
Coding Directive: Moderate (Conscious) Sedation

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The following guideline is in compliance with both the American Medical Association (AMA) and American Academy of Pediatrics (AAP) recommendations on moderate (also known as conscious) sedation.

Moderate sedation is 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 cardiovascular function or a patent airway, and spontaneous ventilation is adequate. Definition from 2017 CPT Professional Edition (American Medical Association, 2016)

Moderate sedation includes the following services and they should not be reported separately:

- Patient assessment (preservice)
- Initiation of IV access and fluids to maintain patency (preservice)
- Administration of sedating agent(s) – starts intraservice time
- Monitoring of oxygen saturation, heart rate, and blood pressure (intraservice)
- Maintenance of sedation (intraservice)
- Assessment of recovery, vitals, stability and documentation preparation (postservice)

Please see CPT Manual for a list of **inclusive preservice and postservice work** that cannot be included in intraservice time as well as a more complete list of services included in these codes and not reported separately.

**For both sets of moderate sedation codes, the sedation service must be medically necessary for the management of the patient and not performed for routine services or minor procedures for which moderate sedation may not be reasonable.

Intraservice time starts with the administration of the sedation agent(s), requires continuous face-to-face attendance, and ends at the conclusion of person contact by the physician or other qualified health care professional providing the sedation.

Moderate (Conscious) Sedation 99151 – 99153

Select these codes when moderate sedation services are 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 (name and credentials should be documented) to assist in the monitoring of the patient's level of consciousness and physiological status. These codes are based upon time (intraservice) and age of the patient.

Documentation must include the description of the procedure, the name and dosages of the sedation agent(s), the route of administration of the sedation agent(s), and who administered the agent (provider or independent observer); the ongoing assessment of the level of consciousness and physiological (e.g. heart rate, oxygen saturation levels) status during and after the procedure; and the presence, name and title of the independent observer.

****NOTE – Medicare Billing:**

99153 – Not a payable code when billed by professional provider (PFS – indicator 3 - practice expense (PE) only) ([Novitas - Claim Issues](#)) Technical component only code.

G0500 – report when same physician or other QHP performing a GI endoscopic service that sedation supports, initial 15 min. >5 years of age

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Moderate (Conscious) Sedation 99155 – 99157 – (only billed when performed in facility)

Select these codes when moderate sedation services are 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. These codes are based upon time (intraservice) and age of the patient.

When a teaching physician is including a resident in the moderate sedation services, **the teaching physician must personally document the time they were present and only that time is billable.** Resident documentation stating that the teaching physician was present for the service **does not** meet documentation requirements to bill under the teaching physician.

See time table guidance below.

		Moderate sedation (MS) provided by physician or other qualified health care professional (<u>same</u> physician or qualified health care professional also <u>performing the procedure</u> MS is supporting)	MS provided by different physician or other qualified health care professional (<u>not</u> the physician or qualified health care professional who is <u>performing the procedure</u> MS is supporting)
Total Intraservice Time for Moderate Sedation	Patient Age	Code(s)	Code(s)
Less than 10 minutes	Any Age	Not reported separately	Not reported separately
10 – 22 minutes	< 5 years	99151	99155
10 – 22 minutes	5 years or older	99152	99156
23 – 37 minutes	< 5 years	99151 + 99153 x 1	99155 + 99157 x 1
23 – 37 minutes	5 years or older	99152 + 99153 x 1	99156 + 99157 x 1
38 – 52 minutes	< 5 years	99151 + 99153 x 2	99155 + 99157 x 2
38 – 52 minutes	5 years or older	99152 + 99153 x 2	99156 + 99157 x 2
53 – 67 minutes (53 min. – 1 hr. 7 min.)	< 5 years	99151 + 99153 x 3	99155 + 99157 x 3
53 – 67 minutes (53 min. – 1 hr. 7 min.)	5 years or older	99152 + 99153 x 3	99156 + 99157 x 3
68 – 82 minutes (1 hr. 8 min. – 1 hr. 22 min.)	< 5 years	99151 + 99153 x 4	99155 + 99157 x 4
68 – 82 minutes (1 hr. 8 min. – 1 hr. 22 min.)	5 years or older	99152 + 99153 x 4	99156 + 99157 x 4

*Continue to add the additional 99153 or 99157 as appropriate beyond time shown in this table.

Ref: CPT Professional Edition, 2017 version

(Revised Effective Date: January 1, 2017)