



## About Anesthesia

During your procedure, a board-certified anesthesiologist and/or certified registered nurse anesthetist (CRNA) is responsible for conducting a health assessment to determine the appropriate type of drug to be used, administering the sedative and monitoring vital functions, a process known as Monitored Anesthesia Care (MAC). The use of MAC for endoscopic procedures has been proven to provide greater patient comfort and satisfaction and a quicker recovery time. In addition, this care team has been shown to increase patient safety and improve procedure quality by allowing the endoscopist to solely focus on the examination.

## Anesthesia Fees

A separate professional fee is generated by Community Anesthesia Professionals (CAP), the anesthesia provider(s) involved in your care. This fee is in addition to the fees charged by your gastroenterologist (Minnesota Gastroenterology P.A.), the endoscopy center (East Metro Endoscopy Center, MNGI Endoscopy ASC Inc., or Minnesota Endoscopy Center LLC.) and if a biopsy of a polyp or tissue sample was done from (Hospital Pathology Associates).

## Billing Codes for Monitored Anesthesia Care

CPT Code	Charge Amount **
<b>00810</b> (For Colonoscopy Procedure, Colonoscopy with EGD or Flexible Sigmoidoscopy)	\$840 - \$1,200
<b>00740</b> (For Upper Endoscopy (EGD) Procedure or Bravo Placement)	\$840 - \$1,200

*\*\*The charge amount for anesthesia care is dependent on the length of the procedure, age, and health status of the patient.*

Listed above are the specific billing codes and associated fees for the anesthesia service. The actual allowed amount (the amount of the billed charge deemed payable by an insurance plan) for each charge and the amount of your out-of-pocket expenses will depend on your particular insurance plan. It is important to check your individual policy and direct any questions to your insurer to determine coverage and your financial responsibility prior to receiving treatment.

## About Screening Colonoscopies

The Affordable Care Act (ACA) requires that insurance companies waive any cost sharing for a screening colonoscopy. However, if polyps are found and removed during the colonoscopy, some insurance companies may no longer consider the procedure to be screening and will reclassify it as “therapeutic or diagnostic” resulting in some patients having some financial responsibility for the anesthesia charges.

***Prices may be subject to change***