

## CMQ97-015

### Amendment of MSC Payment Schedule Anaesthesia Preamble

#### *Minute of Commission #97-032*

#### **Amendment to the Medical Services Commission Payment Schedule - Preamble to the Anaesthesia Section**

In accordance with Section 26(3) of the *Medicare Protection Act*, this Minute supercedes Minute of the Commission #97-024, modifying the Anaesthesia Preamble of the Payment Schedule, and has been approved by the Medical Services Commission, effective immediately.

#### Amendment:

#### 13. Anaesthetic for non-insured dental procedures

General anaesthetic services will only be paid for non-insured dental procedures performed in a hospital or under a hospital's Day Care Service Program where a medical condition (American Society of Anaesthesiologists Classification - ASA three or above), physical and/or mental disability, or the extremes of age would make it unsafe outside these settings.

If the dentist and the anaesthetist are of the opinion that the patient classified as ASA 2 requires a hospital setting for the safe performance of dental procedures, then claims for anaesthetic services in these instances must be accompanied by a clear explanation of the reasons for providing hospital based service.

Dated May 9, 1997.

The American Society of Anaesthesiologists (ASA) classification of physical status is as follows:

Class 1 - A healthy patient.

Class 2 - A patient with mild systemic disease.

Class 3 - A patient with severe systemic disease that limits activity but is not incapacitating.

Class 4 - A patient with an incapacitating systemic disease that is a constant threat to life.

Class 5 - A moribund patient not expected to survive 24 hours with or without operation.

**Note:** MSP policy for coverage of anaesthesia for non-insured dental services performed outside a hospital setting is currently under review. Until the review is completed, MSP will continue to cover medically required anaesthesia services in these circumstances.

#### Members:

Martin S. Serediak (Chair)

Keith J. Bennett

Barbara R. Bluman

Dr. David Bolton

Dr. C. John Chacko

Patricia K. Kaatz

Kimberley McEwan

Janet E. McGregor

Dr. Brian Winsby

CMQ97-016

**Amendment of MSC  
Payment Schedule  
Preamble B. 16.1.(3) -  
Surgery for Alteration  
of Appearance**

***Minute of Commission #97-033***

**Amendment to the Medical Services Commission Payment Schedule -**

In accordance with Section 26(3) of the *Medicare Protection Act*, this Minute replaces Minute of the Commission #97-023 modifying Preamble Appendices, Section 16 of the Payment Schedule and has been approved by the Medical Services Commission, effective immediately.

Amendment: Preamble B.16. (3)

Emotional, psychological or psychiatric grounds are not considered sufficient reason for the Medical Services Plan coverage of surgery for alteration of appearance except in children\* and under exceptional circumstances in adults. On request of the attending physician, exceptions may be made on an independent consideration basis if the proposed surgery is to alter a significant defect in appearance caused by disease, trauma, or congenital deformity, and if the surgery is:

- essential in order to obtain employment as documented by the attending physician and by an employer with regard to a specific job.

Dated May 9, 1997.

\* The modification to the *MSC Payment Schedule - Preamble Section B.16* effectively exempts children under 16 years of age from the deinsurance of surgical removal of benign skin lesions and warts.

CMQ97-017

**Random Audits of  
Consultations**

At the request of the BCMA, the Medical Services Plan is undertaking random audits of consultations to ensure that these services are rendered in conformity with the requirements outlined in the *MSC Payment Schedule Preamble B.3(a)*.

According to Preamble B.3(a), a consultation is considered a benefit under MSP when it is specifically requested by the patient's attending physician and a written report is rendered.

The referring practitioner number must be submitted with the claim to correctly identify the physician who requested the consultation.