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Title: Conscious Sedation Reimbursement

Introduced by: Domenic Federico, MD, for the Kent County Delegation

Original Author: Josh Suderman, MD

Referred to: Reference Committee A

House Action: **APPROVE**

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Whereas, the Current Procedural Terminology (CPT) code for moderate sedation from the American Medical Association (AMA) requires 10 minutes of face-to-face time between physician and patient for reimbursement effective January 1, 2017, and

Whereas, billing for moderate sedation is no longer bundled with procedure reimbursement, but is now separated from billing codes and reimbursement for procedures, and

Whereas, in 2014, the CPT Editorial Panel and the AMA/Specialty Society Relative Value Scale Update Committee (RUC) determined anesthesia services were being reported for codes that include moderate sedation as inherent to the work of the physician performing a procedure, and

Whereas, this determination in 2014 and enactment of separate moderate sedation codes in 2017 for procedures only requiring greater than 10 minutes of face-to-face physician time eliminated the reimbursement of moderate sedation services for many interventional pain procedures, and

Whereas, interventional pain procedures are essential components of opioid-sparing multidisciplinary treatment plans for millions of patients suffering from chronic pain and often require less than 10 minutes to complete, and

Whereas, many patients suffering from chronic pain also suffer from chronic anxiety and/or have significant anxiety when undergoing interventional pain procedures, and

Whereas, the arbitrary requirement for a procedure to last 10 minutes or greater disincentivizes physicians from providing sedation to patients who often can't undergo interventional pain procedures without the help of moderate sedation; therefore be it

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to change the Current Procedural Terminology codes by eliminating the 10-minute minimum time requirement to report moderate sedation and instead provide reimbursement for moderate sedation for a procedure as long as the time documented for the procedure does not overlap with the time documented for a previous or subsequent procedure performed by the same physician.

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WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE