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Commercial Reimbursement Policy

Subject: **Moderate (Conscious) Sedation – Professional and Facility**	
Policy Number: **C-25001**	Policy Section: **Anesthesia**
Last Approval Date: **03/12/2025**	Effective Date: **90 days from comms**

Policy

The health plan considers the following services to be included in the reimbursement for professional and outpatient facility providers of moderate sedation and not eligible for separate reimbursement unless provider, state, or federal contracts and/or requirements indicate otherwise.

Professional:

- Assessment of the patient (not included in intraservice time).
- Establishment of IV access and fluids when performed to maintain patency.
- Administration of agent(s).
- Maintenance of sedation.
- Monitoring of oxygen saturation, heart rate and blood pressure.
- Recovery (not included in intraservice time).

Moderate sedation administered by a provider that is not performing the associated surgical, diagnostic, or therapeutic procedure is not eligible for reimbursement when administered in a non-facility setting.

For providers using fee schedules based on RVU's 2016 and older: moderate sedation is not eligible for separate reimbursement when the performing provider reports moderate sedation along with a procedure listed in CPT® Appendix G linked below.

For providers using fee schedules based on 2017 and later RVU's: moderate sedation is eligible for separate reimbursement when the same provider reports both the procedure and the moderate sedation.

Outpatient Facility:

The health plan will not separately reimburse recovery room services (revenue code 0710) when billed with moderate sedation.

The health plan will deny moderate sedation codes when reported on a UB04.

The health plan requires anesthesia revenue codes 037X to have a HCPCS/CPT code when billed with radiology or diagnostic revenue codes.

Related Coding

Code	Description	Comments
99151	Moderate sedation services provided by the same physician or other qualified healthcare 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	Eligible for separate reimbursement when reported with procedure codes that reimburse based on 2017 and later RVUs in the provider's contracted fee schedule Not eligible for facility reimbursement
99152	Moderate sedation services provided by the same physician or other qualified healthcare 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	Eligible for separate reimbursement when reported with procedure codes that reimburse based on 2017 and later RVUs in the provider's contracted fee schedule Not eligible for facility reimbursement
99153	Moderate sedation services provided by the same physician or other qualified healthcare professional performing the diagnostic or therapeutic service that the sedation supports,	Eligible for separate reimbursement when reported with procedure codes that reimburse

	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)	based on 2017 and later RVUs in the provider's contracted fee schedule Not eligible for facility reimbursement
99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified healthcare professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age	Eligible for separate reimbursement when reported with procedure codes that reimburse based on 2017 and later RVUs in the provider's contracted fee schedule. Not eligible for facility reimbursement
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified healthcare professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	Eligible for separate reimbursement when reported with procedure codes that reimburse based on 2017 and later RVUs in the provider's contracted fee schedule Not eligible for facility reimbursement
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified healthcare professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes of intraservice time (List separately in addition to code for primary service)	Eligible for separate reimbursement when reported with procedure codes that reimburse based on 2017 and later RVUs in the provider's contracted fee schedule

		Not eligible for facility reimbursement
Appendix G (CPT® 2016 and older)	Codes that include moderate sedation	These codes are automatically bundled with moderate sedation, only if the fee schedule uses 2016 and older RVUs; No modifier override
G0500	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 monitoring the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	Not eligible for facility reimbursement

Exemptions

Colorado	This policy does not apply to facility providers.
Kentucky	Anthem Blue Cross and Blue Shield will not require a HCPCS/CPT code for anesthesia incident to cardiology, cardiac catheterization, and gastrointestinal services
Wisconsin	This policy does not apply to facility providers.

Definitions

Independent trained observer	An individual who is qualified to monitor the patient during the procedure.
Intraservice time	The time within a single episode of care, which is used in 15-minute intervals to determine the appropriate CPT® code to report moderate sedation services. Intraservice time starts with the administration of the sedation agent(s), continues with direct (face-to-face) attendance, and ends at the close of

	personal contact, with the patient, by the physician or other qualified healthcare professional providing the sedation.
Moderate (Conscious) Sedation	Drug-induced depression of consciousness during which patients respond purposefully to verbal commands.
RVUs	Relative Value Units are the units of measurement for CMS's resource-based relative value scale (RBRVS), which are used to define the value of a service or procedure relative to the value of all other services and procedures.
General Reimbursement Policy Definitions	

Related Policies and Materials

Anesthesia Services – Professional

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- Optum EncoderPro 2025
- Resource-based relative value scale (RBRVS) 2025

Policy History

03/12/2025	Initial approval 03/12/2025 and effective 07/01/2026: retired Moderate (Conscious) Sedation - Professional (C-08008) and combined into a new blended policy titled Moderate (Conscious) Sedation – Professional and Facility (C-25001); added Kentucky and Wisconsin exemptions, Effective 90 days from comms for Maine

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's benefit plan. The determination that a service, procedure, or item is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must also meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

Ensure that you use proper billing and submission guidelines, including industry-standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Use of Reimbursement Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving, and we reserve the right to review and update these policies periodically.