

February 28, 2018

John S. Yao, M.D. MPH, FACP
Staff Vice President for Medical Policy Development
Office of Medical Policy & Technology Assessment
Anthem, Inc.

Re: CG-MED-60 Monitored Anesthesia Care and General Anesthesia for Cataract Surgery

Dear Dr. Yao:

The American Society of Anesthesiologists (ASA) is an educational, research and scientific association organized to raise and maintain the standards of the medical practice of anesthesiology and to improve the care of patients. On behalf of over 52,000 members, we write to request that Anthem immediately rescind the recently published Clinical Guideline CG-MED-60 Monitored Anesthesia Care and General Anesthesia for Cataract Surgery.

This new Clinical Guideline relies on an incomplete interpretation of the American Academy of Ophthalmology's Preferred Practice Pattern® titled Cataract in the Adult Eye as it addresses the use of anesthesia for cataract surgery. That document states that "*Local (regional) and topical anesthesia is generally preferred, with or without sedation/analgesia*" but goes on to note that, "*In summary, given the lack of evidence for a single optimal anesthesia strategy for cataract surgery, the type of anesthesia management should be determined according to the patient's needs, the preference of the patient, the anesthesia professionals, and the surgeon.*"

CG-MED-60 was revised after its initial release to be specific to Monitored Anesthesia Care and General Anesthesia; references to moderate sedation were removed. This revision does not address the fundamental flaws of the guideline.

We are pleased that Anthem has consulted ASA statements to include the following:

- [Continuum of Depth of Sedation: Definition of General Anesthesia and Sedation/Analgesia](#)
- [ASA Physical Status Classification System](#)
- [ASA Position on Monitored Anesthesia Care](#)
- [Statement on Practice Recommendations for Pediatric Anesthesia](#)
- [Statement on Regional Anesthesia](#)
 - *In the original version of the Clinical Guideline*
- [Statement on Anesthetic Care During Interventional Pain Procedures for Adults](#)
 - *In the revised version of the Clinical Guideline*

However, we believe that the most relevant ASA statement is [The Medical Necessity of Anesthesiology Services, American Society of Anesthesiologists' Position Statement](#). The key points of this statement are:

- *There is no circumstance when it is considered acceptable for a person to experience emotional or psychological duress or untreated pain amenable to safe intervention while under a physician's care, and*

- *The decision as to the medical necessity of anesthesiology services for a patient is a medical judgment that must consider all patient factors, procedure requirements, potential risk and benefits, requirements or preferences of the physician performing the surgery/procedures, and competencies of the involved practitioners.*

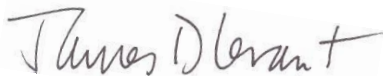
We ask you to recognize how this second key point and the AAO 's document align in terms of patient need and provider preference.

CG-MED-60 has a very real potential to disrupt patient care. For example, if patient intolerance to the procedure under topical anesthesia or moderate sedation is discovered once the procedure is underway, the case would need to be cancelled/rescheduled or an anesthesia provider would be called in to provide care under less than optimal circumstances. In some instances, in the absence of anesthesia or sedation, agitation or movement after incision could lead to significant patient injury. Further, most patients would be unable to tolerate placement of a needle for a retrobulbar block without anesthesia care.

You have heard from other national and state medical societies and other stakeholders that this clinical guideline is unsound. We agree with their concerns and urge you to rescind CG-MED-60.

ASA appreciates your time and your consideration of our comments. If you need any additional information, please contact Sharon Merrick, Director of Payment and Practice Management at s.merrick@asahq.org.

Sincerely,



James D. Grant, M.D., M.B.A., FASA
President
American Society of Anesthesiologists

CC: Jacob Asher, M.D.
John Whitney, M.D.