

Moderate (Conscious) Sedation

Last Updated: 4/2/2025

Last Reviewed: 4/9/2025

Originally Effective: 1/1/2017

Last update includes payment policy changes, subject to 28 TAC §3.3703(a)(20)(D)? No

If yes, Texas Last Update Effective Date: n/a

Policy #: RPM048

Scope

Companies: Moda Partners, Inc. and its subsidiaries & affiliates (All)

Provider Contract Status: Any

Claim Forms: CMS1500 & CMS1450 (paper and electronic versions)

Claim Dates: All

Reimbursement Guidelines

A. For Contracted Providers on a 2017 or Newer Fee Schedule Contract

1. Moderate conscious sedation procedure codes are eligible for separate reimbursement, in accordance with current CPT coding guidelines and the provider-appropriate CMS fee schedule.
2. Since moderate conscious sedation codes are time-based procedure codes, time must be clearly documented to support the codes and units reported.
3. Current CCI edits denying the new moderate conscious sedation codes will be applied.
 - a. Effective 1/1/2017 dates of service, CCI edits deny 99155 – 99157 when billed in combination with a diagnostic or therapeutic procedure supported by moderate conscious sedation. This is because 99155 – 99157 specify that they are performed by someone “other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports.” Thus they cannot be billed in combination with the main procedure.
 - b. Effective 7/1/2017 dates of service, CCI edits deny 99152 when billed in combination with any gastrointestinal endoscopic procedure (upper or lower GI endoscopy, including colonoscopy or sigmoidoscopy) supported by moderate conscious sedation. G0500 is the preferred moderate conscious sedation code to bill instead.
 - i. Moda Health follows these CCI edits. See CMS instructions in MM10075 regarding the use of G0500. Our system is configured to apply sedation benefits for G0500 on Commercial plans as well as Medicare Advantage and Medicaid/EOCCO.
 - ii. For dates of service 7/1/2017 and following, 99152 will only be allowed separately when the procedure supported by the moderate conscious sedation is for a procedure that is not a gastrointestinal endoscopic procedure.
 - iii. G0500 is considered a valid primary code for add-on code 99153.
 - c. 99153 has a PCTC indicator of “3” (technical component only) and is considered a Practice Expense-only procedure code. This means that 99153 is only separately reimbursable to the physician in place of service is 11 (office). 99153 is not reimbursable for other place of service codes such as 19, 21, 22, 23, or 24.^{8, 9, 10}

B. For Contracted Providers on a 2016 or Prior Fee Schedule Contract

1. Moderate conscious sedation procedure codes 99151 - 99157 are not eligible for separate reimbursement when billed in combination with any of the procedure codes formerly listed in the 2016 CPT Appendix G. The work of moderate sedation is already included in the RVU or fee allowance for the procedure code the sedation supports for 2016 and prior fee schedules.
 - a. For Commercial professional claims, the denial will be applied with a subset denial.
 - b. For Medicare Advantage professional claims, 99151 – 99157 will be priced at \$0.00 for providers on an older fee schedule contract.
 - c. For Medicaid/EOCCO professional claims, the denial will be applied with a subset denial.

- d. For ASCs and Outpatient Hospital services, 99151 – 99157 are considered included in the allowance for the procedure the sedation supports and should not be separately charged.
 - e. As provider contracts are updated to 2017 or current fee schedules, these provisions will also be updated.
2. When performing moderate conscious sedation in support of other procedures which were not formerly listed in the 2016 CPT Appendix G:
 - a. The new moderate sedation codes 99151 – 99157 are eligible to be separately reported and reimbursed.
 - b. Moderate sedation is not considered included in the reimbursement for procedures which were not listed in CPT Appendix G.
 - c. Since moderate conscious sedation codes are time-based procedure codes, time must be clearly documented to support the codes and units reported.

C. For Out-of-Network Providers

1. Moderate conscious sedation procedure codes are eligible for separate reimbursement. Claims from out-of-network providers are priced based upon the member’s plan language for maximum plan allowable (MPA). For most standard plans, this is based upon a percentage-multiple of current CMS fee schedule pricing. The remaining plans also use date-of-service-specific references to determine the MPA.
2. Since moderate conscious sedation codes are time-based procedure codes, time must be clearly documented to support the codes and units reported.

Definitions

Acronyms/Abbreviations

Acronym	Definition
AMA	American Medical Association
ASC	Ambulatory Surgery Center
CCI	Correct Coding Initiative (see “NCCI”)
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
HCPCS	Healthcare Common Procedure Coding System (acronym often pronounced as "hick picks")
MCS	Moderate (conscious) sedation
MPA	Maximum Plan Allowable
NCCI	National Correct Coding Initiative (aka “CCI”)
RBRVU	Resource-based Relative Value Unit(s) (see also RVU)
RPM	Reimbursement Policy Manual (e.g., in context of “RPM052” policy number, etc.)
RVU	Relative Value Unit(s) (see also RBRVU)

Definition of Terms

Term	Definition
Colonoscopy	A procedure in which a flexible fiber-optic instrument is inserted through the anus in order to examine the colon. (A colonoscopy is one type of lower GI endoscopy.)

Term	Definition
Endoscopy	A procedure in which an instrument is introduced into the body to give a view of its internal parts. (Types of endoscopies include bronchoscopy, colonoscopy, nasal endoscopy, gastric endoscopy, esophagogastroduodenoscopy (EGD), etc.)
Moderate conscious sedation (MCS) Moderate sedation 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. It is also important to note that moderate sedation does not include minimal sedation (anxiolysis), deep sedation, or monitored anesthesia care (00100 - 01999). (AMA ²)

Procedure codes (CPT & HCPCS)

Code	Code Description
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)
G0500	Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that 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 intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate) ⁶

Related Policies

- A. [“Moda Health Reimbursement Policy Overview.”](#) Moda Health Reimbursement Policy Manual, RPM001.
- B. [“Add-on Codes.”](#) Moda Health Reimbursement Policy Manual, RPM025.
- C. [“Medical Records Documentation Standards.”](#) Moda Health Reimbursement Policy Manual, RPM039.
- D. [“Colorectal Cancer Screening And Related Ancillary Services.”](#) Moda Health Reimbursement Policy Manual, RPM046.

Resources

1. AMA. “Medicare RBRVS Changes in 2017.” *CPT Assistant*. American Medical Association. January 2017, Vol. 27, Issue 1, pages 3-4.
2. AMA. “Coding Communication: Moderate (Conscious) Sedation.” *CPT Assistant*. American Medical Association. February 2006, Vol. 16, Issue 2, page 9.
3. AMA. “Moderate (Conscious) Sedation, 99148 (Q&A).” *CPT Assistant*. American Medical Association. May 2006, Vol. 16, Issue 5, page 19.
4. AMA. “Moderate (Conscious) Sedation Guidelines.” *2017 CPT Book, Professional Edition*. American Medical Association. Page 677.
5. AMA. “Medicine, Moderate (Conscious) Sedation, Rationale.” *CPT Changes 2017*. American Medical Association. Pages 167-171.
6. CMS. “Payment for Moderate Sedation Services Furnished with Colorectal Cancer Screening Tests.” *MLN Matters*. MM10075. January 1, 2017.
7. CMS. “Anesthesia Service Included in the Surgical Procedure.” *National Correct Coding Initiative Policy Manual*. Chapter 1 General Correct Coding Policies, § G.
8. Federal Register / Vol. 81, No. 220 / Tuesday, November 15, 2016 / Rules and Regulations, page 80341. <https://www.gpo.gov/fdsys/pkg/FR-2016-11-15/pdf/2016-26668.pdf> .
9. AAPC. “99153 Medicare Denial.” Forums, Discussion Thread. <https://www.aapc.com/discuss/threads/99153-medicare-denial.145032/> .
10. CGS. “Clarification of CPT Code 99153.” CGS Medicare. Last updated April 24, 2017; Last accessed 2/15/2021. <https://www.cgsmedicare.com/parta/pubs/news/2017/03/cope2489.html> .

Policy History

Reminder: The most current version of our reimbursement policies can be found on our provider website. If you are using a printed or saved electronic version of this policy, please verify the current information by going to: https://www.modahealth.com/medical/policies_reimburse.shtml

Date	Summary of Update
4/9/2025	Acronyms & Related Policies updated. Formatting updates. No policy changes.
6/12/2024	Formatting updates. No policy changes.
11/9/2022	Idaho added to Scope. Formatting updates. No policy changes. Policy History section added; entries prior to 2022 omitted (in archive storage).
6/14/2017	Policy document initially approved by the Reimbursement Administrative Policy Review Committee & initial publication.
1/1/2017	Original Effective Date (with or without formal documentation). Policy based on CPT & CMS guidelines for moderate conscious sedation.