

Blue Cross Complete Clinical Practice Guideline Summary

Anesthesia Services for Gastrointestinal Endoscopy

Eligible Population		
	Description	Monitored anesthesia (deep sedation or general anesthesia) for gastrointestinal endoscopy (colonoscopy or EGD) procedures in average-risk patients is investigational/not clinically proven, and therefore not medically necessary ¹
	Criteria	<p>Deep sedation/ general anesthesia is clinically proven and, therefore, medically necessary for upper or lower gastrointestinal endoscopy when any of the following criteria are met:</p> <ul style="list-style-type: none"> • The member is under 18 years of age; or • The member is over 70 years of age; or • The member is pregnant; or • The member is at increased risk for complications due to severe comorbidity; or • Increased risk exists for airway obstruction due to anatomic variation, such as: <ul style="list-style-type: none"> ○ History of stridor. ○ Dysmorphic facial features. ○ Oral abnormalities (e.g., macroglossia). ○ Neck abnormalities (e.g., neck mass). ○ Jaw abnormalities (e.g., micrognathia). • The member has one of the following: <ul style="list-style-type: none"> ○ History of adverse reaction to sedation. ○ History of inadequate response to sedation. ○ Obstructive sleep apnea. ○ Morbid obesity (body mass index greater than 40). ○ Active or history of alcohol or substance abuse. <p>An anesthesia professional must be present while a patient is under deep sedation or general anesthesia before, during, and after a gastrointestinal endoscopy, whether or not an anesthesia provider administered the sedation or anesthesia.</p> <p>Prior authorization is required when monitored anesthesia (deep sedation or general anesthesia) is administered for gastrointestinal endoscopy (colonoscopy or EGD) procedures.</p>
	Limitations	Deep sedation/ general anesthesia for gastrointestinal endoscopy procedures in average-risk members is investigational, not clinically proven, and therefore not medically necessary.
	Alternative covered services	No alternative services were identified during the writing of this guideline

¹Sources: (American Society for Gastrointestinal Endoscopy Standards of Practice Committee, 2018)