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SAMBA 2024 Annual Meeting
May 2-4, 2024

Busting Perioperative Common Myths: MAC is "Better" for ASC Practice

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Disclosures

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- Fisher & Paykel Healthcare, Inc.: consultant/speaker's bureau
- Butterfly, Inc.: consultant/speaker's bureau

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ASA Definition of "MAC"

The American Society of Anesthesiologists has defined Monitored Anesthesia Care (MAC) as a specific anesthesia service performed by a qualified (trained) anesthesia provider, for a diagnostic or therapeutic procedure.

Indications for MAC include, but are not limited to, the nature of the procedure, the patient's clinical condition and/or the need for deeper levels of analgesia and sedation than can be provided by moderate sedation (including potential conversion to a general or regional anesthetic).

Monitored Anesthesia Care includes all aspects of anesthesia care—a preprocedure assessment and optimization, intraprocedure care and postprocedure management that is inherently provided by a qualified anesthesia provider as part of the bundled specific service.

https://www.asahq.org/standards-and-practice-parameters/statement-on-distinguishing-monitored-anesthesia-care-from-moderate-sedation-analgesia?&ct=48043cf5d7813129580f30cf21b8e8e3864c446a8b8792506a22ddc6492125ffb7ee3d326a1b08e3cc4cd48bcd30fb7895d6743f53cba138abf3cec3ec173893

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ASA Definition of "MAC"

During MAC, the anesthesiologist provides or medically directs a number of specific services, including but not limited to:

- Preprocedural assessment and management of patient comorbidity and periprocedural risk
- Diagnosis and treatment of clinical problems that occur during the procedure
- Support of vital functions inclusive of hemodynamic stability, airway management, and appropriate management of the procedure induced pathologic changes as they affect the patient's coexisting morbidities
- Administration of sedatives, analgesics, hypnotics, anesthetic agents, or other medications as necessary for patient safety
- Psychological support and physical comfort
- Provision of other medical services as needed to complete the procedure safely
- Postoperative medical and pain management

https://www.asahq.org/standards-and-practice-parameters/statement-on-distinguishing-monitored-anesthesia-care-from-moderate-sedation-analgesia?&ct=48043cf5d7813129580f30cf21b8e8e3864c446a8b8792506a22ddc6492125ffb7ee3d326a1b08e3cc4cd48bcd30fb7895d6743f53cba138abf3cec3ec173893

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ASA Definition of "MAC"

MAC may include varying levels of sedation, awareness, analgesia and anxiolysis as necessary. The qualified anesthesia provider of monitored anesthesia care must be prepared to manage all levels of sedation up to and including general anesthesia and respond to the pathophysiology (airway and hemodynamic changes) of the procedure and patient positioning.

https://www.asahq.org/standards-and-practice-parameters/statement-on-distinguishing-monitored-anesthesia-care-from-moderate-sedation-analgesia?&ct=48043cf5d7813129580f30cf21b8e8e3864c446a8b8792506a22ddc6492125ffb7ee3d326a1b08e3cc4cd48bcd30fb7895d6743f53cba138abf3cec3ec173893

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Anthem Definition of "MAC"

Monitored Anesthesia Care (MAC) : MAC was developed in response to the shift to providing more surgical and diagnostic services in an ambulatory, outpatient or office setting without the use of the traditional general anesthetic. Accompanying this, there has been a change in the provision of anesthesia services from the traditional general anesthetic to a combination of local, regional and certain conscious altering drugs.

This type of anesthesia is referred to as MAC if directly provided by anesthesia personnel. Based on the ASA's standards for monitoring, MAC should be provided by qualified anesthesia personnel (anesthesiologists or qualified anesthetists such as CRNA). These personnel must be continuously present to monitor the individual and provide anesthesia care.

https://www.anthem.com/dam/medpolicies/abc/active/guidelines/gl_pw_a050126.html

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CMS Definition of "MAC"

Monitored anesthesia care involves the intra-operative monitoring by a physician or qualified individual under the medical direction of a physician of the patient's vital physiological signs in anticipation of the need for administration of general anesthesia or of the development of adverse physiological patient reaction to the surgical procedure.

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf

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Monitored anesthesia care involves the intra-operative monitoring **by a physician or qualified individual under the medical direction of a physician** of the patient's vital physiological signs in anticipation of the need for administration of general anesthesia or of the development of adverse physiological patient reaction to the surgical procedure.

It also includes the performance of a pre-anesthetic examination and evaluation, prescription of the anesthesia care required, administration of any necessary oral or parenteral medications (e.g., atropine, demerol, valium) and provision of indicated postoperative anesthesia care.

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf

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Medicare National Correct Coding Initiative Policy Manual for Medicare Services (The most current policy manual, effective Jan. 1, 2024, was posted on Dec. 1, 2023)

https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-policy-manual

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Reimbursement consequences of MAC vs GA

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MYTH or REALITY?

If I do a MAC and nerve block IN THE OR, I can't get paid for the nerve block.

- Under certain circumstances, an anesthesia practitioner may separately report an epidural or peripheral nerve block injection (bolus, intermittent bolus, or continuous infusion) for postoperative pain management when the surgeon requests assistance with postoperative pain management.

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MYTH or REALITY?

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If I do a MAC and nerve block IN THE OR, I can't get paid for the nerve block.

- An **epidural injection** (CPT code 623XX) for postoperative pain management may be reported separately with an anesthesia 0XXXX code only if the mode of intraoperative anesthesia is general anesthesia and the adequacy of the intraoperative anesthesia is not dependent on the epidural injection.

Medicare National Correct Coding Initiative Policy Manual for Medicare Services (The most current policy manual, effective Jan. 1, 2024, was posted on Dec. 1, 2023)

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- An **epidural or peripheral nerve block injection** (code numbers as identified above) administered preoperatively or intraoperatively is not separately reportable for postoperative pain management if the mode of anesthesia for the procedure is monitored anesthesia care, moderate conscious sedation, regional anesthesia by peripheral nerve block, or other type of anesthesia not identified above.

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- An **epidural or peripheral nerve block** injection (62320-62327 or 64400-64530 as identified above) for postoperative pain management in patients receiving general anesthesia, spinal (subarachnoid injection) anesthesia, or postoperative pain management in patients receiving general anesthesia, spinal (subarachnoid injection) anesthesia, or regional anesthesia by epidural injection as described above may be administered preoperatively, intraoperatively, or postoperatively.

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- An epidural or major nerve injection or catheter insertion performed by an anesthesiologist for postoperative pain management before, during, and/or following the surgical procedure is eligible for separate reimbursement in addition to the primary anesthesia code. The appropriate modifier must be appended to the appropriate procedure code to indicate a distinct procedural service was performed.

Anthem

Commercial Reimbursement Policy	
Subject: **Professional Anesthesia Services**	
Policy Number: **C-09002**	Policy Section: **Anesthesia**
Last Approval Date: **11/25/2020**	Effective Date: **11/25/2020**

https://www.anthem.com/provider/policies/reimbursement/

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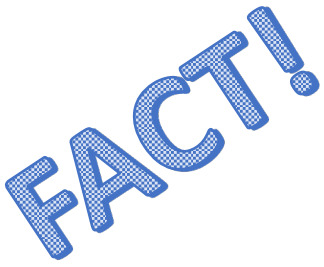

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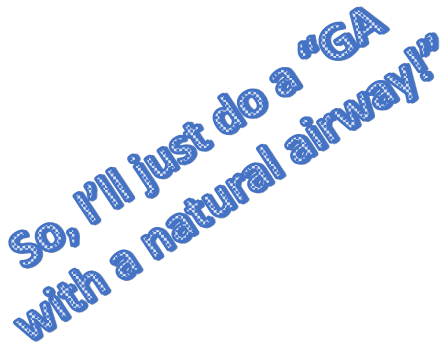

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General anesthesia versus MAC

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Medical Direction Seven Components

1. Performs pre-anesthesia exam and evaluation
2. Prescribes the anesthesia plan
3. Personally participates in the most demanding aspects, including, if applicable, induction and emergence

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General anesthesia versus MAC

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Medical Direction Seven Components

1. Performs pre-anesthesia exam and evaluation
2. Prescribes the anesthesia plan
3. Personally participates in the most demanding aspects, including, **if applicable, induction and emergence**
4. Ensures that any procedures in the anesthesia plan that he or she does not perform are performed by a qualified individual
5. Monitors the course of the anesthesia administration at frequent initials
6. Remains physically present and available for immediate diagnosis and treatment of emergencies; and
7. Provides indicated postoperative care

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MAC for GI Endoscopic Procedures

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The American College of Gastroenterology (ACG) released a Position Statement (Vargo, 2009) which recommends that “the use of anesthesiologist-administered sedation for healthy, low-risk patients undergoing routine GI endoscopy results in higher costs with no proven benefit with respect to patient safety or procedural efficacy.”

Vargo JJ, Cohen LB, Rex DK, Kwo PY. Position statement: Nonanesthesiologist administration of propofol for GI endoscopy. Am J Gastroenterol 2009; 104(12):2886–2892.

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Blue Cross colonoscopy policy prompts outrage among Mass. doctors

General anesthesia not 'medically necessary' for a colonoscopy, says one of state's biggest insurers

Blue Cross Blue Shield of Mass. pauses colonoscopy policy changes

Blue Cross halts controversial colonoscopy changes after backlash from doctors

https://www.boston.com/news/health/2024/01/25/blue-cross-blue-shield-of-mass-pauses-colonoscopy-policy-changes/
https://www.wbur.org/news/2024/01/24/blue-cross-pause-colonoscopy-anesthesia-sedation
https://www.wbur.org/news/2024/01/05/blue-cross-massachusetts-colonoscopy-anesthesia
https://www.boston.com/news/health/2024/01/17/general-anesthesia-not-medically-necessary-for-a-colonoscopy-says-one-of-states-biggest-insurers/

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UPDATE ON COLONOSCOPY SEDATION COVERAGE

General anesthesia not 'medically
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doctors

https://www.boston.com/news/health/2024/01/25/blue-cross-blue-shield-of-mass-pauses-colonoscopy-policy-changes/
https://www.wbur.org/news/2024/01/24/blue-cross-pause-colonoscopy-anesthesia-sedation
https://www.wbur.org/news/2024/01/05/blue-cross-massachusetts-colonoscopy-anesthesia
https://www.boston.com/news/health/2024/01/17/general-anesthesia-not-medically-necessary-for-a-colonoscopy-says-one-of-states-biggest-insurers/

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UPDATE ON COLONOSCOPY SEDATION COVERAGE

https://www.boston.com/news/health/2024/01/25/blue-cross-blue-shield-of-mass-pauses-colonoscopy-policy-changes/
https://www.wbur.org/news/2024/01/24/blue-cross-pause-colonoscopy-anesthesia-sedation
https://www.wbur.org/news/2024/01/05/blue-cross-massachusetts-colonoscopy-anesthesia
https://www.boston.com/news/health/2024/01/17/general-anesthesia-not-medically-necessary-for-a-colonoscopy-says-one-of-states-biggest-insurers/

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MAC for GI Endoscopic Procedures

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On January 1, we began enforcing a longstanding policy intended to ensure that our members get the appropriate care when they undergo important gastrointestinal screening procedures such as colonoscopies.

Since then, it's become clear to us that there is confusion about the policy and the reasons for it. The confusion stems from inaccurate information about our coverage for the different types of sedation available to members for these procedures.

The purpose of our action was to ensure that our members receive the type of sedation most clinically appropriate for them and consistent with national medical guidelines.

Given the confusion, we've decided to pause enforcement of this policy while we work to make sure our members understand all their options for colon cancer screening and sedation and that they feel confident they're getting the care that's best for them.

Colorectal cancer is the second leading cause of cancer deaths in the United States, but screening reduces the risk of dying from this form of cancer. We encourage our members to talk to their primary care doctor about all their screening options, including at-home tests and colonoscopy, and what type of sedation may be best for them.

https://www.bluecrossma.org/myblue/colonoscopy-sedation

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In 2018 the American Society for Gastrointestinal Endoscopy released guidelines for sedation and anesthesia in GI endoscopy and stated that individuals with medical comorbidities may require MAC. Many factors go into determining whether the assistance of MAC is necessary. 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.

American Society for Gastrointestinal Endoscopy. Guideline for sedation and anesthesia in GI endoscopy. Gastrointestinal endoscopy. 2018; 87(2):327-337.

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The guideline also lists situations when anesthesia provider assistance should be consulted to provide sedation. These situations include:

- 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

American Society for Gastrointestinal Endoscopy. Guideline for sedation and anesthesia in GI endoscopy. Gastrointestinal endoscopy. 2018; 87(2):327-337.

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MAC for GI Endoscopic Procedures

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Anthem Clinical UM Guideline Subject: Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures
Guideline #: CG-MED-34 Publish Date: 04/10/2024 Status: Reviewed Last Review Date: 02/15/2024
https://www.anthem.com/dam/medpolicies/abc/active/guidelines/gl_pw_a050126.html

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MAC for GI Endoscopic Procedures

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Monitored anesthesia care is considered **medically necessary** during gastrointestinal endoscopic procedures when there is documentation by the operating physician or the anesthesiologist that demonstrates **any** of the following higher risk situations exist:

Anthem Clinical UM Guideline Subject: Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures
Guideline #: CG-MED-34 Publish Date: 04/10/2024 Status: Reviewed Last Review Date: 02/15/2024
https://www.anthem.com/dam/medpolicies/abc/active/guidelines/gl_pw_a050126.html

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MAC for GI Endoscopic Procedures

Monitored anesthesia care is considered **medically necessary** during gastrointestinal endoscopic procedures when there is documentation by the operating physician or the anesthesiologist that demonstrates **any** of the following higher risk situations exist:

- Prolonged or therapeutic endoscopic procedure requiring deep sedation such as endoscopic retrograde cholangiopancreatography (ERCP) or **repeat colonoscopy due to tortuous colon**; **or**
- A history of or anticipated poor response due to cross tolerance or paradoxical reaction to standard sedatives used during moderate (conscious) sedation specifically due to narcotics or benzodiazepines; **or**

Anthem Clinical UM Guideline Subject: Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures
Guideline #: CG-MED-34 Publish Date: 04/10/2024 Status: Reviewed Last Review Date: 02/15/2024
https://www.anthem.com/dam/medpolicies/abc/active/guidelines/gl_pw_a050126.html

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MAC for GI Endoscopic Procedures

Monitored anesthesia care is considered **medically necessary** during gastrointestinal endoscopic procedures when there is documentation by the operating physician or the anesthesiologist that demonstrates **any** of the following higher risk situations exist:

- Prolonged or therapeutic endoscopic procedure requiring deep sedation such as endoscopic retrograde cholangiopancreatography (ERCP) or repeat colonoscopy due to tortuous colon; **or**
- A history of or anticipated poor response due to cross tolerance or paradoxical reaction to standard sedatives used during moderate (conscious) sedation specifically due to narcotics or benzodiazepines; **or**

Anthem Clinical UM Guideline Subject: Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures
Guideline #: CG-MED-34 Publish Date: 04/10/2024 Status: Reviewed Last Review Date: 02/15/2024
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MAC for GI Endoscopic Procedures

Monitored anesthesia care is considered **medically necessary** during gastrointestinal endoscopic procedures when there is documentation by the operating physician or the anesthesiologist that demonstrates **any** of the following higher risk situations exist:

- Prolonged or therapeutic endoscopic procedure requiring deep sedation such as endoscopic retrograde cholangiopancreatography (ERCP) or repeat colonoscopy due to tortuous colon; **or**
- *depression/anxiety, schizophrenia, phobic disorders; **or***

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MAC for GI Endoscopic Procedures

Monitored anesthesia care is considered **medically necessary** during gastrointestinal endoscopic procedures when there is documentation by the operating physician or the anesthesiologist that demonstrates **any** of the following higher risk situations exist:

- Increased risk for complication due to severe comorbidity (ASA class **III** physical status or greater); **or**
- Individuals **over 70**; **or**
- Individuals **under the age of 18**; **or**
- Pregnancy; **or**
- **History of** drug or alcohol abuse; **or**
- Uncooperative or acutely agitated individuals (for example, delirium, organic brain disease, senile dementia); **or**

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MAC for GI Endoscopic Procedures

Monitored anesthesia care is considered **medically necessary** during gastrointestinal endoscopic procedures when there is documentation by the operating physician or the anesthesiologist that demonstrates **any** of the following higher risk situations exist:

- Increased risk for airway obstruction due to anatomic variant including **any** of the following:
  - History of previous problems with anesthesia or sedation; **or**
  - History of **stridor or sleep apnea**; **or**
  - Dysmorphic facial features, such as Pierre-Robin syndrome or trisomy-21; **or**
  - Presence of oral abnormalities including but not limited to a small oral opening (less than 3cm in an adult), high arched palate, macroglossia, tonsillar hypertrophy, or a non-visible uvula (not visible when tongue is protruded with individual in sitting position [for example, **Mallampati class greater than II**]); **or**

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MAC for GI Endoscopic Procedures

Monitored anesthesia care is considered **medically necessary** during gastrointestinal endoscopic procedures when there is documentation by the operating physician or the anesthesiologist that demonstrates **any** of the following higher risk situations exist:

- Increased risk for airway obstruction due to anatomic variant including **any** of the following:
  - Neck abnormalities including but not limited to short neck, obesity involving the neck and facial structures, limited neck extension, decreased hyoid-mental distance (less than 3cm in an adult), neck mass, cervical spine disease or trauma, tracheal deviation, or advanced rheumatoid arthritis; **or**
  - Jaw abnormalities including but not limited to micrognathia, retrognathia, trismus, or significant malocclusion.

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The routine assistance of an Anesthesiologist or Certified Registered Nurse Anesthetist (CRNA) for individuals meeting the above criteria who are undergoing gastrointestinal endoscopic procedures is considered **medically necessary.**

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Not Medically Necessary:

- Monitored anesthesia care is considered **not medically necessary** when the above criteria are not met.
- The routine assistance of an Anesthesiologist or Certified Registered Nurse Anesthetist (CRNA) for individuals not meeting the above criteria who are undergoing gastrointestinal endoscopic procedures is considered **not medically necessary.**

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Affect of GLP-1 receptor agonists on anesthetic choice

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MAC versus GA with GLP-1 RAs

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- Patients (Adults and Children) on Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists
  - For patients scheduled for elective procedures consider the following:
  - Day of the Procedure:
    - If gastrointestinal (GI) symptoms such as severe nausea/vomiting/retching, abdominal bloating, or abdominal pain are present, consider delaying elective procedure, and discuss the concerns of potential risk of regurgitation and pulmonary aspiration of gastric contents with the proceduralist/surgeon and the patient.

American Society of Anesthesiologists Consensus-Based Guidance on Preoperative Management of Patients (Adults and Children) on Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists June 29, 2023

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MAC versus GA with GLP-1 RAs

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- Patients (Adults and Children) on Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists
  - For patients scheduled for elective procedures consider the following:
  - Day of the Procedure:
    - If the patient has no GI symptoms, and the GLP-1 agonists have been held as advised, proceed as usual.

American Society of Anesthesiologists Consensus-Based Guidance on Preoperative Management of Patients (Adults and Children) on Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists June 29, 2023

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MAC versus GA with GLP-1 RAs

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- Patients (Adults and Children) on Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists
  - For patients scheduled for elective procedures consider the following:
  - Day of the Procedure:
    - If the patient has no GI symptoms, but the GLP-1 agonists were not held as advised, proceed with 'full stomach' precautions or consider evaluating gastric volume by ultrasound, if possible and if proficient with the technique. If the stomach is empty, proceed as usual. If the stomach is full or if gastric ultrasound inconclusive or not possible, consider delaying the procedure or treat the patient as 'full stomach' and manage accordingly. Discuss the concerns of potential risk of regurgitation and pulmonary aspiration of gastric contents with the proceduralist/surgeon and the patient.

American Society of Anesthesiologists Consensus-Based Guidance on Preoperative Management of Patients (Adults and Children) on Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists June 29, 2023

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MAC versus GA with GLP-1 RAs

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American Society of Anesthesiologists Consensus-Based Guidance on Preoperative Management of Patients (Adults and Children) on Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists June 29, 2023

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MAC versus GA with GLP-1 RAs

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American Society of Anesthesiologists Consensus-Based Guidance on Preoperative Management of Patients (Adults and Children) on Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists June 29, 2023

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MAC versus GA with GLP-1 RAs

- Patients (Adults and Children) on Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists
  - For patients scheduled for elective procedures consider the following:
  - Day of the Procedure:
    - There is no evidence to suggest the optimal duration of fasting for patients on GLP-1 agonists. Therefore, until we have adequate evidence, we suggest following the current ASA fasting guidelines.

American Society of Anesthesiologists Consensus-Based Guidance on Preoperative Management of Patients (Adults and Children) on Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists June 29, 2023

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- In the perioperative setting, this has led to concerns that the typical recommended nil per os (NPO) periods may be insufficient to ensure gastric emptying.
- In March 2023, the Canadian Journal of Anesthesia published a case report describing an intraoperative pulmonary aspiration event during an elective surgical procedure in a patient taking semaglutide for weight loss.
- For patients who have not stopped the medication for an extended period of time, the required safe fasting period is also not known. This issue will need to be studied in order to generate evidence-based guidelines on the perioperative management of semaglutide.

It would be prudent to consider patients taking this medication (particularly at higher weight-loss doses) as **potentially having a full stomach despite typical fasting periods.**

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CAS Medication Safety Bulletin
June 2023

https://www.cas.ca/CASAssets/Documents/Advocacy/Semaglutide-bulletin_final.pdf June, 2023

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If a prolonged holding of the medication is not feasible, a variety of aspiration risk reduction strategies should be considered, depending on the individual circumstances, such as:

- case postponement/cancellation
- an extended NPO period
- a clear fluid diet for some period of time prior to the NPO period
- **avoidance of deep sedation/GA, if possible**
- **use of a rapid sequence induction if GA is required**

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- The use of ultrasound for inspection of residual gastric contents/volume may potentially be helpful to guide decision-making in these circumstances.
- The CAS will continue to monitor this situation and provide updates as they become available.
- In the meantime, we strongly encourage you to share this concern with colleagues in anesthesiology, surgery, and any other proceduralists who may be impacted.

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AGA, AASLD, ACG, ASGE and NASPGHAN

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- There is concern that this class of medication may be associated with safety issues regarding sedation and endoscopy.
- While there is anecdotal experience that increased gastroparesis risk may be dose dependent or related to whether it is being used for diabetes control versus weight loss, we also acknowledge that there is little, or no data related to the relative risk of complications from aspiration.
- More data are needed to understand if and when these medications should be held prior to elective endoscopy.

https://gastro.org/news/gi-multi-society-statement-regarding-glp-1-agonists-and-endoscopy/ August 11, 2023

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AGA, AASLD, ACG, ASGE and NASPGHAN

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https://gastro.org/news/gi-multi-society-statement-regarding-glp-1-agonists-and-endoscopy/ August 11, 2023

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BCBS Policy Change to Physical Status Modifiers

April 2024: Blue Cross Blue Shield (BCBS) announced a departure from previous policies related to ASA's physical status modifiers in many states across the country—including Texas, Oklahoma, Illinois, and Montana, with possibly more states to follow (please see our Washington Alert for individual state announcements).

According to the policy change, BCBS will no longer provide additional payment for physical status modifiers after June 1, 2024.

Aetna announced they are following the Blues' lead, eliminating physical status modifiers July 1.

ASA Monday Morning Outreach. April 15, 2024

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General anesthesia versus MAC

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When is a good general anesthetic better than a good MAC and vice versa?

- Constant threats to our ability to practice and get paid
- Always think patient safety first
- Thinking outside the box
  - Judicious use of regional blocks, local infiltration, multimodal analgesia, aggressive prevention of PONV
  - GA with TIVA versus MAC
  - Prone GA versus prone MAC

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https://www.asahq.org/standards-and-practice-parameters/statement-on-distinguishing-monitored-anesthesia-care-from-moderate-sedation-analgesia?&ct=48043cf5d7813129580f30cf21b8e8e3864c446a8b8792506a22ddc6492125ffb7ee3d326a1b08e3cc4cd48bcd30fb7895d6743f53cba138abf3cec3ec173893

https://www.anthem.com/dam/medpolicies/abc/active/guidelines/gl_pw_a050126.html

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https://www.anthem.com/provider/policies/reimbursement/

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https://www.wbur.org/news/2024/01/24/blue-cross-pause-colonoscopy-anesthesia-sedation

https://www.wbur.org/news/2024/01/05/blue-cross-massachusetts-colonoscopy-anesthesia

https://www.boston.com/news/health/2024/01/17/general-anesthesia-not-medically-necessary-for-a-colonoscopy-says-one-of-states-biggest-insurers/

https://www.bluecrossma.org/myblue/colonoscopy-sedation

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