# Payment Policy: Moderate Conscious Sedation

Reference Number: LA.PP.015
Effective Date: 08/2020 Coding Implications
Last Review Date: 04/2025 Revision Log

**See Important Reminder at the end of this policy for important regulatory and legal information.**

**Policy Overview**
The American Medical Association's (AMA) Current Procedural Terminology (CPT®) defines Moderate Conscious Sedation as a drug induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

Moderate Conscious Sedation includes CPT® codes (99151-99153, 99155-99157) and does not include the anesthesia codes 00100-01999.

Pediatric Moderate (Conscious) Sedation

Moderate sedation does not include minimal sedation (anxiolysis), deep sedation or monitored anesthesia care.

Pediatric Moderate sedation coverage shall be restricted to enrollees from birth to age 13. Exceptions to the age restriction shall be made for children who have severe developmental disabilities; however, no claims shall be considered for enrollees 21 years of age or older.

Certain procedures/services are considered integral to the moderate conscious sedation procedure and should not be reported separately:

- Assessment of the patient (not included in intraservice time);
- Establishment of IV access and fluids to maintain line patency;
- Administration of agent(s);
- Maintenance of sedation;
- Monitoring of O2 saturation, heart rate and blood pressure; and
- recovery

CPT® codes 99151-99153 should not be reported with codes listed in Appendix G of the CPT® manual. Appendix G codes are inclusive of moderate conscious sedation.

CPT® codes 99155-99157 should not be reported with codes listed in Appendix G of the CPT® manual when billed in a non-facility setting. Appendix G codes are inclusive of moderate conscious sedation.

Furthermore, to bill CPT codes 99151-99153 and 99155-99157, the physician or other qualified health care professional performing the service, must have an *independent trained observer* present to assist in monitoring the patient's level of consciousness and physiological status.

**Reimbursement**
Louisiana Healthcare Connect will not allow separate reimbursement for Procedure codes 99151-99153 when billed with

1. Procedures listed in Appendix G of the CPT book
2. Anesthesia procedures (CPT codes 00100-01999)
3. CPT and HCPCS codes that are part of CMS NCCI edit

Louisiana Healthcare Connect will allow separate reimbursement for Moderate Sedation services reported as CPT® codes 99151-99153 when provided by the Same Physician, hospital, ambulatory surgical center, or other qualified health care professional reporting the diagnostic or therapeutic procedure.

**Utilization**
Sedation Performed by Second Physician in A Facility Setting

When moderate conscious sedation is administered by a physician or other qualified health professional other than the health care professional performing the procedure or therapeutic service, in the facility setting, (e.g., hospital, outpatient hospital/ambulatory surgery center, skilled nursing facility) for the procedures listed in Appendix G, CPT® instruct the second physician or other qualified healthcare professional to report 99155-99157.

Medicare Defined Place of Service Codes for Facility Setting
- 21 Inpatient Hospital
- 22 Outpatient Hospital
- 23 Emergency Room-Hospital
- 24 Ambulatory Surgical Center
- 26 Military Treatment Facility
- 31 Skilled Nursing Facility
- 34 Hospice
- 41 Ambulance - Land
- 42 Ambulance - Air or Water
- 51 Inpatient Psychiatric Facility
- 52 Psychiatric Facility - Partial Hospitalization
- 53 Community Mental Health Center
- 56 Psychiatric Residential Treatment Center
- 61 Comprehensive Inpatient Rehabilitation Facility

Sedation Performed by Second Physician in a Non-Facility Setting

CPT® further instructs for the circumstance in which these services are performed by the second physician or other qualified health care professional in the non-facility setting (e.g., office, freestanding imaging center), codes 99155-99157 are not reported.

Facility and non-facility services are determined based on the location where the services are billed.

**Drug Reimbursement**
The cost of the drug used in Moderate Sedation, if supplied by the physician in a location other than an inpatient/outpatient hospital, emergency room or ambulatory surgical center, is reimbursable at the appropriate fee schedule or contracted rate.

**Documentation Requirements**
When the sedation is performed by the same physician or other qualified health professional performing the diagnostic or therapeutic service that the sedation supports, CPT® codes 99151-99153 should be billed. The use of these codes requires the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status.

Information in the provider's medical record should contain the following documentation to support that an independent, trained observer was present during the procedure:

Examples

- Dr. Jones is performing a spinal procedure. The documentation states that *"the patient was continuously monitored by the nurse."* The conscious sedation is separately reportable because an independent trained observer was present and the documentation clearly supports this.

- Dr. Jones is performing a spinal procedure. The documentation states that *"I continuously monitored the patient during the procedure."* Dr. Jones cannot bill separately for anesthesia as it is included in the procedure.

**Coding and Modifier Information**
This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2024, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

| CPT/HCPCS Code | Descriptor |
|---|---|
| 99151 | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age |
| 99152 | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older |
| 99153 | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service |
| 99155 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age |
| 99156 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older |
| 99157 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service) |

**Definitions**

*Same Physician, Hospital, Ambulatory Surgical Center, or Other Qualified Health Care Professional*:

- The same physician, hospital, ambulatory surgical center or other qualified health care professional rendering health care services reporting the same Federal Tax Identification number.

*Moderate Conscious Sedation*

- A drug induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

*Intraservice Time*

- Time starting with the administration of the sedation agent(s), requires continuous face-to-face attendance, and ends when the physician who performs the sedation is no longer providing personal contact to the patient.

**Related Policies**
Not Applicable

**Related Documents or Resources**

1. Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services.
2. Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications.
3. American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services.

**References**

1. *Current Procedural Terminology (CPT®)*, 2024
2. *HCPCS Level II*, 2024
3. *https://www.cms.gov/files/document/mm12822-international-classification-diseases-10th-revision-icd-and-other-coding-revisions-national.pdf*
4. ICD-10-PCS 2024 EBOOK.pdf

| Revision History | Revision Date | Approval Date | Effective Date |
|---|---|---|---|
| Converted corporate to local policy. | 08/15/20 | | |
| Annual Review<br>Remove "4" from CPT code 99155 on page 2 (extra number in CPT code-991455)<br>Removed clinical and added payment policy in "Important Reminder" section | 08/26/22 | | |
| Annual Review; verified codes. | 06/16/23 | 9/13/23 | 10/13/23 |
| Annual Review; updated reference dates and links | 05/24 | 5/28/24 | 5/28/24 |
| Annual Review; added Pediatric Moderate Conscious Sedation section, update reference | 04/25 | 7/7/25 | 8/6/25 |

**Important Reminder**
This payment policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted

standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this payment policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this payment policy. This payment policy is consistent with standards of medical practice current at the time that this payment policy was approved.

The purpose of this payment policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This payment policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this payment policy, and additional clinical policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this payment policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.

This payment policy is the property of LHCC. Unauthorized copying, use, and distribution of this payment policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.