Anesthesiologists 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, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

The ASA’s “Statement on Anesthetic Care During Interventional Pain Procedures for Adults” acknowledges that interventional pain procedures generally only require local anesthesia; however, patients with significant patient anxiety and/or medical comorbidities may be an indication for moderate or conscious sedation. In addition, procedures that require the patient to remain motionless for a prolonged period of time and/or remain in a painful position may require moderate sedation or anesthesia care team services. Examples of such procedures include but are not limited to sympathetic blocks (celiac plexus, paravertebral, and 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.

Recommendations from published practice parameters, recommendations, and professional society/organization consensus guidelines support the use of moderate sedation and monitored anesthesia care for individuals undergoing outpatient interventional pain procedures who have certain risk factors or significant medical conditions that decrease safety during the procedure (e.g., severe anxiety). According to the American Society of Anesthesiologists and the International Spine Intervention Society, minor pain management procedures such as epidural steroid injections, epidural blood patch, trigger point injections, sacroiliac joint injection, bursal injections, and occipital nerve block and facet injections under most routine circumstances, require only local anesthesia. There may be limited situations in which it would be appropriate to require sedation or anesthesia services for pain procedures. Some of these would be patient age (pediatric patients), and patients that suffer from significant anxiety. In addition,

there are procedures which require patients to remain motionless for a prolonged period, or to remain in a painful position, which may at times require sedation. Examples of some of these procedures include, but are not limited to, sympathetic blocks, chemical or radiofrequency ablation, trial or permanent spinal cord stimulators, and intrathecal pump implantation.

V. CODING INFORMATION

ICD 10 Codes

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 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
- 20560 Needle insertion(s) without injection(s); 1 or 2 muscle(s)
- 20561 Needle insertion(s) without injection(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

VI. REFERENCES

1. American Society of Anesthesiologists. [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 20, 2025)
2. American Society of Anesthesiologists. [Statement on Anesthetic Care During Interventional Pain Procedures for Adults](#). Original Approval Oct 22, 2005; Last Amended Oct 13, 2021. (Accessed March 20, 2025).
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. Practice Guidelines for Moderate Procedural Sedation and Analgesia 2018: A Report by the American Society of Anesthesiologists 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.
5. Schneider BJ, McCormick Z, O'Brien D, Bunch M, Smith CC; Spine Intervention Society's Patient Safety Committee. Patient Safety: Conscious Sedation. *Pain Med*. 2018 Sep 1;19(9):1872-1873. PMID: 29548019.

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