

**To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after implementation, please contact your PHP.**

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**NC Medicaid  
Moderate (Conscious) Sedation  
AKA Procedural Sedation  
and Analgesia (PSA)**

**Medicaid and Health Choice  
Clinical Coverage Policy No: 1L-2  
Amended Date: December 20, 2019**

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**Related Clinical Coverage Policies**

Refer to <https://medicaid.ncdhhs.gov/> for the related coverage policies listed below:  
4A, *Dental Services*

**1.0 Description of the Procedure, Product, or Service**

Moderate (conscious) sedation/Procedural sedation and analgesia (PSA) is the use of medication to depress the level of consciousness in a patient while allowing the patient to continually and independently maintain a patent airway and respond appropriately to verbal commands or gentle stimulation.

Many organizations have defined different levels of sedation. These definitions are consistent among the organizations and are clearly outlined by the American Society of Anesthesiologists (ASA).

**Continuum of Depth Sedation Definition of General Anesthesia and Levels of Sedation/Analgesia\***

	<b>Minimal Sedation (Anxiolysis)</b>	<b>Moderate Sedation/Analgesia (“Conscious Sedation”)</b>	<b>Deep Sedation/Analgesia</b>	<b>General Anesthesia</b>
<b>Responsiveness</b>	Normal response to verbal stimulation	Purposeful response to verbal or tactile stimulation	Purposeful response following repeated or painful stimulation	Unarousable even with painful stimulus
<b>Airway</b>	Unaffected	No intervention required	Intervention may be required	Intervention often required
<b>Spontaneous Ventilation</b>	Unaffected	Adequate	May be inadequate	Frequently inadequate
<b>Cardiovascular Function</b>	Unaffected	Usually maintained	Usually maintained	May be Impaired

\*Approved by ASA House of Delegates on October 13, 1999 and amended on October 27, 2004.

**1.1 Definitions**

**1.1.1 Minimal Sedation (Anxiolysis)**

Minimal sedation (anxiolysis) is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.

**1.1.2 Moderate Sedation/PSA (“Conscious Sedation”)**

Moderate sedation/ PSA (“conscious sedation”) is 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.

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### 1.1.3 Deep Sedation/Analgesia

Deep sedation/analgesia is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be adequate. Cardiovascular function is usually maintained.

### 1.1.4 General Anesthesia

General anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

### 1.1.5 Administration

Moderate sedation/PSA can be administered by qualified personnel under the direction of a physician or dentist (see the Board of Dental Examiners credentialing process at <http://www.ncdentalboard.org/pdf/RulesRevised.pdf>). Physicians or dentists providing moderate sedation/PSA shall be qualified (and credentialed) to recognize deep sedation, manage its consequences, and adjust the level of sedation to a moderate or minimal level. The continued assessment of the effects of sedative or analgesic medications on the level of consciousness and on cardiac and respiratory function is an integral element of this service. Any provider who delivers sedation shall recognize that different levels of sedation are possible, and they are not specific to a given drug. Because selection is a continuum, it is not always possible to predict how an individual patient will respond. Hence, the recommendation (also a recommendation of the Joint Commission) that a provider of sedation should be able to manage or “rescue” a patient from one level of sedation “deeper” than that which was intended. Rescue of a patient from a deeper level of sedation than intended is an intervention by a practitioner proficient in airway management and advanced life support. The qualified (and credentialed) provider corrects adverse physiologic consequences of the deeper-than-intended level of sedation (such as hypoventilation, hypoxia, and hypotension) and returns the patient to the originally intended level of sedation.

In some circumstances a second physician (or nurse anesthetist or critical care nurse practitioner) who has been trained and credentialed to administer and manage deep sedation may be required, in addition to the trained observer, to monitor the moderate sedation/PSA. In these instances, this second physician may take complete responsibility for ordering and administering the medications for sedation.

Consultation with an anesthesiologist should be considered when deep sedation may be required either because a procedure is very painful, or the patient is required to be very still or when patients are at increased risk for sedation-associated complications.

The definition for moderate sedation/PSA for non-neonatal pediatric patients is the same as for adult patients: a depressed level of consciousness with the ability to independently and continuously maintain a patent airway and respond appropriately to physical stimulation. As with adult patients, pediatric patients may need to be sedated for surgical or diagnostic procedures. The American Academy of Pediatrics and the American Academy of Pediatric Dentistry have recently published guidelines for monitoring and management of pediatric patients during and after sedation for diagnostic and therapeutic procedures (Pediatrics 2006; 118 (6): 2587-2602).

Moderate (conscious) sedation/PSA includes all of the six possible routes of administration (intramuscular, intravenous, oral, rectal, intranasal, and inhalation).

## 2.0 Eligibility Requirements

### 2.1 Provisions

#### 2.1.1 General

*(The term “General” found throughout this policy applies to all Medicaid and NCHC policies)*

- a. An eligible beneficiary shall be enrolled in either:
  1. the NC Medicaid Program (*Medicaid is NC Medicaid program, unless context clearly indicates otherwise*); or
  2. the NC Health Choice (*NCHC is NC Health Choice program, unless context clearly indicates otherwise*) Program on the date of service and shall meet the criteria in **Section 3.0 of this policy**.
- b. Provider(s) shall verify each Medicaid or NCHC beneficiary’s eligibility each time a service is rendered.
- c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.
- d. Following is only one of the eligibility and other requirements for participation in the NCHC Program under GS 108A-70.21(a): Children must be between the ages of 6 through 18.

#### 2.1.2 Specific

*(The term “Specific” found throughout this policy only applies to this policy)*

- a. Medicaid  
None Apply.
- b. NCHC  
None Apply.

### 2.2 Special Provisions

#### 2.2.1 EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

- a. **42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]**

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to

cover services, products, or procedures for Medicaid beneficiary under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1. that is unsafe, ineffective, or experimental or investigational.
2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

**b. EPSDT and Prior Approval Requirements**

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does **NOT** eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide*, and on the EPSDT provider page. The Web addresses are specified below.

*NCTracks Provider Claims and Billing Assistance Guide:*

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

EPSDT provider page: <https://medicaid.ncdhhs.gov/>

**2.2.2 EPSDT does not apply to NCHC beneficiaries**

**2.2.3 Health Choice Special Provision for a Health Choice Beneficiary age 6 through 18 years of age**

NC Medicaid shall deny the claim for coverage for an NCHC beneficiary who does not meet the criteria within **Section 3.0** of this policy. Only services included under the NCHC State Plan and the NC Medicaid clinical coverage policies, service definitions, or billing codes are covered for an NCHC beneficiary.

**3.0 When the Procedure, Product, or Service Is Covered**

*Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.*

**3.1 General Criteria Covered**

Medicaid and NCHC shall cover the procedure, product, or service related to this policy when medically necessary, and:

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

**3.2 Specific Criteria Covered**

**3.2.1 Specific criteria covered by both Medicaid and NCHC**

None Apply.

**3.2.2 Medicaid Additional Criteria Covered**

None Apply.

**3.2.3 NCHC Additional Criteria Covered**

None Apply.

**4.0 When the Procedure, Product, or Service Is Not Covered**

*Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.*

**4.1 General Criteria Not Covered**

Medicaid and NCHC shall not cover the procedure, product, or service related to this policy when:

- a. the beneficiary does not meet the eligibility requirements listed in **Section 2.0**;
- b. the beneficiary does not meet the criteria listed in **Section 3.0**;
- c. the procedure, product, or service duplicates another provider's procedure, product, or service; or

- d. the procedure, product, or service is experimental, investigational, or part of a clinical trial.

#### **4.2 Specific Criteria Not Covered**

##### **4.2.1 Specific Criteria Not Covered by both Medicaid and NCHC**

None Apply.

##### **4.2.2 Medicaid Additional Criteria Not Covered**

None Apply.

##### **4.2.3 NCHC Additional Criteria Not Covered**

- a. NCGS § 108A-70.21(b) “Except as otherwise provided for eligibility, fees, deductibles, copayments, and other cost sharing charges, health benefits coverage provided to children eligible under the Program shall be equivalent to coverage provided for dependents under North Carolina Medicaid Program except for the following:
  - 1. No services for long-term care.
  - 2. No nonemergency medical transportation.
  - 3. No EPSDT.
  - 4. Dental services shall be provided on a restricted basis in accordance with criteria adopted by the Department to implement this subsection.”

### **5.0 Requirements for and Limitations on Coverage**

*Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.*

#### **5.1 Prior Approval**

Medicaid and NCHC shall not require prior approval for. Moderate (Conscious) Sedation.

#### **5.2 Prior Approval Requirements**

##### **5.2.1 General**

None Apply.

##### **5.2.2 Specific**

None Apply.

**5.3 Limitations or Requirements**

**5.3.1 Moderate Sedation/PSA Services**

Moderate sedation/PSA includes the following services, which are not reported separately:

- a. assessment of the patient
- b. establishment of IV access and fluids to maintain patency
- c. administration of oxygen
- d. administration of agent
- e. maintenance of sedation
- f. monitoring of oxygen saturation, cardiac rate and rhythm, and blood pressure
- g. recovery

**5.3.2 Supervision**

Sedation shall be administered either by or under the immediate direct supervision of a physician or dentist who has been trained and credentialed to administer and monitor moderate sedation/PSA. Dental credentialing information is available from the North Carolina Board of Dental Examiners at <http://reports.oah.state.nc.us/ncac.asp?folderName=\Title%2021%20-%20Occupational%20Licensing%20Boards%20and%20Commissions\Chapter%2016%20-%20Dental%20Examiners>, 21 NCAC subchapter 16Q, General Anesthesia & Sedation.)-The physician or dentist is responsible for the following:

- a. completion of history and physical
- b. completion of informed consent
- c. checking the adequacy of the pre-procedure fast according to these recommendations:

<b>Appropriate Intake of Food and Liquids Before Elective Sedation</b>	
<b>Ingested Material</b>	<b>Minimum Fasting Period, h</b>
Clear liquids: water, fruit juices without pulp, carbonated beverages, clear tea, black coffee	2
Breast milk	4
Infant formula	6
Nonhuman milk: because nonhuman milk is similar to solids in gastric emptying time, the amount ingested must be considered when determining an appropriate fasting period	6
Light meal: a light meal typically consists of toast and clear liquids. Meals that include fried or fatty foods or meat may prolong gastric emptying time; both the amount and type of foods ingested must be considered when determining an appropriate fasting period	6

(Source: American Society of Anesthesiologists. Practice guidelines for preoperative fasting and the use of pharmacologic agents to reduce the risk of pulmonary aspiration: application to healthy recipients undergoing elective

procedures—a report of the American Society of Anesthesiologists. Available at <http://www.asahq.org/~media/sites/asahq/files/public/resources/standards-guidelines/practice-guidelines-for-preoperative-fasting>

- d. ordering of the medications
- e. direction and provision of emergency interventions as necessary
- f. checking for basic equipment:
  1. suction: size-appropriate suction catheters and a functioning suction apparatus.
  2. oxygen: adequate oxygen supply and functioning flow meters.
  3. airways: size-appropriate airway equipment (nasopharyngeal and oropharyngeal airways, laryngoscope blades, endotracheal tubes, face masks, bag-valve-mask or equivalent device).
  4. drugs: all the basic drugs needed to support life during an emergency.
  5. monitors—functioning pulse oximeter with size-appropriate probes and other monitors as appropriate for procedures such as non-invasive blood pressure, end-tidal carbon dioxide, ECG, stethoscope.
  6. intravenous access.

### 5.3.3 Monitoring

All recipients receiving moderate sedation/PSA shall be monitored throughout the procedure as well as the recovery phase by numerous physiologic measurements. The physiologic measurements include but are not limited to continuous monitoring of oxygen saturation and cardiac rate and rhythm and intermittent recording of respiration rate, blood pressure, and level of consciousness. Administration of supplemental oxygen is encouraged for all recipients undergoing moderate sedation/PSA.

Qualified individuals responsible for monitoring the patient may **not** be engaged in any other activity during the period of moderate sedation/PSA.

### 5.3.4 Time Factors

Intraservice time starts with the administration of the sedation agent(s), requires continuous face-to-face attendance, and ends at the conclusion of personal contact by the physician or dentist providing the sedation.

### 5.3.5 Dental Requirements and Limitations

Dental providers shall additionally comply with the requirements and limitations stated in Clinical Coverage Policy 4A, *Dental Services* at <https://medicaid.ncdhhs.gov/>.

## 6.0 Provider(s) Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for the procedure, product, or service related to this policy, the provider(s) shall:

- a. meet Medicaid or NCHC qualifications for participation;
- b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

## 6.1 Provider Qualifications and Occupational Licensing Entity Regulations

None Apply.

## 6.2 Provider Certifications

None Apply.

## 7.0 Additional Requirements

*Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.*

### 7.1 Compliance

Provider(s) shall comply with the following in effect at the time the service is rendered:

- a. All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and
- b. All NC Medicaid's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for Medicare and Medicaid Services (CMS), DHHS, DHHS division(s) or fiscal contractor(s).

### 7.2 Health Record Documentation

The provider shall document the following information in the recipient's health record:

- a. Dosage, route, time, and effect of all drugs used.
- b. Type and amount of intravenous fluids administered (including blood or blood products), monitoring devices, or equipment used.
- c. Name and medical or dental title of staff providing and monitoring moderate sedation/PSA.
- d. Cardiac rate and rhythm, blood pressure, respiratory rate, oxygen saturation, and level of consciousness are charted at intervals appropriate to the level of sedation.
- e. Return to normal level of consciousness, awareness and responsiveness, and airway protective reflexes at the completion of the moderate sedation/PSA interval.

## 8.0 Policy Implementation/Revision Information

**Original Effective Date:** December 1, 2007

### Revision Information:

Date	Section Revised	Change
12/01/2007	All sections and attachment(s)	Initial promulgation.
07/01/2010	All sections and attachment(s)	Session Law 2009-451, Section 10.31(a) Transition of NC Health Choice Program administrative oversight from the State Health Plan to the Division of Medical Assistance (DMA) in the NC Department of Health and Human Services.
03/01/2012	All sections and attachment(s)	To be equivalent where applicable to NC DMA's Clinical Coverage Policy # 1L-2 under Session Law 2011-145, § 10.41.(b)
03/12/2012	All sections and attachment(s)	Technical changes to merge Medicaid and NCHC current coverage into one policy.
05/01/2013	All sections and attachment(s)	Technical change to include /Procedural sedation and analgesia (PSA) in policy title
10/01/2015	All Sections and Attachments	Updated policy template language and added ICD-10 codes to comply with federally mandated 10/1/2015 implementation where applicable.
01/01/2018	Attachment A	Updated ICD-10 and CDT codes
03/15/2019	Table of Contents	Added, "To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after November 1, 2019, please contact your PHP."
03/15/2019	All Sections and Attachments	Updated policy template language.
12/20/2019	Table of Contents	Updated policy template language, "To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after implementation, please contact your PHP."
12/20/2019	Attachment A	Added, "Unless directed otherwise, Institutional Claims must be billed according to the National Uniform Billing Guidelines. All claims must comply with National Coding Guidelines".

## Attachment A: Claims-Related Information

Provider(s) shall comply with the, *NCTracks Provider Claims and Billing Assistance Guide*, Medicaid bulletins, fee schedules, NC Medicaid's clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid and NCHC:

### A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

Dental (ADA - 837D transaction)

Unless directed otherwise, Institutional Claims must be billed according to the National Uniform Billing Guidelines. All claims must comply with National Coding Guidelines.

### B. International Classification of Diseases and Related Health Problems, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS)

Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.

### C. Code(s)

Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), CDT (Current Dental Terminology), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy.

If no such specific CPT, CDT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.

Moderate sedation/PSA does not include minimal sedation (anxiolysis), deep sedation, or monitored anesthesia care. The following CPT codes for moderate sedation/PSA are covered:

CPT Code
99151
99152
99153
99155
99156
99157

The dental codes for sedation are:

Dental Code
-------------

Dental Code
D9230
D9239
D9243

**Unlisted Procedure or Service**

**CPT:** The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

**HCPCS:** The provider(s) shall refer to and comply with the Instructions For Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service.

**D. Modifiers**

Provider(s) shall follow applicable modifier guidelines.

**A. Billing Units**

Provider(s) shall report the appropriate code(s) used which determines the billing unit(s).

**B. Place of Service**

Office, Hospital, Outpatient hospital, Ambulatory surgical center, Nursing facility.

**C. Co-payments**

For Medicaid refer to Medicaid State Plan:

<https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>

For NCHC refer to NCHC State Plan:

<https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>

**D. Reimbursement**

Provider(s) shall bill their usual and customary charges.

For a schedule of rates, refer to: <https://medicaid.ncdhhs.gov/>

NCHC will not reimburse for moderate sedation codes 99151 through 99153 when billed with codes in Appendix G of the CPT manual.

Medicaid will not reimburse for moderate sedation codes 99155 through 99157 when billed in conjunction with codes in Appendix G when performed in the nonfacility setting.

Use 99151 through 99153 for sedation services provided by a single physician and a trained observer.

Use 99155 through 99157 for sedation services provided by two physicians and a trained observer.

99151 through 99157 are not billable with 00100 through 01999 or 94760 through 94762.