Clinical Policy: Anesthesiology Services for Gastrointestinal Endoscopy

Reference Number: CP.MP.161 [Coding Implications](#Coding_Implications)

Last Review Date: 05/19

[Revision Log](#Revision_Log)

**See** [Important Reminder](#Important_Reminder) **at the end of this policy for important regulatory and legal information.**

# Description

Conscious sedation for gastrointestinal (GI) endoscopic procedures is standard of care to relieve patient anxiety and discomfort, improve outcomes of the examination, and decrease the memory of the procedure. A combination of an opioid and benzodiazepine is the recommended regimen for achieving minimal to moderate sedation for upper endoscopy and colonoscopy in people without risk for sedation-related adverse events.5  Generally, the gastroenterologist performing the procedure and/or his/her qualified assistant can adequately manage the administration of conscious sedation and monitoring of the patient. In cases with sedation-related risk factors, additional assistance from an anesthesia team member is required to ensure the safest outcome for the patient. This policy outlines the indications for which anesthesia services are considered medically necessary.

## Policy/Criteria

1. It is the policy of health plans affiliated with Centene Corporation® that anesthesiology services for GI endoscopic procedures is considered **medically necessary** for the following indications:
   1. Age < 18 years or ≥ 70 years;
   2. Pregnancy;
   3. Increased risk of complications due to physiological status as identified by the American Society of Anesthesiologist (ASA) physical status classification of ASA III or higher;
   4. Increased risk for airway obstruction because of anatomic variants such as dysmorphic facial features, oral abnormalities, neck abnormalities, or jaw abnormalities;
   5. History of or anticipated intolerance to conscious sedation (i.e. chronic opioid or benzodiazepine use);
   6. History of drug or alcohol abuse;
   7. Morbid obesity (BMI > 40);
   8. Documented sleep apnea;
   9. Prolonged or therapeutic endoscopic procedure requiring deep sedation (examples include patients with adhesions after abdominal surgery, stent placement in the upper GI tract, and complex therapeutic procedures such as plication of the cardioesophageal junction. Polyp removal would not be considered a prolonged procedure).

## Background

Several factors that may determine whether the assistance of anesthesia providers is needed include patient specific risk factors for sedation, the planned depth of sedation, and the urgency and type of endoscopic procedure performed. Patient risk factors include significant medical conditions such as extremes of age; severe pulmonary, cardiac, renal, or hepatic disease; pregnancy; the abuse of drugs or alcohol; uncooperative patients; a potentially difficult airway for positive-pressure ventilation; and individuals with anatomy that is associated with more difficult intubation.

For lower-risk patients (ASA I-III) undergoing non-advanced endoscopic procedures such as elective colonoscopy and EGD, recent large population–based studies found a higher risk of aspiration and other unplanned cardiopulmonary events in patients receiving deep sedation with propofol as administered by anesthesiologists, when compared with patients who received lighter sedation as administered by endoscopists.6

Monitored anesthesia care has been defined by the American Society of Anesthesiologist (ASA): “Monitored anesthesia care is a specific anesthesia service for a diagnostic or therapeutic procedure. Indications for monitored anesthesia care include the nature of the procedure, the patient’s clinical condition and/or the potential need to convert to a general or regional anesthetic.” It includes a preprocedure consult, intraprocedure care, and postprocedure management. According to the ASA, “the provider of monitored anesthesia care must be prepared and qualified to convert to general anesthesia when necessary. If a patient loses consciousness and the ability to respond purposefully, the anesthesia care is a general anesthetic, irrespective of whether airway instrumentation is required.”

During moderate sedation/analgesia, also known as conscious sedation, a physician administers or supervises the administration of the sedation used during a diagnostic or therapeutic procedure. The sedation is intended to depress the level of consciousness to a moderate level of sedation to allow for the comfort and cooperation of the patient, as well as the successful performance of a diagnostic or therapeutic procedure. The physician administering or overseeing the conscious sedation must be qualified to identify sedation that is too “deep” and manage the consequences and adjust the sedation to a lesser level.

While both conscious sedation and MAC require the administration of sedation and monitoring of cardiac and respiratory function, the administrator of MAC must be prepared and qualified to convert to general anesthesia as well as support the patient’s airway from any sedation-induced compromise. Patients at increased risk for the need to convert to general anesthesia or for airway support include those with significant comorbidities, increased sensitivity to sedative and analgesic medications, and those undergoing prolonged or complex therapeutic procedures.

***American Society of Anesthesiologists classification system for assessing a patient before surgery:***

P1 – A normal, healthy patient

P2 – A patient with mild systemic disease

P3 – A patient with severe systemic disease

P4 – A patient with severe systemic disease that is a constant threat to life

P5 – A moribund patient who is not expected to survive without the operation

P6 – A declared brain-dead patient whose organs are being harvested

***American Society for Gastrointestinal Endoscopy (ASGE)5***

Anesthesia provider assistance should be considered in the following situations:

* Prolonged or therapeutic endoscopic procedures requiring deep sedation
* Anticipated intolerance to standard sedatives
* Increased risk for adverse event because of severe comorbidity (ASA class IV or V)
* Increased risk for airway obstruction because of anatomic variant

**Coding Implications**

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2018, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical 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.

**Table 1: CPT codes indicating anesthesiology services for endoscopies**

| **CPT® Codes** | **Description** |
| --- | --- |
| 00731 | Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified |
| 00811 | Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified |
| 00812 | Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy |
| 00813 | Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum |

**Table 2: CPT codes for endoscopic procedures indicated in this policy**

| **CPT Codes** | **Description** |
| --- | --- |
| 43197 | Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| 43198 | Esophagoscopy, flexible, transnasal; with biopsy, single or multiple |
| 43200 | Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| 43201 | Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance |
| 43202 | Esophagoscopy, flexible, transoral; with biopsy, single or multiple |
| 43204 | Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices |
| 43205 | Esophagoscopy, flexible, transoral; with band ligation of esophageal varices |
| 43206 | Esophagoscopy, flexible, transoral; with optical endomicroscopy |
| 43210 | Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed |
| 43211 | Esophagoscopy, flexible, transoral; with endoscopic mucosal resection |
| 43212 | Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) |
| 43213 | Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed) |
| 43214 | Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed) |
| 43215 | Esophagoscopy, flexible, transoral; with removal of foreign body(s) |
| 43216 | Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps |
| 43217 | Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| 43226 | Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire |
| 43227 | Esophagoscopy, flexible, transoral; with control of bleeding, any method |
| 43229 | Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) |
| 43231 | Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination |
| 43232 | Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) |
| 43233 | Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed) |
| 43235 | Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| 43236 | Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance |
| 43237 | Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures |
| 43238 | Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures) |
| 43239 | Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple |
| 43240 | Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed) |
| 43241 | Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter |
| 43242 | Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis) |
| 43243 | Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices |
| 43244 | Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices |
| 43245 | Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie) |
| 43246 | Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube |
| 43247 | Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s) |
| 43248 | Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire |
| 43249 | Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter) |
| 43250 | Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps |
| 43251 | Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| 43252 | Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy |
| 43253 | Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis) |
| 43254 | Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection |
| 43255 | Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method |
| 43257 | Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease |
| 43259 | Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis |
| 43266 | Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) |
| 43270 | Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) |
| 44388 | Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| 44389 | Colonoscopy through stoma; with biopsy, single or multiple |
| 44390 | Colonoscopy through stoma; with removal of foreign body(s) |
| 44391 | Colonoscopy through stoma; with control of bleeding, any method |
| 44392 | Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps |
| 44394 | Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| 44401 | Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed) |
| 44402 | Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed) |
| 44403 | Colonoscopy through stoma; with endoscopic mucosal resection |
| 44404 | Colonoscopy through stoma; with directed submucosal injection(s), any substance |
| 44405 | Colonoscopy through stoma; with transendoscopic balloon dilation |
| 44406 | Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures |
| 44407 | Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures |
| 44408 | Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed |
| 45330 | Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| 45331 | Sigmoidoscopy, flexible; with biopsy, single or multiple |
| 45332 | Sigmoidoscopy, flexible; with removal of foreign body(s) |
| 45333 | Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps |
| 45334 | Sigmoidoscopy, flexible; with control of bleeding, any method |
| 45335 | Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance |
| 45337 | Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed |
| 45338 | Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| 45340 | Sigmoidoscopy, flexible; with transendoscopic balloon dilation |
| 45341 | Sigmoidoscopy, flexible; with endoscopic ultrasound examination |
| 45342 | Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s) |
| 45346 | Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) |
| 45347 | Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) |
| 45349 | Sigmoidoscopy, flexible; with endoscopic mucosal resection |
| 45350 | Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids) |
| 45378 | Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| 45379 | Colonoscopy, flexible; with removal of foreign body(s) |
| 45380 | Colonoscopy, flexible; with biopsy, single or multiple |
| 45381 | Colonoscopy, flexible; with directed submucosal injection(s), any substance |
| 45382 | Colonoscopy, flexible; with control of bleeding, any method |
| 45384 | Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps |
| 45385 | Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| 45386 | Colonoscopy, flexible; with transendoscopic balloon dilation |
| 45388 | Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) |
| 45389 | Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed) |
| 45390 | Colonoscopy, flexible; with endoscopic mucosal resection |
| 45391 | Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures |
| 45392 | Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures |
| 45393 | Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed |
| 45398 | Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids) |
| G0104 | Colorectal cancer screening; flexible sigmoidoscopy |
| G0105 | Colorectal cancer screening; colonoscopy on individual at high risk |
| G0106 | Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema |
| G0120 | Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema |
| G0121 | Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk |
| G0122 | Colorectal cancer screening; barium enema |

**ICD-10-CM Diagnosis Codes that Support Coverage Criteria**

| **ICD-10-CM Code** | **Description** |
| --- | --- |
| E66.01, E66.2 | Morbid obesity |
| F10.10-F16.99 | Mental and behavioral disorders due to psychoactive substance use (except codes indicating remission) |
| F18.10-F19.99 | Mental and behavioral disorders due to psychoactive substance use (except codes indicating remission) |
| F55.8 | Abuse of other non-psychoactive substances |
| G47.30 | Sleep apnea, unspecified |
| G47.31 | Primary central sleep apnea |
| G47.33 | Obstructive sleep apnea (adult) (pediatric) |
| G47.37 | Central sleep apnea in conditions classified elsewhere |
| G47.39 | Other Sleep apnea |
| G62.1 | Alcoholic polyneuropathy |
| I42.6 | Alcoholic cardiomyopathy |
| K29.20 | Alcoholic gastritis without bleeding |
| K29.21 | Alcoholic gastritis with bleeding |
| K70.0-K70.40 | Alcoholic liver disease |
| K70.9 | Alcoholic liver disease, unspecified |
| M26.02 | Maxillary hypoplasia |
| M26.04 | Mandibular hypoplasia |
| O09.00-O09.93 | Supervision of high risk pregnancy |
| O21.20-O21.9 | Vomiting in pregnancy |
| O35.4XX0 – O35.5XX9 | Maternal care for suspected damage to fetus by alcohol or drugs |
| O99.011 – O99.019 | Anemia complicating pregnancy |
| O99.211 – O99.213 | Obesity complicating pregnancy |
| O99.310 – O99.325 | Alcohol or drug use complicating pregnancy |
| O99.611 – O99.619 | Diseases of the digestive system complicating pregnancy |
| O99.841 – O99.843 | Bariatric surgery status complicating pregnancy |
| Q18.9 | Congenital malformation of face and neck, unspecified |
| Q38.2 | Macroglossia |
| R06.1 | Stridor |
| R22.1 | Localized swelling, mass and lump, neck |
| Z33.1 | Pregnant state, incidental |
| Z33.3 | Pregnant state, gestational carrier |
| Z34.00 – Z34.03 | Encounter for supervision of normal first pregnancy, by trimester |
| Z34.80 – Z34.83 | Encounter for supervision other normal pregnancy, by trimester |
| Z34.91 – Z34.93 | Encounter for supervision of normal pregnancy, unspecified, by trimester |
| Z3A00 – Z3A.49 | Weeks of gestation |
| Z68.41 – Z68.45 | Body mass index ≥ 40, adult |

| **Reviews, Revisions, and Approvals** | **Date** | **Approval Date** |
| --- | --- | --- |
| Policy developed | 05/18 | 05/18 |
| Reviewed by specialist | 08/18 |  |
| References reviewed and updated | 04/19 | 05/19 |
| Clarified language in Description regarding recommended conscious sedation regimen. Renamed policy to Anesthesiology Services for Gastrointestinal Endoscopy from MAC for gastrointestinal endoscopy | 05/19 | 06/19 |

### References

1. American Society of Anesthesiologist (ASA). ASA physical status classification system. Last approved Oct 15, 2014. <https://www.asahq.org/resources/clinical-information/asa-physical-status-classification-system>
2. American Society of Anesthesiologist. Distinguishing monitored anesthesia care (“MAC”) from moderate sedation/analgesia (conscious sedation). Last amended Oct 17, 2018.
3. Lichtenstein DR et al, Guideline from the Standards of Practice Committee of the American Society for Gastrointestinal Endoscopy, “Sedation and Anesthesia in GI Endoscopy,” Gastrointestinal Endoscopy, Vol 68, #5 2008.
4. ASGE Standards of Practice Committee, Early DS, Lightdale JR, et al. Guidelines for sedation and anesthesia in GI endoscopy. Gastrointest Endosc. 2018 Feb;87(2):327-337. doi: 10.1016/j.gie.2017.07.018. Accessed at: <https://www.giejournal.org/article/S0016-5107(17)32111-9/pdf>
5. Virgo JJ, Niklewski PJ, Williams JL, et al. Patient safety during sedation by anesthesia professionals during routine upper endoscopy and colonoscopy: an analysis of 1.38 million procedures. Gastrointest Endosc. 2017 Jan;85(1):101-108. doi: 10.1016/j.gie.2016.02.007.
6. American Society of Anesthesiologist. Position on Monitored Anesthesia Care. Amended Oct 17, 2018. Accessed at: <https://www.asahq.org/standards-and-guidelines/position-on-monitored-anesthesia-care>
7. Overview of procedural sedation for gastrointestinal endoscopy. In: UpToDate. Saltzman JR., Joshi GP. (Eds) UpToDate, Waltham, MA. Accessed April 16, 2019
8. Rosero EB. Monitored anesthesia care in adults. In: UpToDate. Joshi GP (Ed). Accessed April 16, 2019

**Important Reminder**

This clinical 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 clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical 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 Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical 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 clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical 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 clinical 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 clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical 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.

**Note: For Medicaid members**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members,** to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

©2018 Centene Corporation. All rights reserved.  All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law.  No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.