

## Payment Schedule-Related Records of Decisions under the Laboratory Services Act

LSA2020-016	<p><b>Effective July 31, 2020, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <ul style="list-style-type: none"> <li>• Extend the provisional (P) status of fee item 90656 – C. difficile toxin, real time PCR to July 31, 2021</li> <li>• Extend the provisional (P) status of fee item 90751 – Molecular identification, stool isolate to July 31, 2021</li> <li>• Extend the provisional (P) status of fee item 90836 – Congenital Cytomegalovirus PCR test (cCMV) to July 31, 2021</li> <li>• Extend the provisional (P) status of fee item 91761 – Helicobacter pylori stool antigen (HPSA) to July 31, 2021</li> <li>• Extend the provisional (P) status of fee item 93051 – Cytogenetic Analysis/fluorescence in situ hybridization (FISH), single probe to July 31, 2021</li> <li>• Extend the provisional (P) status of fee item 93052 – Cytogenetic Analysis/fluorescence in situ hybridization (FISH), subtelomeric probe to July 31, 2021</li> <li>• Extend the provisional (P) status of fee item 93053 – Cytogenetic Analysis/fluorescence in situ hybridization (FISH), uncultured amniotic fluid to July 31, 2021</li> </ul>
LSA2020-013	<p><b>Effective July 1, 2020, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <ul style="list-style-type: none"> <li>• Extend the provisional (P) status of fee item P90811 – Gastrointestinal Pathogen Multiplex Panel (GPMP) and Selective Culture (SC) to June 30, 2021</li> </ul>
LSA2020-011	<p><b>Effective June 1, 2020, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <ul style="list-style-type: none"> <li>• Extend the provisional (P) status of fee item P91861 – Voltage-gated Calcium channel Antibody (VGCC Ab) to June 1, 2021</li> <li>• Extend the provisional (P) status of fee item P91022 – Muscle-specific Tyrosine Kinase Antibody (MuSK Ab) to June 1, 2021</li> </ul>
LSA2020-010	<p><b>Effective May 1, 2020, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <ul style="list-style-type: none"> <li>• Remove the provisional (P) status for fee item 92277 – Thiopurine Metabolites</li> <li>• Remove note iii) Restricted to patients with active inflammatory bowel disease and/or adverse effects thought to be due to thiopurine toxicity</li> </ul>
LSA2020-009	<p><b>Effective April 1, 2020, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <ul style="list-style-type: none"> <li>• Extend the provisional (P) status of fee item P90752 – Identification of microorganisms via MALDI-TOF-MS in non-stool specimen to March 31, 2021</li> <li>• Extend the provisional (P) status of fee item P90753 – Identification of microorganisms via MALDI-TOF-MS in stool specimen to March 31, 2021</li> </ul>
LSA2020-008	<p><b>Effective January 1, 2020, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <p>Add the provisional (P) fee item P90837 – novel coronavirus disease (COVID-19 or 2019-nCov) test at a fee of \$26.73</p>

## Payment Schedule-Related Records of Decisions under the Laboratory Services Act

LSA2020-004	<p><b>Effective February 1, 2020, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <ul style="list-style-type: none"> <li>• Amend the fee amount for Fecal Calprotectin (91628) from \$21.40 to \$26.00</li> <li>• Delete billing note: Fecal Calprotectin (91628) is only payable for patients treated with a biologic agent (e.g., adalimumab, infliximab, or vedolizumab)</li> <li>• Add billing note: Fecal Calprotectin (91628) is only payable for patients with an inflammatory bowel disease (IBD) diagnosis</li> </ul>
LSA2019-029	<p><b>Effective June 1, 2020 the Laboratory Services Outpatient Payment Schedule is amended as follows (new effective date replaces ROD2019-006)</b></p> <p>Addition of the following notes:</p> <p>90287 Anti-neutrophil cytoplasmic antibodies (ANCA) immunofluorescence screen</p> <ul style="list-style-type: none"> <li>• Fee items 91130 Proteinase 3 anti-neutrophil cytoplasmic antibodies (anti-PR3) and 91160 Antimyeloperoxidase antibodies (anti-MPO) are the recommended front-line tests for the diagnosis of ANCA-associated vasculitis. Fee item 90287 may be performed in rare circumstances and is payable only if ordered by a specialist after review of anti-MPO and anti-PR3 results</li> <li>• 90287 is not payable if co-billed with anti-MPO and anti-PR3</li> </ul> <p>91130 Proteinase 3 anti-neutrophil cytoplasmic antibodies (anti-PR3)  <i>Notes:</i> 91130 in conjunction with 91160 should be used as the front-line tests for ANCA-associated vasculitis</p> <p>91160 Antimyeloperoxidase antibodies (anti-MPO)  <i>Notes:</i> 91160 in conjunction with 91130 should be used as the front-line tests for ANCA-associated vasculitis</p> <p>Amendment of the following fee items:</p> <p>90287 Anti-neutrophil cytoplasmic antibodies (ANCA) immunofluorescence screen from \$23.82 to \$114.26</p> <p>91130 Proteinase 3 anti-neutrophil cytoplasmic antibodies (anti-PR3) from \$26.19 to \$18.90</p> <p>91160 Antimyeloperoxidase antibodies (anti-MPO) from \$44.74 to \$17.75</p> <p>This Record of Decision (ROD) rescinds the May 6, 2019 ROD, LSA2019-006.</p>
LSA2019-028	<p><b>Effective January 1, 2020, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <ul style="list-style-type: none"> <li>• Extend the provisional (P) status of fee item 91163 – IgG anti-deamidated gliadin peptide (anti-DGP) antibodies to December 31, 2020.</li> </ul>
LSA2019-026	<p><b>Effective November 1, 2019, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <ul style="list-style-type: none"> <li>• Extend the provisional (P) status of fee item 93048 – Telomere Length testing for Telomere Biology Disorders 2-panel to October 31, 2020</li> <li>• Extend the provisional (P) status of fee item 93049 – Telomere Length testing for Telomere Biology Disorders 6-panel to October 31, 2020</li> </ul>

## Payment Schedule-Related Records of Decisions under the Laboratory Services Act

LSA2019-025	<p><b>Effective November 1, 2019, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <ul style="list-style-type: none"> <li>• Extend the provisional (P) status of fee item 90647 – Trichomonas vaginalis (TV) detection by NAAT to October 31, 2021</li> <li>• Extend the provisional (P) status of fee item 90648 – GC/CT detection by NAAT in urine or swab to October 31, 2021</li> <li>• Extend the provisional (P) status of fee item 90649 – GC/CT detection by NAAT in urine or swab to October 31, 2021</li> <li>• Extend the provisional (P) status of fee item 90784 – Trichomonas antigen test to October 31, 2021</li> <li>• Remove the provisional status of fee item 90785 – Trichomonas and/or Candida, direct examination</li> </ul>
LSA2019-024	<p><b>Effective April 1, 2019, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <ul style="list-style-type: none"> <li>• Amend billing notes for fee item P90656 – C. difficile toxin, real time PCR, to allow P90753 (MALDI-TOF-MS) to be paid in addition to P90656</li> </ul> <p><i>Notes:</i> P90656 is not paid with 90630 (C. difficile toxin by immunological method) or 90655 (C. difficile toxin by tissue culture). Testing may be paid in addition to 90745 (stool culture), 90725 (serological identification of microorganisms), 90750 (biochemical identification of microorganisms) 90751 (molecular identification of stool isolate), and P90753 (MALDI-TOF-MS).</p>
LSA2019-022	<p><b>Effective August 1, 2019, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <ul style="list-style-type: none"> <li>• Extend the provisional (P) status of fee item 93051 – Cytogenetic Analysis/FISH, single probe to July 31, 2020</li> <li>• Extend the provisional (P) status of fee item 93052 – Cytogenetic Analysis/FISH, subtelomeric probe to July 31, 2020</li> <li>• Extend the provisional (P) status of fee item 93053 – Cytogenetic Analysis/FISH, uncultured amniotic to July 31, 2020</li> </ul>
LSA2019-021	<p><b>Effective immediately, Sequencing for Seizure Disorder (SSD) molecular genetic testing for pediatric patients will be provided out of country or out of province, subject to the following conditions</b></p> <p><i>Notes:</i> Testing applies to infants and children with seizure disorder of unknown etiology and would include cases of treatment-resistant epilepsy (defined as failure of 2 or more appropriate anti-epileptic medications. Testing should only be performed once in a lifetime</p>
LSA2019-020	<p><b>Effective November 1, 2019, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <p>Addition of fee item 92278 Thiopurine Methyltransferase (TPMT) phenotype testing at a fee of \$54.49.</p> <p><i>Notes:</i> Testing is performed on patients prior to starting thiopurine medications and should only be performed once in a lifetime. Testing is restricted to Surrey Memorial Hospital.</p>

## Payment Schedule-Related Records of Decisions under the Laboratory Services Act

LSA2019-019	<p><b>Effective November 1, 2019, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <p>Addition of fee item 93047 Immunoglobulin heavy chain variable region somatic hyper-mutational status (IGHV-MA) at a fee of \$296.18</p> <p><i>Notes:</i> Testing is recommended for newly diagnosed chronic lymphocytic leukemia patients. Testing is restricted to Vancouver General Hospital’s Cytogenetics Laboratory and should only be performed once in a lifetime</p>
LSA2019-018	<p><b>Effective August 1, 2019, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <ul style="list-style-type: none"> <li>• Extend the provisional (P) status of fee item 90656 – C. difficile toxin, real time PCR to July 31, 2020</li> <li>• Extend the provisional (P) status of fee item 90751 – Molecular identification, stool isolate to July 31, 2020</li> <li>• Extend the provisional (P) status of fee item 91761 – Helicobacter pylori stool antigen (HPSA) to July 31, 2020</li> </ul>
LSA2019-015	<p><b>Effective September 1, 2019, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <p>Addition of the following billing notes for fee item 90280 Antinuclear antibodies – immunofluorescence screen:</p> <ul style="list-style-type: none"> <li>• 90280 should be used as a primary screen and is payable only once in a 12 month period</li> <li>• If the ANA-IF result is clearly abnormal, proceed with appropriate testing for specific antibodies.</li> </ul> <p>Removal of billing note iv for fee item 90280 Antinuclear antibodies – immunofluorescence screen:</p> <ul style="list-style-type: none"> <li>• For Vancouver Coastal Health Immunology Laboratory, payable only when ordered by a Rheumatologist. Payable to other Category III laboratories without restriction on the type of referring practitioner.</li> </ul> <p>Modification of the following billing notes for fee item 90281 Antinuclear antibodies by sensitive EIA</p> <ul style="list-style-type: none"> <li>• 90281 is payable only once in a 12 month period</li> <li>• The word “sensitive” is deleted from the fee item description</li> </ul> <p>Addition of the following billing notes for fee item 90120 Extractable nuclear antigens:</p> <ul style="list-style-type: none"> <li>• 90120 is only payable after a positive antinuclear antibody screen by immunofluorescence (90280) or enzyme immunoassay (90281)</li> <li>• 90120 is not payable with 90121 Antinuclear antibodies, specific detection by multiplex immunoassay</li> </ul> <p>Addition of the following billing notes for fee item 90121 Antinuclear antibodies, specific detection by multiplex immunoassay</p> <ul style="list-style-type: none"> <li>• 90121 is only payable after a positive ANA screen by immunofluorescence (90280) or enzyme immunoassay (90281)</li> </ul>

## Payment Schedule-Related Records of Decisions under the Laboratory Services Act

LSA2019-013	<p><b>Effective May 13, 2019, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <ul style="list-style-type: none"> <li>• 92006 Fecal Immunochemical Test (FIT) – for analysis only is revised to \$11.29</li> <li>• 92007 Fecal Immunochemical Test (FIT) – for collection only is revised to \$6.57</li> </ul> <p>This Record of Decision (ROD) rescinds the November 22, 2018 ROD, LSA2018-022.</p>
LSA2019-012	<p><b>Effective June 1, 2019, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <ul style="list-style-type: none"> <li>• Extend the provisional (P) status of fee item 91022 – Muscle-Specific Tyrosine Kinase Antibody (MuSK Ab) to May 31, 2020</li> <li>• Extend the provisional (P) status of fee item 91861 – Voltage-gated Calcium Channel Antibody (VGCC Ab) to May 31, 2020</li> </ul> <p><b>Effective July 1, 2019, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <p>Extend the provisional (P) status of fee item 90811 – Gastrointestinal Pathogen Multiplex Panel (GPMP) and Selective Culture (SC) to June 30, 2020</p>
LSA2019-011	<p><b>Effective July 17, 2019, addition of Fecal Calprotectin testing to the Laboratory Services Outpatient Payment Schedule</b></p> <p>Addition of fee item 91628 Fecal Calprotectin, payable only for patients treated with a biologic agent (e.g., adalimumab, infliximab, or vedolizumab) at a fee of \$21.40.</p>
LSA2019-010	<p><b>Effective July 1, 2019, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <ul style="list-style-type: none"> <li>• Addition of 90791 Pneumocystis jirovecii Pneumonia (PJP) by Nucleic Acid Amplification Test (NAAT) at a fee of \$125.00</li> <li>• Addition of note restricting testing to St. Paul’s Hospital, Vancouver Coastal Health Authority</li> <li>• Addition of note restricting payment to requests reviewed by St. Paul’s Medical Microbiologists, to ensure criteria are met: patient is severely immunocompromised, with clinical symptoms of acute infection, and has compatible radiological findings</li> <li>• Addition of note: if PJP cytology is not diagnostic, additional NAAT is not required</li> <li>• Addition of note restricting testing to bronchoalveolar lavage (BAL) specimens</li> </ul> <p>This Record of Decision (ROD) rescinds the August 1st, 2018 ROD, LSA2018-006.</p>
LSA2019-008	<p><b>Effective April 1, 2019, the Preamble to the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <ul style="list-style-type: none"> <li>• The Payment Schedule Index of Amendments is removed to reflect the current Record of Decision (ROD) Process</li> <li>• The definition of prescribed agency was revised for greater clarity</li> <li>• The definition of healthcare practitioners was updated</li> <li>• The addition of language regarding Laboratory Services Agreements</li> </ul>

## Payment Schedule-Related Records of Decisions under the Laboratory Services Act

LSA2019-007	<p><b>Repatriation of MYD88 L256P gene mutation analysis to BC Cancer’s Cancer Genetics and Genomics Laboratory (CGL), PHSA</b></p> <ul style="list-style-type: none"> <li>• Effective upon confirmed operational readiness by CGL, the Outpatient Payment Schedule is amended as follows</li> <li>• Addition of 93081 MYD88 L256 gene mutation analysis at a fee of \$113.56</li> <li>• Addition of note restricting testing to CGL</li> <li>• Addition of note restricting payment to requests by pathologists practising Hematopathology or an anatomical pathologist specializing in lymphoma pathology</li> </ul>
LSA2019-006	<b>Rescinded (refer to LSA2019-029)</b>
LSA2019-002	<p><b>Effective May 1, 2019, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <p>Extend the provisional (P) status of fee item 92277—Thiopurine Metabolites (TM) to April 30, 2020.</p> <p><b>Effective March 1, 2019, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <p>Revise the title of fee item 91460 from Dehydroepiandrosterone, serum (DHEA) to Dehydroepiandrosterone, serum (DHEA-S)</p>
LSA2018-025	<p><b>Effective January 1, 2019, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <p>Extend the provisional (P) status of fee item 91163—IgG anti-deamidated gliadin peptide (anti-DGP) antibodies to December 31, 2019.</p> <p><b>Effective January 15, 2019, the Laboratory Services Outpatient Payment Schedule will be amended as follows</b></p> <p>Revision of the terminology around drug testing from “drugs of abuse” to “drug use”</p>
LSA2018-024	<p><b>Effective January 15, 2019, the Laboratory Services Fee For Service Outpatient Laboratory Facility Approval Categories (PDF, 248KB) is amended as follows</b></p> <p>Addition of the following 12 fee items in Facility Approval Category 2C</p> <p>92355—Troponin            92503—Amphetamines            92505—Benzodiazepines            92506—Tetrahydrocannabinoids (THC)            92507—Cocaine/Cocaine metabolite            92508—Ethanol            92510—Methadone metabolite            92511—Opiates            92513—Methadone            92514—Oxycodone, screening assay            92518—Fentanyl, urine screening immunoassay            92550—Urine, drug use screen - per analyte</p>
LSA2018-023	<b>Effective November 22, 2018, the BC Guideline Thyroid Function Testing in the Diagnosis and Monitoring of Thyroid Function Disorder is adopted.</b>
LSA2018-022	<b>Rescinded (refer to LSA2019-013)</b>

## Payment Schedule-Related Records of Decisions under the Laboratory Services Act

LSA2018-021	<p><b>Effective January 1, 2019, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <p>Revise the billing notes in the Laboratory Services Outpatient Payment Schedule for total testosterone (92266) and SHBG testing (92267) to align with the updated Testosterone Testing Protocol guideline (effective September 19, 2018).</p>
LSA2018-020	<p><b>Effective August 1, 2019, addition of Congenital Cytomegalovirus testing (cCMV) of oral swab specimens, from neonatal patients in BC, to be performed at PHSA BC Children’s and Women’s Hospital</b></p> <ul style="list-style-type: none"> <li>• Addition of 90836 Congenital Cytomegalovirus PCR test (cCMV) at a fee of \$30.23</li> </ul> <p>Addition of billing notes restricting testing to BC Children’s and Women’s Hospital, on oral swabs from neonates, requiring confirmatory testing on all positive results, and criteria consistent with BC Children’s and Women’s Hospital Diagnosis and Management Guideline for congenital CMV.</p>
LSA2018-017	<p><b>Introduction of Telomere Length (TL) testing for Telomere Biology Disorders (TBDs) by adding two new Provisional (P) fee items, P93048 and P93049, to the Laboratory Services Outpatient Payment Schedule</b></p> <ul style="list-style-type: none"> <li>• Effective November 1, 2018, the Ministry of Health (MOH) has approved the addition of Telomere Length (TL) testing on a provisional (P) basis for a 12-month period. Testing will be restricted to Repeat Diagnostics Inc. and is restricted to referrals by a clinical Hematologist for patients with clinical and/or laboratory evidence of Telomere Biology Disorders (TBDs) and to genetically-related candidate stem cell donors for patients with identified TBD.</li> </ul>
LSA2018-016	<p><b>Effective November 1, 2018, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <p>Addition of three new fee items and associated billing notes</p> <p>P90647 – Trichomonas vaginalis (TV) detection by NAAT – urine or swab \$18.54</p> <p><i>Notes:</i></p> <ul style="list-style-type: none"> <li>• Not payable with P90648 GC/CT detection by NAAT – urine or swab</li> <li>• Not payable with P90784 Trichomonas Antigen Test or 90785 Trichomonas and/or Candida, direct examination</li> <li>• Not payable with P90649 GC/CT/TV detection by NAAT – urine or swab</li> <li>• TV detection by NAAT (P90647 and P90649) should not be used for general screening. The test should only be performed on symptomatic individuals and those in high risk groups.</li> <li>• If two or more specimens are submitted on the same day, laboratory medicine physician approval for testing both is required.</li> </ul> <p>P90648 – Gonorrhoea/Chlamydia trachomatis (GC/CT) detection by NAAT – urine or swab \$16.80</p> <p><i>Notes:</i></p> <ul style="list-style-type: none"> <li>• Not payable with P90649 GC/CT/TV detection by NAAT – urine or swab</li> <li>• Not payable with P90647 TV detection by NAAT</li> <li>• If two or more specimens are submitted on the same day, laboratory medicine physician approval for testing both is required.</li> </ul>



## Payment Schedule-Related Records of Decisions under the Laboratory Services Act

	<p>P90649 – Gonorrhea/Chlamydia trachomatis/Trichomonas vaginalis (GC/CT/TV) detection by NAAT – urine or swab \$31.47</p> <p><i>Notes:</i></p> <ul style="list-style-type: none"> <li>• Not payable with P90648 GC/CT detection by NAAT – urine or swab</li> <li>• Not payable with P90784 Trichomonas Antigen Test or 90785 Trichomonas and/or Candida, direct examination</li> <li>• Not payable with P90647 TV detection by NAAT</li> <li>• If two or more specimens are submitted on the same day, laboratory medicine physician approval for testing both is required.</li> <li>• TV detection by NAAT (P90647 and P90649) should not be used for general screening. The test should only be performed on symptomatic individuals and those in high risk groups.</li> </ul> <p>Remove four existing fee items</p> <p>90651 – Chlamydia trachomatis using NAAT – urine  90652 – Chlamydia trachomatis using NAAT – swab  90653 – Gonorrhea by NAAT - urine  90654 – Gonorrhea by NAAT – swab</p> <p>Amend billing notes for</p> <p>P90784 – Trichomonas Antigen Test  Not payable with TV detection by NAAT (90647 and 90649)</p> <p>90785 – Trichomonas and/or Candida, direct examination  Not payable with Trichomonas Antigen Test (90784) or TV detection by NAAT (P90647 and P90649)</p> <p>Twelve months after TV by NAAT implementation</p> <ul style="list-style-type: none"> <li>• Remove fee item Chlamydia antigen (90645), Chlamydia culture (90650), and Trichomonas Antigen Test (P90784) from the payment schedule</li> </ul> <p>Amend description of Trichomonas and/or Candida, direct examination (90785) to say Candida, direct examination (90785) and remove the previously added billing note</p>
LSA2018-011	<p><b>Effective July 1, 2018, the Ministry of Health amended the names of fee items 91226 and 91636 on the Laboratory Services Outpatient Payment Schedule, as follows</b></p> <p>91226 – B-glucosidase-quantitative has a title change: Barbiturates-quantitative</p> <ul style="list-style-type: none"> <li>• 91636 – Fat, microscopic examination - balance 3 day – feces has a title change: Fat, balance 3 day-feces</li> </ul>
LSA2018-010	<p><b>Fee revision of Bile acids, total in the Laboratory Services Outpatient Payment Schedule</b></p> <p>Effective August 1, 2018 the Ministry of Health has amended the fee amount for 91241 – Bile acids, total, from \$36.58 to \$32.36</p>
LSA2018-009	<p><b>Effective July 1, 2018, the Ministry of Health has amended the billing notes for fee item P91022 on the Laboratory Services Outpatient Payment Schedule</b></p> <p>Ophthalmologists in BC can now refer for Muscle-specific Tyrosine Kinase Antibody (MuSK Ab) testing.</p>
LSA2018-006	<p><b>Rescinded (refer to LSA2019-010)</b></p>



## Payment Schedule-Related Records of Decisions under the Laboratory Services Act

LSA2018-005	<p><b>Effective June 1, 2018, the Ministry of Health has amended the fee amount for five antinuclear antibody testing fee items in the Laboratory Services Outpatient Payment Schedule, as follows</b></p> <p>90280 – Antinuclear antibodies – immunofluorescence screen from \$23.82 to \$20.44            90281 – Antinuclear antibodies by sensitive EIA from \$17.76 to \$16.24            90120 – Extractable Nuclear Antigens from \$30.60 to \$24.99            90121 – Antinuclear antibodies – specific detection by multiplex immunoassay from \$27.65 to \$38.64            90035 – Anti DNA from \$20.22 to \$28.41</p>
LSA2018-003	<p><b>Introduction of two new fee items for MALDI-TOF testing in the Laboratory Services Outpatient Payment Schedule</b></p> <p>Effective June 1, 2018, the Ministry of Health has approved the introduction of two new MALDI-TOF fee items, P90752 for non-stool specimens and P90753 for stool specimens, at the fee of \$6.84, in the Laboratory Services Outpatient Payment Schedule.</p> <p>This Record of Decision (ROD) rescinds the October 25, 2017 ROD LSA2017-024.</p>
LSA2018-002	<p><b>Repatriation of Thiopurine Metabolites (TM) testing to British Columbia from out-of-province/out-of-country, and addition of a new Provisional (P) fee item P92277 – Thiopurine Metabolites, to the Laboratory Services Outpatient Payment Schedule</b></p> <p>Effective May 1, 2018, the Ministry of Health (MOH) has approved the addition of Thiopurine Metabolites (TM) testing on a provisional (P) basis for a one year period. Testing will be restricted to Victoria General Hospital and is restricted to referrals from specialists prescribing thiopurine medications, and to patients with active inflammatory bowel disease and/or adverse effects thought to be due to thiopurine toxicity.</p>
LSA2017-039	<p><b>Amendment of fee item titles for Chlamydia and Gonorrhea testing using Nucleic Acid Amplification Test (NAAT) for specimens collected by swabs in the Outpatient Laboratory Services Payment Schedule</b></p> <p>Effective January 1, 2018, the Ministry of Health has amended the title for fee item 90652 from “Chlamydia trachomatis using NAAT – urogenital swab” to “Chlamydia trachomatis using NAAT – swab,” and the title for fee item 90654 from “Gonorrhea by NAAT – urogenital swab” to “Gonorrhea by NAAT – swab,” in the Outpatient Laboratory Services Payment Schedule.</p>
LSA2017-035	<p><b>Addition of a new Provisional (P) fee item P91163, IgG anti-deamidated gliadin peptide (anti-DGP) antibodies, to the Outpatient Laboratory Services Payment Schedule; and amendment of limits and conditions to existing fee item 91162, anti-tissue transglutaminase antibodies (anti-TTG), IgA</b></p> <p>Effective January 1, 2018, the Ministry of Health (MOH) has approved the addition of IgG anti-deamidated gliadin peptide (anti-DGP) antibodies testing on a provisional basis (P) for a one year period. Anti-DGP IgG testing is available to patients up to 36 months of age and patients who are IgA deficient, and is restricted to referrals by paediatricians and gastroenterologists. See payment schedule for specific details.</p>

## Payment Schedule-Related Records of Decisions under the Laboratory Services Act

LSA2017-034	<p><b>Amendment of billing notes for three antinuclear antibodies tests</b></p> <p>Effective January 1, 2018, the Ministry of Health (MOH) has approved the amendment of billing notes for antinuclear antibodies by sensitive EIA (FI 90281), antinuclear antibodies, specific detection by multiplex immunoassay (FI 90121), and antinuclear antibodies, immunofluorescence screen (FI 90280) on the Laboratory Services Outpatient Payment Schedule.</p>
LSA2017-030	<p><b>Removal of provisional status for 4 laboratory services outpatient fee items</b></p> <p>Effective November 1, 2017, the provisional status (P) of the following four fee items is removed:</p> <p>90831 – Hepatitis B virus (HBV) identification by nucleic acid amplification, direct – quantification  90832 – BK polyoma virus identification by nucleic acid amplification, direct – quantification  90833 – Cytomegalovirus Viral (CMV) identification by nucleic acid amplification, direct – quantification  91162 – Anti-tissue transglutaminase antibodies (anti-TTG), IgA</p> <p>All existing billing notes associated with the fee items are maintained.</p>
LSA2017-025	<p><b>Removal of neonatal alloimmune thrombocytopenia (NAIT) and hemolytic disease of the fetus and newborn (HDFN) genetic testing on amniotic fluid from the BC Children’s and Women’s Hospital laboratory test menu</b></p> <p>Effective July 1, 2017, the Ministry of Health (MOH) has approved the removal of NAIT and HDFN testing from the BC provincial test menu. Request for testing may be forwarded to the MOH out-of-province/out-of-country program for consideration.</p>
LSA2017-024	<p><b>Rescinded (refer to LSA2018-003)</b></p>
LSA2017-023	<p><b>Repatriation of infliximab and anti-infliximab antibody testing from Alberta to British Columbia</b></p> <p>Effective May 1, 2018, the Ministry of Health (MOH) has approved the repatriation and funding of Infliximab (IFX) and anti-infliximab antibody (IFXA) testing on a provisional basis (P) for a one year period. IFX and IFXA testing will be restricted to St. Paul’s Hospital (SPH).</p>
LSA2017-022	<p><b>Amendment of billing notes for fee items 91210 – Aspartate aminotransferase (AST) and 91065 – Alanine aminotransferase (ALT)</b></p> <p>Effective August 1, 2017, the following billing notes were added to fee items 91210 – Aspartate aminotransferase (AST) and 91065 – Alanine aminotransferase of the laboratory services outpatient payment schedule:</p> <p>“Note i) Fee item 91065 Alanine aminotransferase (ALT) is the preferred liver function test and is a superior marker of hepatocellular damage compared to the 91210 Aspartate aminotransferase (AST) test” and “Note ii) In addition, measurement of AST 91210 in conjunction with ALT 91065 rarely adds clinical value and should not be co-billed, unless clinically indicated.”</p> <p>For fee item 91210 (AST), an additional note was added, it reads:</p> <p>“Note iii) 91210 AST should only be requested to evaluate liver fibrosis or steatohepatitis.”</p>

## Payment Schedule-Related Records of Decisions under the Laboratory Services Act

LSA2017-011	<p><b>Extension of provisional status for 11 fee for service laboratory medicine fee items</b></p> <p>Effective August 1, 2017, the provisional (P) status of the following 11 fee items is extended to July 31, 2018:</p> <p>90656 — C. difficile toxin, real time PCR            90751 — Molecular identification, stool isolate            90784 — Trichomonas Antigen Test            90831 — Hepatitis B virus (HBV) identification by nucleic acid amplification, direct – quantification            90832 — BK polyoma virus identification by nucleic acid amplification, direct – quantification            90833 — Cytomegalovirus Viral (CMV) identification by nucleic acid amplification, direct – quantification            91162 — Anti-tissue transglutaminase antibodies (anti-TTG), IgA            91761 — Helicobacter pylori stool antigen (HPSA)            93051 — Cytogenetic analysis/fluorescence in situ hybridization, single probe            93052 — Cytogenetic analysis/fluorescence in situ hybridization, subtelomeric probe            93053 — Cytogenetic analysis/fluorescence in situ hybridization (FISH), uncultured amniotic fluid</p>
LSA2017-008	<p><b>Addition of new Provisional (P) fee item to the Laboratory Services Outpatient Payment Schedule: fee item P91861 in support of Voltage-gated Calcium Channel Antibody testing</b></p> <p>Effective June 1, 2017, the Ministry of Health has approved the addition of a new Provisional fee item P91861 Voltage-gated Calcium Channel Antibody testing. Testing will be restricted to UBC Diagnostic Services Laboratory and requires consultation with a Laboratory Medicine physician before test can be requested.</p>
LSA2017-007	<p><b>Addition of new Provisional (P) fee item to the Laboratory Services Outpatient Payment Schedule: fee item P91022 in support of Muscle-specific Tyrosine Kinase Antibody testing</b></p> <p>Effective June 1, 2017, the Ministry of Health has approved the addition of a new Provisional fee item P91022 Muscle-specific Tyrosine Kinase Antibody testing. Testing will be restricted to UBC Diagnostic Services Laboratory and requires consultation with a Laboratory Medicine physician before test can be requested.</p>
LSA2017-001	<p><b>Addition of new Provisional (P) fee item P90811 – Gastrointestinal pathogen multiplex panel and selective culture, and amendment to billing rules/notes of existing fee items 90800 – Stool examination, concentration method and 90810 – Stool examination, search for amoebae and/or permanent stain smear to the Laboratory Services Outpatient Payment Schedule.</b></p> <p>Effective July 31, 2017 (amended from June 1, 2017), a new Provisional fee item P90811 Gastrointestinal pathogen multiplex panel (GPMP) and selective culture (SC) was added to the laboratory services outpatient payment schedule. The cost per test was set at \$105.04, with the following billing notes: “i) Restricted to Victoria General Hospital Laboratory and Royal Jubilee Hospital Laboratory at Vancouver Island Health Authority (VIHA)” and “ii) For VIHA only, P90811 not payable with: 90630, 90655, P90656, 90725, 90745, 90750 &amp; 90751.”</p> <p>Fee item 90800 – Stool examination, concentration methods was amended by adding a new note “Within Vancouver Island Health Authority, 90800 testing restricted to children under 13 years old, returning travellers, immigrants from outside of Canada and the United States of America, and immunocompromised hosts.”</p>

## Payment Schedule-Related Records of Decisions under the Laboratory Services Act

	<p>Fee item 90810 – Stool examination, search for amoebae and/or permanent stain smear was amended by adding a new note, it reads “Within Vancouver Island Health Authority, 90810 testing restricted to children under 13 years old, returning travellers, immigrants from outside of Canada and the United States of America, and immunocompromised hosts.”</p>
LSA2016-031	<p><b>Request to defer delisting of aspartate aminotransferase (AST) in community outpatient setting</b></p> <p>Effective December 21, 2016, the Ministry of Health is deferring the delisting of aspartate aminotransferase in the community outpatient setting, which was scheduled for February 1, 2017.</p>
LSA2016-027	<p><b>Re-costing of B-type natriuretic peptide and addition of the fee item to the primary and split base fee list</b></p> <p>Effective April 1, 2017, the Ministry of Health has amended the fee amount payable for B-type natriuretic peptide (BNP) to \$28.14 from \$42.56 and made BNP eligible to be co-billed with the primary base fee and split base fees.</p>
LSA2016-026	<p><b>Addition of new fee item for Fentanyl, urine screening immunoassay, and amendment to existing Fentanyl confirmatory fee item.</b></p> <p>Effective March 1, 2017, the Ministry of Health has approved the addition of a new fee item 92518 Fentanyl, urine screening by immunoassay. The cost per test will be \$13.10.</p> <p>The Fentanyl confirmatory fee item 92525 was amended by adding a new note to the Laboratory Services Outpatient Payment Schedule that it can only be performed and payable following consultation with and approval by a laboratory medicine physician.</p>
LSA2016-024	<p><b>Removal of provisional (P) status for Bile Acids, total – 91241, amendment to the fee amount, and addition of a billing note.</b></p> <p>Effective December 1, 2016, the P status for fee item 91241 – Bile Acids, total will be removed, the fee amount will be amended to \$36.58 from \$55.00, and a billing note will be added that reads “<i>billing restricted to pregnant females only</i>”.</p>
LSA2016-022	<p><b>Approval of the updated Laboratory Services Payment Schedule - Schedule of Fees</b></p> <p>Effective October 1, 2016, the updated Laboratory Services Payment Schedule - Schedule of Fees, was approved.</p>
LSA2016-021	<p><b>Request for Cytogenetic Microarray Analysis (CMA) to be funded through fee-for-service.</b></p> <p>Cytogenetic Microarray Analysis (CMA) will not be funded on a fee-for-service basis.</p>
LSA2016-020	<p><b>Removal of provisional (P) status for Fecal Immunochemical Test for analysis and Fecal Immunochemical Test for collection.</b></p> <p>Effective September 30, 2016, the P status for fee items 92006 and 92007 – FIT was removed.</p>
LSA2016-019	<p><b>Removal of provisional (P) status for Sex Hormone Binding Globulin (SHBG).</b></p> <p>Effective September 30, 2016, the P status for fee item 92267 – SHBG was removed.</p>

## Payment Schedule-Related Records of Decisions under the Laboratory Services Act

LSA2016-018	<p><b>Establishing non-invasive prenatal testing (NIPT) as an insured benefit in British Columbia</b></p> <p>Effective October 9, 2015, NIPT was approved as an insured benefit in British Columbia for pregnant women found to have a significant risk of trisomy by meeting one of the following criteria:</p> <ul style="list-style-type: none"> <li>• Having received a positive prenatal screen for trisomy 18 or 21;</li> <li>• Having had previous trisomy 13, 18, or 21 pregnancy;</li> <li>• Having a risk of Down Syndrome greater than 1 in 300 based on results of screening and ultrasound marker(s) of aneuploidy; or</li> </ul> <p>Having a risk for X-linked disorders identified through the Provincial Medical Genetics program.</p>
LSA2016-013	<p><b>Re-Costing of test 91745 Hemoglobin, A1C, and amendments to billing note</b></p> <p>Effective October 1, 2016, the amount for fee item 91745 Hemoglobin, A1C will be changed to \$5.30 from \$12.69.</p> <p>Fee item 91745 Hemoglobin A1C will be eligible to be co-billed with the primary base fee (PBF), 91000 or the split base fees 91005 and 91010. Base fees note iv) will be updated in the Laboratory Services Outpatient Payment Schedule to include fee item 91745.</p>
LSA2016-010	<p><b>Delist fee item 91210 aspartate aminotransferase (AST)</b></p> <p>Effective February 1, 2017, fee item 91210 aspartate aminotransferase (AST) will be delisted. Laboratory operators are to substitute any request for AST with fee item 91065 alanine aminotransferase (ALT)</p>
LSA2016-009	<p><b>Removal of Provisional (P) status for seven antinuclear antibody (ANA) tests, and amendment to billing notes, to allow for provincial wide use of the ANA tests</b></p> <p>Effective June 30, 2016, the P status was removed for the following seven fee items:</p> <p>P90280 Antinuclear antibodies – immunofluorescence screen  P90281 Antinuclear antibodies by sensitive EIA  P90120 Extractable nuclear antigens (ENA)  P90121 Antinuclear antibodies, specific detection by multiplex immunoassay  P90286 Liver autoantibodies (LiAA), immunofluorescence  P90287 Anti-neutrophil cytoplasmic antibodies (ANCA), immunofluorescence screen  P90288 Anti-parietal cell antibody (APCA), immunofluorescence screen</p> <p>For fee items 90121 and 90281, note ii) was removed, that read  <i>“Restricted to Vancouver Coastal Health Immunology Laboratory”</i>, and replaced with the following  <i>“Use ANA/ENA ELISA (90281) as the primary screen; if result of ANA/ENA ELISA (90281) is ≥2U (units), proceed with reflex testing using ENA/DNA multiplex (90121)”</i></p> <p>For fee item 90286, the following note was added:  <i>“Only one of either 90286 or 90288, not both, are payable for the same sample tested on the same day”</i></p> <p>For fee item 90288, note i) was removed, that read  <i>“P90288 (APCA) is not payable with P90286 (LiAA), and was replaced with the following</i></p> <ul style="list-style-type: none"> <li>• <i>“Only one of either 90286 or 90288, not both, are payable for the same sample tested on the same day”</i></li> </ul>

## Payment Schedule-Related Records of Decisions under the Laboratory Services Act

LSA2016-008	<p><b>Removal of Provisional (P) status for purine, pyrimidine and creatine disorder (PPCD) screen</b></p> <p>Effective June 30, 2016, the P status for fee item P92151 – PPCD screen was removed.</p>
LSA2016-007	<p><b>120 inactive outpatient tests to be cancelled, and addition of billing notes</b></p> <p>Effective June 30, 2016, 105 Chemistry and 15 Hematology fee-for-service outpatient tests were delisted as they were inactive or had been replaced by other tests. For a complete list of the tests, see attachment “120 tests to be removed from the fee-for-service laboratory outpatient payment schedule.” (PDF, 200KB)</p> <p>Further, a billing note was added to fee item 91770 (hexosaminidases) that reads “<i>Restricted to BC Children’s Hospital only</i>”.</p>
LSA2016-006	<p><b>Serum tryptase testing to be repatriated</b></p> <p>Serum tryptase testing will no longer be referred out of province. When ready, BC Women’s and Children’s Hospital will provide the testing. Outpatient testing is restricted to physician specialists who are investigating follow-up anaphylaxis, mastocytosis, and mast cell activation disorders. Conversely, inpatient requests are not restricted as testing is almost always clinically indicated.</p>
LSA2015-005	<p><b>Approval of Laboratory Volume Discounting</b></p> <p>In accordance with Section 14(1) of the Laboratory Services Act, laboratory volume discounting will apply to the 56 fee items in Schedule 1, effective October 1, 2015.</p>
LSA2015-003	<p><b>Approval of the Laboratory Services Payment Schedule</b></p> <p>In accordance with Section 14 of the Laboratory Services Act, the Laboratory Services Payment Schedule Preamble, and Schedule of Fees has been approved, effective October 1, 2015.</p>