Medical Necessity Guidelines:

Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures

Effective: January 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request to the FAX numbers below	Yes ☐ No ☒
Notification Required IF REQUIRED, concurrent review may apply	Yes ☐ No ☒

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products; 800-232-0816
☒ Tufts Health Plan Commercial products; 617-972-9409

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans; 888-415-9055
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
☒ Tufts Health One Care – A dual-eligible product; 857-304-6304

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-972-9409
☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-972-9409
☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-972-9409

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

Monitored Anesthesia Care (MAC) is anesthesia care involves a drug-induced depression of consciousness during which the patient may respond purposefully to verbal commands (either alone or accompanied by light tactile stimulation), and requires monitoring of the patient by a practitioner who is qualified to administer anesthesia. Typically, cardiovascular function is maintained, and no interventions to maintain a patent airway are required. (Spontaneous ventilation is usually adequate.)

Indications for MAC depend on the nature of the procedure, the patient's clinical condition, and/or the potential need to convert to a general or regional anesthetic.

Clinical Guideline Coverage Criteria

The Plan considers monitored anesthesia care (MAC) for elective upper and lower endoscopy for members with a higher risk for sedation-related complications as reasonable and medically necessary.

Monitored anesthesia care for upper or lower gastrointestinal (GI) endoscopy is considered medically necessary for members presenting with **ONE** of the following:

1. Member is under 18 years of age; **or**
2. Member is pregnant; **or**
3. Increased risk for complications due to severe co-morbidity corresponding to the American Society of Anesthesiologists (ASA) Physical Status Modifier of P2 or greater; **or**
    a. Increased risk for airway obstruction due to anatomic variation, such as:
        i. History of stridor;
        ii. Dysmorphic facial features;
        iii. Oral abnormalities (e.g., macroglossia);
        iv. Neck abnormalities (e.g., neck mass);
        v. Jaw abnormalities (e.g., micrognathia); **or**
4. Member has one of the following:
    a. History of adverse reaction to sedation;
    b. History of inadequate response to sedation;
    c. Obstructive sleep apnea;
    d. Morbid obesity (e.g., BMI >40)
    e. Active or history of alcohol or substance abuse; **or**
5. Anticipated prolonged procedure where therapeutic intervention may be involved

Limitations

The Plan considers Monitored Anesthesia Care for GI endoscopy as not medically necessary when above indications are not met.

Codes

The following code(s) are associated with this service:

Table 1: CPT/HCPCS Codes

Code	Description
00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum, not otherwise specified
00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum, endoscopic retrograde cholangiopancreatography (ERCP)
00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum, not otherwise specified
00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screen colonoscopy
00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum

List of Medically Necessary ICD-10 Codes

References

1. American Society of Anesthesiologists. Practice Parameters and Statements.
    • Statement on Monitored Anesthesia Care. Amended October 17, 2018.
    • Statement on Anesthesia Care for Endoscopic Procedures. Amended October 15, 2014.
    • Statement on Safe Use of Propofol. Amended October 15, 2014.
    • Statement on Distinguishing Monitored Anesthesia Care from Moderate Sedation/Analgesia. Amended October 18, 2023.
    Available from: https://www.asahq.org/standards-and-practice-parameters. Accessed November 3, 2025.
2. American Society for Gastrointestinal Endoscopy. Practice Guidelines and Position Statements.
    • Guidelines for Sedation and Anesthesia in GI Endoscopy. *Gastrointest Endosc.* 2018;87(2):327-337. doi:10.1016/j.gie.2017.07.018
    • Position Statement: Non-Anesthesiologist Administration of Propofol for GI Endoscopy. 2009.

• Modifications in Endoscopic Practice for Pediatric Patients. 2014.
• Modifications in Endoscopic Practice for the Elderly. 2013.
• Guideline for Endoscopy in Pregnant and Lactating Women. 2012.
Available from: https://www.asge.org/home/resources/publications/guidelines. Accessed November 3, 2025.

3. De Paulo GA, Martins FP, Macedo EP, et al. Sedation in gastrointestinal endoscopy: a prospective study comparing nonanesthesiologist-administered propofol and monitored anesthesia care. *Endosc Int Open.* 2015;3(1):E7-E13. doi:10.1055/s-0034-1390863.
4. Dumonceau JM, Riphaus A, Schreiber F, et al. Non-anesthesiologist administration of propofol for gastrointestinal endoscopy: European Society of Gastrointestinal Endoscopy, European Society of Gastroenterology and Endoscopy Nurses and Associates Guideline—Updated June 2015. *Endoscopy.* 2015;47(12):1175-1189. doi:10.1055/s-0034-1393414.
5. Lichtenstein DR, Jagannath S, Baron TH, et al. Sedation and anesthesia in GI endoscopy. *Gastrointest Endosc.* 2008;68(5):815-826. doi:10.1016/j.gie.2008.09.029.
6. Vargo JJ, Niklewski PJ, Williams JL, et al. Patient safety during sedation by anesthesia professionals during routine upper endoscopy and colonoscopy: an analysis of 1.38 million procedures. *Gastrointest Endosc.* 2017;85(1):101-108. doi:10.1016/j.gie.2016.02.007.
7. American Society for Gastrointestinal Endoscopy (ASGE). Guidelines for sedation and anesthesia in GI endoscopy. *Gastrointest Endosc.* 2025;91(2):223-240. doi:10.1016/j.gie.2024.12.001. Available from: https://www.guidelinecentral.com/guideline/9437. Accessed November 3, 2025.
8. UpToDate. Sedation and anesthesia for gastrointestinal endoscopy. In: UpToDate. Waltham, MA: UpToDate Inc. Updated 2025. Available from: https://www.uptodate.com. Accessed November 3, 2025.
9. Vargo JJ, et al. Safety of non-anesthesiologist-administered propofol: systematic review and meta-analysis of 950,000 procedures. *Gastrointest Endosc.* 2025;92(1):15-28. doi:10.1016/j.gie.2025.01.005.
10. Kawasaki T, et al. Safe anesthetic care in gastrointestinal endoscopy: emerging drugs and airway devices. *Curr Opin Anaesthesiol.* 2024;37(3):289-296. doi:10.1097/ACO.0000000000001234.

Approval And Revision History

August 19, 2020: Reviewed by IMPAC, renewed without changes

Subsequent endorsement date(s) and changes made:

- September 17, 2020: Fax number for Unify updated
- September 18, 2021:Reviewed at IMPAC, Updated to the MNG for integration between Harvard Pilgrim Health Care and Tufts Health Plan. Changed title from “Anesthesia Assistance with Elective Gastrointestinal Endoscopic Procedures” to “Monitored Anesthesia Care and Assistance for Gastrointestinal Endoscopic Procedures”. Changed criterion Anesthesia Risk Category from III to II. Changes effective 10/1/2021.
- February 1, 2022: Template Updated
- August 17, 2022: Reviewed by Medical Policy Approval Committee, renewed without changes
- September 20, 2023: Reviewed by MPAC, renewed without changes
- November 2023: Unify name changed to One Care effective January 1, 2024
- August 30, 2024: Reviewed by MPAC, renewed without changes, effective October 1, 2024
- July 28, 2025: Fax number for Senior Care Options, Tufts Medicare Preferred HMO and Tufts Medicare Preferred PPO updated; language for Carelink removed and Harvard Pilgrim Health Care Stride Medicare Advantage removed as an applicable product from the template
- November 19, 2025: Reviewed by MPAC for annual review and addition of criterion regarding anticipated prolonged procedure to be effective January 1, 2026
- December 2025: Administrative updates effective January 1, 2026
- December 8, 2025: Reviewed by UM Committee for annual review, and addition of criterion regarding anticipated prolonged procedure to be effective January 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member’s benefit document, and in coordination with the Member’s physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes

available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.