

March 2019

Updates to ASA Statements Relevant to Coding and Billing

All ASA statements are reviewed no less frequently than every five years. An August 2018 Timely Topic – [ASA Statements/Expert Consensus Documents Relevant to Coding and Billing](#) - described and summarized the following documents:

- Position on Monitored Anesthesia Care *
- Distinguishing Monitored Anesthesia Care (“MAC”) from Moderate Sedation/Analgesia (Conscious Sedation) *
- Statement on Intravascular Catheterization Procedures *
- Statement on Transesophageal Echocardiography
- Reporting Postoperative Pain Procedures in Conjunction with Anesthesia
- Statement on Anesthetic Care During Interventional Pain Procedures for Adults
- Definition of “Immediately Available” When Medically Directing
- Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia
- The Medical Necessity of Anesthesiology Services American Society of Anesthesiologists’ Position Statement *
- Statement of Anesthesia Care for Endoscopic Procedures *

Several of the above statements (those marked with an asterisk) were subject to review within ASA’s 2018 Governance Cycle. This Timely Topic flags the updated statements for you and offers a summary of the revisions.

[Position on Monitored Anesthesia Care](#)

Last Amended: October 17, 2018 (original approval: October 25, 2005)

The position statement now includes additional clarification between MAC and Moderate Sedation, noting,

“Unlike monitored anesthesia care, moderate sedation is a proceduralist directed service which does not include a qualified anesthesia provider’s periprocedural assessment and has the inherent limitations that are policy directed for the non-anesthesia qualified provider. Moderate sedation is a proceduralist directed service that may be governed by separate institutional policies.”

The boundary between MAC and GA is unchanged:

“If the patient loses consciousness and the ability to respond purposefully, the anesthesia care is a general anesthetic, irrespective of whether airway instrumentation is required.”

Distinguishing Monitored Anesthesia Care (“MAC”) from Moderate Sedation/Analgesia (Conscious Sedation)

Last Amended: October 17, 2018 (original approval: October 27, 2004)

The update expands on the information in the Position on Monitored Anesthesia Care statement with specific emphasis on the point that the anesthesia professional providing MAC is *exclusively focused* on the anesthesia care while the primary focus of the professional providing moderate sedation is the therapeutic/diagnostic procedure.

“An essential component of MAC is the peri-procedural anesthesia assessment and understanding of the patient’s coexisting medical conditions and management of the patient’s actual or anticipated physiological derangements during a diagnostic or therapeutic procedure. While Monitored Anesthesia Care may include the administration of sedatives and/or analgesics often used for Moderate Sedation, the qualified anesthesia provider of MAC is focused exclusively and continuously on the patient for any attendant airway, hemodynamic and physiologic derangements. Further, the provider of MAC must be prepared and qualified to convert to general anesthesia. The proceduralist providing moderate sedation may have their attention diverted to their primary focus, the procedure. Additionally, a provider’s ability to intervene to rescue a patient’s airway from any sedation-induced compromise is a prerequisite to the qualifications to provide Monitored Anesthesia Care. By contrast, Moderate Sedation is not expected to induce depths of sedation that would impair the patient’s respiratory function or ability to maintain the integrity of his or her airway. These components of Monitored Anesthesia Care are unique aspects of an anesthesia service that are not part of Moderate Sedation.”

Statement on Intravascular Catheterization Procedures

Last Amended: October 17, 2018 (original approval: October 25, 2005)

The fundamental point that the work of placing of arterial lines, central venous lines and pulmonary artery catheters is not included in the base unit value of any anesthesia service continues to stand. As updated, the statement provides more clarity on the factors that the anesthesia professional takes into consideration when determining if placement of any of these lines is necessary. This includes patient condition combined with the anticipated surgical procedure;

“The necessity for invasive monitoring is driven by a combination of patient condition and anticipated surgical procedure. For example, although many patients undergoing abdominal surgery do not require invasive monitoring, some do because of underlying cardiovascular disease or anticipated large fluid and blood loss during surgery. Similarly, many patients having vascular surgery require an arterial catheter, while others who are healthier than average do not.”

The statement confirms that any required imaging is separately reportable and provides information on the documentation requirements for that imaging.

Statement on Anesthesia Care for Endoscopic Procedures

This statement has been retired as this matter is appropriately addressed in the Statement on the Medical Necessity of Anesthesiology Services.

The Medical Necessity of Anesthesiology Services American Society of Anesthesiologists' Position Statement

Last Amended: October 17, 2018 (original approval: October 16, 2013)

To ensure that the message of the retired statement is not lost and to prevent any misinterpretation as to what retirement of that statement may mean, the following has been added to the Medical Necessity of Anesthesiology Services statement:

“This decision of necessity for anesthesiology services applies to all medical procedures, including screening or therapeutic procedures. For some patients, the availability of anesthesia services to alleviate anxiety over the procedure may be the determining factor to proceed.”

This statement continues to emphasize the point that:

“The ASA does not support determinations of medical necessity for anesthesiology services made independently by organizations or health insurance plans. “

The ASA reviews its statements to make sure that that stay relevant and aligned with the highest standards for anesthesia practice. Those that address coding/billing matters meeting current coding rules and guidelines. Updates may be significant or subtle – or the review may not result and any changes. All ASA Statements and Consensus Documents are available at <https://www.asahq.org/standards-and-guidelines>

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