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 supersedes 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.
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.