Evolent Place of Service Policy 1755 for Interventional Pain Management

Policy Number: Evolent_POS_1755	**Applicable Codes**	
"Evolent" refers to Evolent Health LLC and Evolent Specialty Services, Inc. 		
Original Date: May 2021	**Last Revised Date:** December 2025	**Implementation Date:** July 2026

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STATEMENT

General Information

- *It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.*
- *The guideline criteria in the following sections were developed utilizing evidence-based and peer-reviewed resources from medical publications and societal organization guidelines as well as from widely accepted standard of care, best practice recommendations.*

Purpose

The following Place of Service policy is intended to provide guidance for interventional pain management injections.

Level of Care

Patients having elective interventional pain management procedures will generally be managed in a physician office or ambulatory surgery center (ASC) setting. It is expected that most patients undergoing these procedures will not require outpatient hospital level care or observation.

PLACE OF SERVICE

PLACE OF SERVICE is the facility code that is applied to claims to describe where a medical procedure was performed. It impacts reimbursement to the facility, determines whether a procedure qualifies for specific programs, and determines which claims-based outcomes reporting system is utilized.

- **OUTPATIENT HOSPITAL ON CAMPUS** - POS Code 22 [(1)]
  - A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. For details on requirements, see the ASA Statement on Nonoperating Room Anesthesia Services [(2)]
- **AMBULATORY SURGERY CENTER** - POS Code 24 [(1)]
  - A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis. For details on requirements, see the ASA Statement on Ambulatory Anesthesia and Surgery. [(3)]
- **PHYSICIAN OFFICE** - POS Code 11 [(1)]
  - Location, other than a hospital, skilled nursing facility (SNF), military treatment

facility, community health center, state or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis. For details on requirements, see the ASA Statement on Office Based Anesthesia. [4]

Patient Criteria for Selection of Outpatient Hospital Setting

In certain circumstances, a patient will qualify for care in an outpatient hospital. Outpatient hospital care will be deemed appropriate when **ANY** of the following criteria are met:

NOTE: All criteria require additional documentation from the treating physician and/or primary care physician.

- American Society of Anesthesiologist ® Physical Status (ASA® PS) score ≥ 3 [5]
- Body Mass Index (BMI) ≥ 40 with or without obesity-related condition or unmanaged comorbidities
- Patient has one or more moderate to severe health conditions, including, but not limited to, **ANY** of the following [6,7]:
  - Heart problems (prior heart surgery, heart attack, heart failure, coronary artery disease/stents, arrhythmia, pacemaker, or defibrillator)
  - Lung problems (COPD or asthma)
  - Chronic kidney or liver problems (kidney failure or cirrhosis/active hepatitis)
  - Blood clots or bleeding disorder
  - Stroke or TIA (transient ischemic attack)
  - High blood pressure that requires 3 or more drugs to control
  - Poorly controlled diabetes
  - Cognitive impairment or dementia
  - Pregnancy
  - Substance use disorders, to include:
    - cannabis use disorder
    - hallucinogen use disorder
    - inhalant use disorder
    - opioid related disorder
    - sedative, hypnotic, or anxiolytic use disorder
    - stimulant use disorder
    - alcohol use disorder
  - Prior anesthesia complications (personal or family history)
  - Difficult airway anticipated
  - Sleep apnea

- History of anaphylaxis to medication, latex, or iodine

CODING AND STANDARDS

Codes

POS	
Code	**Description**
11	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, state or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
22	A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
24	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.

Applicable Lines of Business

☒	CHIP (Children's Health Insurance Program)
☒	Commercial
☒	Exchange/Marketplace
☒	Medicaid
☒	Medicare Advantage

SUMMARY OF EVIDENCE

Sedation and Analgesia in the Performance of Interventional Procedures [7]

Sedation and analgesia exist on a continuum, ranging from minimal sedation to general anesthesia. The American Society of Anesthesiologists (ASA) and JCAHO define four main levels:

- **Minimal Sedation (Anxiolysis):** Patient responds normally to verbal commands; cognitive function may be impaired, but vital functions are unaffected.
- **Moderate Sedation ("Conscious Sedation"):** Patient responds purposefully to verbal/tactile stimulation; airway and cardiovascular functions are maintained.
- **Deep Sedation:** Patient cannot be easily aroused but responds to repeated/painful stimuli; airway intervention may be required.
- **General Anesthesia:** Patient is unarousable even by painful stimuli; airway and cardiovascular functions may be impaired.

ANALYSIS OF EVIDENCE

The choice of sedation or anesthesia relies on several factors [7]:

- **Patient-Specific Factors**
  - **Anxiety Level & Pain Tolerance:** Patients with higher anxiety or lower pain tolerance may require deeper sedation or more potent analgesics.
  - **History of Narcotic/Benzodiazepine Use:** Chronic users often need higher doses due to tolerance.
  - **Medical Comorbidities:** The presence of systemic diseases (e.g., cardiovascular, respiratory, renal, hepatic) influences the choice and depth of sedation. The ASA (American Society of Anesthesiologists) classification is used to stratify risk (ASA I–V, with “E” for emergencies)1.
  - **Airway Assessment:** Abnormal airway anatomy (e.g., high Mallampati score, obesity, limited neck mobility) increases the risk of airway compromise, favoring lighter sedation or anesthesia with airway control1.
  - **Age:** Elderly and pediatric patients are at higher risk for complications and may require dose adjustments or anesthesia consults.
- **Procedure-Specific Factors**
  - **Anticipated Pain Level:** More painful procedures may require deeper sedation or general anesthesia.
  - **Duration:** Longer procedures may favor agents with longer duration or continuous infusions.
  - **Need for Patient Cooperation:** Procedures requiring patient feedback or movement control may favor moderate sedation over deep sedation or general anesthesia.
  - **Risk of Complications:** Procedures with higher risk of bleeding, airway compromise, or cardiovascular instability may require anesthesia support.

- **Drug-Specific Considerations**
  - **Onset and Duration:** Agents with rapid onset and short duration (e.g., fentanyl, midazolam) are preferred for short procedures; longer-acting agents (e.g., bupivacaine) for prolonged pain control.
  - **Side Effect Profile:** Risk of respiratory depression, hypotension, or paradoxical reactions (e.g., with benzodiazepines in elderly) influences selection.
  - **Synergistic Effects:** Combining opioids and benzodiazepines can achieve desired sedation with lower doses but increases risk of cardiopulmonary compromise.

POLICY HISTORY

Date	Summary
December 2025	• No significant changes
December 2024	• This guideline replaces Evolent Clinical Policy POS001 • Updated citations

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Services Clinical Guideline Review Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. Evolent clinical guidelines contain guidance that requires prior authorization and service limitations. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

Evolent Clinical Guidelines are comprehensive and inclusive of various procedural applications for each service type. Our guidelines may be used to supplement Medicare criteria when such criteria is not fully established. When Medicare criteria is determined to not be fully established, we only reference the relevant portion of the corresponding Evolent Clinical Guideline that is applicable to the specific service or item requested in order to determine medical necessity.

REFERENCES

1. Centers for Medicare & Medicaid Services. Place of Service Code Set. CMS. May 2, 2024. Accessed September 25, 2024. https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets
2. Committee on Practice Parameters. *Statement on Nonoperating Room Anesthesia Services*.; 2023.
3. Committee on Ambulatory Surgical Care. *Statement on Ambulatory Anesthesia and Surgery*.; 2023.
4. Committee on Ambulatory Surgical Care. *Statement on Office-Based Anesthesia*.; 2024.
5. Committee on Economics. *Statement on ASA Physical Status Classification System*.; 2020.
6. American Society of Anesthesiologists. Anesthesia Risks. 2025. https://madeforthismoment.asahq.org/anesthesia-101/types-of-anesthesia/anesthesia-risks/
7. Johnson S. Sedation and Analgesia in the Performance of Interventional Procedures. *Semin Intervent Radiol*. 2010;27(04):368-373. doi:10.1055/s-0030-1267851