



Position on Monitored Anesthesia Care

Committee of Origin: Economics

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Monitored anesthesia care is a specific anesthesia service performed by a qualified anesthesia provider, for a diagnostic or therapeutic procedure. Indications for monitored anesthesia care include, but are not limited to, the nature of the procedure, the patient's clinical condition and/or the need for deeper levels of analgesia and sedation than can be provided by moderate sedation (including potential conversion to a general or regional anesthetic. 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.

Monitored anesthesia care includes all aspects of anesthesia care – a preprocedure *assessment and optimization*, intraprocedure care and postprocedure management that is inherently provided by a qualified anesthesia provider as part of the bundled specific service. During monitored anesthesia care, the anesthesiologist provides or medically directs a number of specific services, including but not limited to:

- Preprocedural assessment and management of patient comorbidity and periprocedural risk
- Diagnosis and treatment of clinical problems that occur during the procedure
- Support of vital functions inclusive of hemodynamic stability, airway management and appropriate management of the procedure induced pathologic changes as they affect the patient's coexisting morbidities
- Administration of sedatives, analgesics, hypnotics, anesthetic agents or other medications as necessary for patient safety
- Psychological support and physical comfort
- Provision of other medical services as needed to complete the procedure safely.

Monitored anesthesia care may include varying levels of sedation, awareness, analgesia and anxiolysis as necessary. The qualified anesthesiologist provider of monitored anesthesia care must be prepared to convert to general anesthesia and respond to the pathophysiology (airway and hemodynamic changes) of procedure and position in the management in induction of general anesthesia when necessary. 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. Moderate Sedation/Analgesia on the other hand is a drug induced depression of consciousness in which the patient responds purposefully to verbal commands, either alone or accompanied by light tactile stimulation. It is not anticipated that intervention will be



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required to maintain a patent airway and adequate spontaneous ventilation. Similarly, it is expected that cardiovascular function will be maintained without intervention.

Monitored anesthesia care is a physician service provided to an individual patient. Whereas “Moderate Sedation/Analgesia” is a service directed by the Proceduralist who is preoccupied in focusing on successfully completing the scheduled procedure. The Proceduralist may not be cognizant of ongoing pathophysiologic effects of sedatives given or procedure/position changes. Monitored anesthesia care should be subject to the same level of payment as general or regional anesthesia. Accordingly, the ASA Relative Value Guide® provides for the use of proper base units, time and any appropriate modifier units as the basis for determining payment.