Anesthesia/Sedation for Pain Management Procedures

The use of moderate or deep sedation, general anesthesia, and Monitored Anesthesia Care (MAC) is rarely indicated for pain management procedures and must meet the reasonable and necessary requirements for the individual patient in accordance with Title XVIII of the Social Security Act, Section 1862(a)(1)(A).

The American Society of Anesthesiologist (ASA) provides guidelines for anesthetic care during interventional pain procedures for adults stating that when sedation is provided during the performance of pain procedures it is important that the patient can be responsive during critical portions of the procedure to report potential procedure related paresthesia, acute changes in pain intensity or function for potential toxicity.[2] The committee's opinion states that interventional pain procedures generally only require local anesthetic; however, in rare circumstances when considered medically reasonable and necessary, the patient may elect to receive supplemental sedation but must remain conscious. They state, "Examples of procedures that typically do not require moderate sedation or an anesthesia care team include but are not limited to epidural steroid injections; epidural blood patch; trigger point injections; shoulder, hip, sacroiliac, facet and knee joint injections; medial branch nerve blocks; and peripheral nerve blocks."[2]

The ASA provides definitions on the continuum of the depth of sedation.[2] Minimal sedation anxiolysis is defined as a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway reflexes, and ventilatory and cardiovascular functions are una ected. Progressing depth of sedation beyond minimal sedation are moderate or "conscious" sedation, deep sedation, and general anesthesia. Monitored Anesthesia Care or "MAC" is not a depth of sedation, but a specific anesthetic service allowing a deeper level of analgesia than can be provided by moderate sedation.[1]

Patients with a needle phobia, procedure anxiety can be managed with oral anxiolytics.[2] In exceptional and unique cases of patient anxiety and or medical comorbidities, documentation must clearly establish the need for Monitored Anesthesia Care or any sedation in the specific patient. Radiofrequency ablation which requires the patient to remain motionless for prolonged periods of time or remain in a painful position may require moderate sedation or an anesthesia care team with clear documentation of medical necessity.

Further Societal Guidance on Sedation and Anesthesia in Interventional Pain Procedures

Overview

Major clinical societies (American Society of Interventional Pain Physicians (ASIPP) ,[3] Spine Intervention Society (SIS / IPSIS),[4] ASRA Pain Medicine,[5]Multisociety Lumbar Facet Joint Consensus,[5] and North American Spine Society (NASS)[6] generally agree that most chronic interventional pain procedures can be performed using local anesthesia alone or, in rare cases, with minimal sedation. Maintaining patient responsiveness during procedures is widely viewed as an important safety feature because it allows patients to report paresthesia, neurologic symptoms, or unexpected procedural pain that may signal complications. Sedation may be appropriate in select circumstances, but routine deep sedation or general anesthesia is typically discouraged.[2-5]

Shared Principles Across Societies

- Most interventional pain procedures can be performed using local anesthesia or minimal sedation.[2-5]
- Patients should remain responsive whenever feasible to provide real time procedural feedback.[2,4,5]
- Deep sedation or general anesthesia is discouraged for routine procedures.[2-4]
- Sedation decisions should be individualized based on patient factors and procedural complexity.[2-4]
- When sedation is used, clinicians should aim for the lowest e ective sedation level with appropriate monitoring.[2,3]

The billing of moderate or deep sedation, general anesthesia, or Monitored Anesthesia Care during a pain management procedure other than radiofrequency ablation or synovial cyst aspiration/rupture[9] will be denied and only considered upon appeal. Frequent reporting of these services together may trigger focused medical review.

For additional information on anesthesia during spine pain management procedures, please see the following link: https://oig.hhs.gov/reports/all/2025/medicare-could-have-saved-an-estimated-177-million-if-cmss-oversight-had-prevented-at-risk-payments-for-anesthesia-administered-during-spinal-pain-management-procedures/

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7. North American Spine Society. Diagnosis & Treatment of Low Back Pain: Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care. Burr Ridge, IL: North American Spine Society; 2020.
8. L39240 Epidural Steroid Injection for Pain Management
9. L38801 Facet Joint Interventions for Pain Management
10. L39462 Sacroiliac Joint Injections and Procedures