

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

LSA2025-005	<p><b>Effective February 27, 2025, the Laboratory Services Outpatient Payment Schedule is amended as follows:</b></p> <ul style="list-style-type: none"> <li>The description for fee item 90305 is changed from “Infectious mononucleosis – slide agglutination” to “Infectious Mononucleosis Screening Test”.</li> </ul>
LSA2025-003	<p><b>The extensions to the provisional status (p-status) of the specified fee items, as follows:</b></p> <ul style="list-style-type: none"> <li>Effective December 31, 2024, P90837 – Novel Coronavirus Disease 2019 (COVID-19 or 2019-nCoV) Test is extended to December 31, 2025.</li> <li>Effective February 29, 2024, P91163 – IgG anti-deamidated gliadin peptide (anti-DGP) antibodies is extended to June 30, 2025.</li> <li>Effective April 30, 2024, P93047 – Immunoglobulin Heavy Chain Variable Region Somatic Hyper Mutational Status (IGHV-MA) is extended to June 30, 2025.</li> <li>Effective May 31, 2024, P90752 – Identification of microorganisms via MALDI-TOF-MS, in non-stool specimen is extended to June 30, 2025.</li> </ul>
LSA2024-041	<p><b>Effective December 17, 2024, the Laboratory Services Outpatient Payment Schedule is amended as follows:</b></p> <ul style="list-style-type: none"> <li>Fee item 90740 – Stained smear <ul style="list-style-type: none"> <li>a) Billing note (ii) is amended to “90740 is applicable to acid fast smear of stool for Mycobacterium avium-intracellular, if specifically requested.”</li> </ul> </li> </ul>
LSA2024-040	<p><b>Effective December 20, 2024, the Laboratory Services Outpatient Payment Schedule is amended as follows:</b></p> <ul style="list-style-type: none"> <li>Billing note (iii) for fee item 90280** – Antinuclear antibodies - immunofluorescence screen: 90280 is payable only once in a 12-month time period unless the patient’s condition indicates the emergence of CTD.</li> <li>Billing note (iv) for fee item 90281** – Antinuclear antibodies by EIA: 90281 is payable only once in a 12-month time period unless the patient’s condition indicates the emergence of CTD.</li> <li>Billing note (i) for fee item 90120 – Extractable nuclear antigens: Extractable nuclear antigens (90120) is only payable after a positive antinuclear antibody screen by immunofluorescence (90280) or enzyme immunoassay (90281) except for prenatal patients with known or emerging CTD.</li> <li>Billing note (i) for fee item 90121** – Anti-nuclear antibodies, specific detection by multiplex immunoassay, amend as follows: ANA, specific detection by multiplex immunoassay (90121) is only payable after a positive antinuclear antibody screen by immunofluorescence (90280) or enzyme immunoassay (90281) except for prenatal patients with known or emerging CTD.</li> </ul>
LSA2024-039	<p><b>The extensions to the provisional status (p-status) of the specified fee items, as follows:</b></p> <ul style="list-style-type: none"> <li>Effective August 31, 2024, the p-status for fee item P91761 – Helicobacter pylori stool antigen (HPSA) is extended until August 31, 2025.</li> <li>Effective October 31, 2024, the p-status for each of the following Canadian-Ukrainian Authorization for Emergency Travel (CUAET) fee items is extended until June 30, 2025. <ul style="list-style-type: none"> <li>a. P96292 – CUAET Venepuncture and dispatch of specimen to laboratory when no other blood work performed</li> <li>b. P96293 – CUAET HIV Screen</li> <li>c. P96294 – CUAET Syphilis Screen</li> <li>d. P96295 – CUAET HIV Confirmatory Test</li> </ul> </li> </ul>

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	<p>e. P96296 – CUAET Syphilis Confirmatory Test</p> <ul style="list-style-type: none"> <li>Effective December 31, 2024, the p-status for fee item P90836 – Congenital Cytomegalovirus PCR tests (cCMV) is extended until June 30, 2025.</li> </ul>
LSA2024-037	<p><b>Effective October 30, 2024, the Laboratory Services Outpatient Payment Schedule is amended as follows:</b></p> <ul style="list-style-type: none"> <li>Fee item 91935 – Lipoprotein (a) <ul style="list-style-type: none"> <li>Remove all asterisks</li> <li>Add billing note: Should only be performed once in a lifetime.</li> </ul> </li> </ul>
LSA2024-036	<p><b>Effective October 9, 2024, the Laboratory Services Outpatient Payment Schedule is amended by the removal of the following 23 fee items:</b></p> <ul style="list-style-type: none"> <li>91196 – Aryl Sulfatase B – White Blood Cells</li> <li>91232 – Beta-Mannosidase, White Blood Cells</li> <li>92200 – Salicylates, Qualitative – Serum</li> <li>92405 – Urobilinogen, Qualitative - Urine</li> <li>91640 – Fatty Acids, Nonesterified (Free)</li> <li>92365 – Urea- Amniotic Fluid</li> <li>91260 – Bone GLA Protein (Osteocalcin)</li> <li>91270 – Bromides, Qualitative - Urine</li> <li>91717 – Glucose Tolerance Test - Intravenous</li> <li>91735 – Gold</li> <li>91830 – Immunoglobulin and Specific Protein Assays</li> <li>91831 – Immunoglobulin and Specific Protein Assays – Additional Assay</li> <li>92320 – Thyroid Releasing Hormone (TRH) Stimulation Test</li> <li>91205 – Ascorbic Acid (Vitamin C)</li> <li>91488 – Amitriptyline</li> <li>92310 – Total T3</li> <li>91128 – Amylase - Urine</li> <li>91709 – Glucose Quantitative - Urine</li> <li>91750 – Hemoglobin, Qualitative - Urine</li> <li>91240 – Bile Pigments and Salts, Qualitative – Urine</li> <li>91365 – Chloride – Quantitative – CSF and Other Fluids</li> <li>91255 – Blood, Qualitative – Gastric</li> <li>91246 – Bilirubin, Total – Transudate/Exudate</li> </ul>
LSA2024-024	<p><b>Effective October 7, 2024, the Laboratory Services Outpatient Payment Schedule is amended by the removal of the following 30 fee items:</b></p> <ul style="list-style-type: none"> <li>91055 – Aldolase</li> <li>91200 – Aryl Sulfatase C – Fibroblasts</li> <li>91730 – Glutathione Peroxidase</li> <li>91800 – IgA Anti-Gliadin Antibodies</li> <li>91801 – IgA Quantitative – Secretion</li> <li>92202 – Salicylates, Qualitative – Urine</li> <li>92255 – Sulfonamides, Quantitative - Urine</li> <li>92353 – 13C Triolein Breath Test for Malabsorption</li> <li>91201 – Aryl Sulfatase C – White Blood Cells</li> <li>91720 – Glucose Phosphate Isomerase</li> <li>91881 – Keto Acids, Chromatography – Total, Chemical - Urine</li> </ul>

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	<ul style="list-style-type: none"> <li>• 91915 – Lecithin Sphingomyelin Ratio</li> <li>• 92075 – Pigments, Abnormal, (Spectroscopic)</li> <li>• 91605 – Erythrocyte Galactose 1 – Phosphate Transferase</li> <li>• 91997 – N-Acetyl-Galactosamine-6-Sulfatase, White Blood Cells</li> <li>• 91027 – Acid Lipase, White Blood Cells</li> <li>• 91327 – Calcium – 24 Hour Excretion, Feces</li> <li>• 91410 – Creatine – Timed Urine Collection</li> <li>• 92260 – Sweat Test (Mucoviscidosis), Chemical</li> <li>• 91142 – Anti-Diuretic Hormone (ADH), Plasma</li> <li>• 91785 – Homocystine, Screening Test - Urine</li> <li>• 92050 – Phenothiazine Screen</li> <li>• 92360 – Trypsin – Qualitative – Feces</li> <li>• 91097 – Alpha-Mannosidase, White Blood Cells</li> <li>• 91770 – Hexosaminidases</li> <li>• 92335 – Tissue Iron</li> <li>• 91120 – Amniotic Fluid, Bilirubin Scan</li> <li>• 91905 – Lactose, Qualitative – Urine</li> <li>• 92315 – T4 or Total Thyroxine</li> <li>• 91236 – Bicarbonate – Urine</li> </ul>
LSA2024-023	<p><b>Effective October 2, 2024, the Laboratory Services Outpatient Payment Schedule is amended by the removal of the following 27 fee items:</b></p> <ul style="list-style-type: none"> <li>• 93105 – Hepatic Glycogen (Tissue)</li> <li>• 93110 – Hepatic Glucose-6 Phosphatase</li> <li>• 90310 – Ivy Template Bleeding Time</li> <li>• 90445 – Pyruvic Kinase Assay (Red Cell)</li> <li>• 90030 – Alpha 2 Antiplasmin Assay</li> <li>• 90060 – Clot Retraction</li> <li>• 90350 – Mixed Leukocyte Culture – Donor and Recipient</li> <li>• 90355 – Mixed Leukocyte Culture – Each Additional Culture</li> <li>• 90425 – Protein C Antigen</li> <li>• 90560 – Von Willebrand's Multimer Analysis by Autoradiography</li> <li>• 90090 – Eosinophil Count</li> <li>• 90215 – Hematology Special Stains - Complex</li> <li>• 90063 – Coagulation Factor by Clotting Assay</li> <li>• 90200 – Ham Test (Acid Haemolysis Test)</li> <li>• 90320 – Leucocyte Alkaline Phosphatase (L.A.P.) Score</li> <li>• 90520 – Serum Haptoglobin</li> <li>• 90027 – Activated Protein C Resistance (APCR)</li> <li>• 90565 – White Blood Cell Agglutinins</li> <li>• 90610 – Serum Bactericidal Test</li> <li>• 90730 – Smear for Inclusion Bodies</li> <li>• 90825 – Smear or Section for Electron Microscopy</li> <li>• 90415 – Preparation of Plasma</li> <li>• 90460 – RBC Antibody Detection, per Tube</li> <li>• 90495 – Rh(D) typing</li> <li>• 90235 – Hemoglobin - Other Methods</li> <li>• 90660 – Diphtheria Antibodies</li> </ul>

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	<ul style="list-style-type: none"> <li>90770 – Tetanus Antibodies</li> </ul>
LSA2024-028	<p><b>Effective June 29, 2024, the Laboratory Services Outpatient Payment Schedule is amended as follows:</b></p> <ul style="list-style-type: none"> <li>Remove the provisional (P) status from the following fee items: <ul style="list-style-type: none"> <li>P93051 – Cytogenetic analysis/fluorescence in situ hybridization (FISH), single probe.</li> <li>P93053 – Cytogenetic analysis/fluorescence in situ hybridization (FISH), uncultured amniotic fluid.</li> </ul> </li> <li>Remove fee item P93052 – Cytogenetic analysis/fluorescence in situ hybridization (FISH), subtelomeric probe; and its corresponding notes from the Schedule.</li> </ul> <p>Note: The provisional status of these fee items was extended to June 30, 2024, at the request Provincial Laboratory Medicine Services, under the authority of ROD LSA2023-034.</p>
LSA2024-022	<p><b>Effective May 21, 2024, the Laboratory Services Outpatient Payment Schedule is amended as follows:</b></p> <ul style="list-style-type: none"> <li>Fee item 91715 – Glucose tolerance test, 2 to 5 hours: <ul style="list-style-type: none"> <li>Change the fee item description to “Glucose tolerance test, 2 hours”.</li> <li>Remove all asterisk requirements.</li> </ul> </li> <li>Delist fee item 91716 – Glucose tolerance test, 6 hours or more from the Laboratory Services Outpatient Payment Schedule.</li> </ul>
LSA2024-017	<p><b>Effective April 16, 2024, the Laboratory Services Outpatient Payment Schedule is amended as follows:</b></p> <ul style="list-style-type: none"> <li>Remove fee item 91858 – Interferon beta, neutralizing antibodies and its corresponding billing notes from the Payment Schedule.</li> </ul>
LSA2024-016	<p><b>Effective April 15, 2024, the Laboratory Services Outpatient Payment Schedule is amended as follows:</b></p> <ul style="list-style-type: none"> <li>The description for fee item 91725 is changed from Glutamyl transpeptidase (GTP) to Gamma-glutamyl Transferase (GGT).</li> </ul>
LSA2024-015	<p><b>Effective April 1, 2024, the Laboratory Services Outpatient Payment Schedule is amended as follows:</b></p> <ul style="list-style-type: none"> <li>Fee item P90647 – Trichomonas vaginalis (TV) detection by NAAT: <ul style="list-style-type: none"> <li>Remove the provisional (P) status.</li> <li>Amend the fee amount from \$18.54 to \$40.08.</li> <li>Amend the billing notes to the following: <ul style="list-style-type: none"> <li>Not payable with 90648 GC/CT detection by NAAT – urine or swab.</li> <li>Not payable with 90649 GC/CT/TV detection by NAAT – urine or swab.</li> <li>TV detection by NAAT (90647 and 90649) 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> </li> </ul> </li> <li>Fee item P90648 – Gonorrhea/Chlamydia trachomatis (GC/CT) detection by NAAT: <ul style="list-style-type: none"> <li>Remove the provisional (P) status.</li> <li>Amend the fee amount from \$16.80 to \$16.36.</li> <li>Amend the billing notes to the following:</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>i. Not payable with 90647 TV detection by NAAT.</li> <li>ii. If four or more specimens are submitted on the same day, laboratory medicine physician approval for testing is required.</li> </ul> <ul style="list-style-type: none"> <li>• Fee item P90649 – Gonorrhea/Chlamydia trachomatis/Trichomonas vaginalis (GC/CT/TV) detection by NAAT: <ul style="list-style-type: none"> <li>a. Remove the provisional (P) status.</li> <li>b. Amend the fee amount from \$31.47 to \$19.90.</li> <li>c. Amend the billing notes to the following: <ul style="list-style-type: none"> <li>i. Not payable with 90647 TV detection by NAAT.</li> <li>ii. If two or more specimens are submitted on the same day, laboratory medicine physician approval for testing both is required.</li> <li>iii. TV detection by NAAT (90647 and 90649) should not be used for general screening. The test should only be performed on symptomatic individuals and those in high-risk groups.</li> </ul> </li> </ul> </li> <li>• Delist fee item 90645 – Chlamydia antigen</li> <li>• Delist fee item 90650 – Chlamydia culture</li> <li>• Delist fee item P90784 – Trichomonas antigen test</li> <li>• Fee item 90785 – Trichomonas and/or Candida, direct examination: <ul style="list-style-type: none"> <li>a. Amend the description of the fee item to “90785 – Candida, direct examination”</li> <li>b. Remove all the billing notes</li> </ul> </li> </ul> <p>Note: The provisional status of these fee items was extended to June 30, 2024, at the request Provincial Laboratory Medicine Services, under the authority of ROD LSA2023-034.</p>
LSA2023-028	<p><b>Effective April 1, 2024, the Laboratory Services Outpatient Payment Schedule is amended as follows:</b></p> <ul style="list-style-type: none"> <li>• Fee item 91022 – Muscle-specific Tyrosine Kinase Antibody (MuSK Ab): <ul style="list-style-type: none"> <li>a. Remove the provisional (P) status</li> <li>b. Amend the fee amount from \$245.60 to \$310.25</li> <li>c. Amend the fee item to a double asterisk (**) fee item</li> <li>d. Amend the billing notes as follows: <ul style="list-style-type: none"> <li>i. Testing is restricted to BC Neuroimmunology Lab.</li> <li>ii. Fee item 91022 is only payable when requested by an Ophthalmologist or a Neurologist in BC diagnosing and treating patients suspected of having or confirmed to have Myasthenia Gravis (MG) or other Neuromuscular Junction disorders.</li> <li>iii. MuSK Ab test may only be requested following negative samples for fee item 91020 Acetylcholine receptor antibodies – qualitative, or fee item 91021 Acetylcholine receptor antibodies – quantitative.</li> <li>iv. Repeat testing in 3- 6 months may be indicated in patients with borderline results, as well as for a confirmed MG patient to monitor treatment response. Repeat testing in negative patients is not indicated.</li> </ul> </li> </ul> </li> <li>• Fee item 91861 – Voltage-gated Calcium Channel Antibody (VGCC Ab): <ul style="list-style-type: none"> <li>a. Remove the provisional (P) status</li> <li>b. Amend the fee amount from \$281.78 to \$454.56</li> <li>c. Amend the billing notes (i) and (ii) as follows: <ul style="list-style-type: none"> <li>i. Testing is restricted to BC Neuroimmunology Lab.</li> <li>ii. Fee item 91861 is only payable when requested by a Neurologist in BC testing patients for Lambert-Eaton Myasthenic Syndrome (LEMS) and in paraneoplastic and non-paraneoplastic cerebellar degeneration.</li> </ul> </li> </ul> </li> </ul>

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LSA2023-027	<p><b>Effective April 1, 2024, the Laboratory Services Outpatient Payment Schedule is amended to show adjustments to the fee amounts for the following respective fee items:</b></p> <ul style="list-style-type: none"> <li>91020 – Acetylcholine receptor antibodies – qualitative, from \$101.93 to \$111.19</li> <li>91021 – Acetylcholine receptor antibodies – quantitative, from \$167.50 to \$258.54</li> </ul>
LSA2024-010	<p><b>Effective February 29, 2024, the Laboratory the Laboratory Services Outpatient Payment Schedule is amended as follows:</b></p> <ul style="list-style-type: none"> <li>Remove the provisional (P) status from fee item P90791 – Pneumocystis jirovecii Pneumonia (PJP) by Nucleic Acid Amplification Test (NAAT)</li> <li>Remove fee item P90791 – Pneumocystis jirovecii Pneumonia (PJP) by Nucleic Acid Amplification Test (NAAT) and its corresponding notes from the Payment Schedule.</li> </ul> <p>In response to the Record of Decision LSA2019-10, Pneumocystis jirovecii Pneumonia (PJP) by Nucleic Acid Amplification Test (NAAT) will no longer be funded as a fee-for-service laboratory service but is to be covered within the operator’s global operating budget.</p>
LSA2024-006	<p><b>Effective January 30, 2024, 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 P90837 – Novel Coronavirus Disease 2019 (COVID-19 or 2019-nCoV) to December 31, 2024.</li> </ul>
LSA2023-029	<p><b>Effective January 2, 2024, the Laboratory Services Outpatient Payment Schedule is amended as follows:</b></p> <ul style="list-style-type: none"> <li>For fee item 90515 – Sedimentation rate: <ul style="list-style-type: none"> <li>Change billing note (i) to: Not payable if requested with 91300 (C-Reactive Protein) for adults aged 19 or above.</li> <li>Add billing note: Refer to GPAC <a href="#">guideline</a> “C-Reactive Protein and Erythrocyte Sedimentation Rate Testing” for additional information.</li> </ul> </li> <li>For fee item 91300 – C-reactive protein: <ul style="list-style-type: none"> <li>Change billing note (i) to: For adults aged 19 or above, only 91300 is payable when requested concurrently with 90515 (Sedimentation rate).</li> <li>Add billing note: Refer to GPAC <a href="#">guideline</a> “C-Reactive Protein and Erythrocyte Sedimentation Rate Testing” for additional information.</li> </ul> </li> </ul>
LSA2023-030	<p><b>Provincial Implementation of Human Papillomavirus (HPV) as Primary Screening for Cervical Cancer</b></p> <p>Effective January 1, 2024, Human papillomavirus (HPV) testing is approved as an insured benefit for the purpose of primary screening for cervical cancer.</p> <p>HPV testing, funded through the global operating budget of the Provincial Health Services Authority (PHSA), will be performed at the BC Centre for Disease Control (BCCDC) Public Health Laboratory (PHL).</p>
LSA2023-037	<p><b>Effective December 31, 2023, 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 P91022 – Muscle-specific Tyrosine Kinase Antibody (MuSK Ab) to June 30, 2024.</li> <li>Extend the provisional (P) status of fee item P91861 – Voltage-gated Calcium Channel Antibody (VGCC Ab) to June 30, 2024.</li> </ul>

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LSA2023-034	<p><b>Effective December 31, 2023, the Laboratory Services Outpatient Payment Schedule is amended and the provisional (P) status for the following fee items is extended to February 29, 2024:</b></p> <ul style="list-style-type: none"> <li>• P90647 - Trichomonas vaginalis (TV) detection by NAAT – urine or swab</li> <li>• P90648 - Gonorrhea/Chlamydia trachomatis (GC/CT) detection by NAAT – urine or swab</li> <li>• P90649 - Gonorrhea/Chlamydia trachomatis/Trichomonas vaginalis (GC/CT/TV) detection by NAAT – urine or swab</li> <li>• P90784 - Trichomonas Antigen Test</li> <li>• P90791 - Pneumocystis jirovecii Pneumonia (PJP) by Nucleic Acid Amplification Test (NAAT)</li> <li>• P93051 - Cytogenetic analysis/fluorescence in situ hybridization (FISH), single probe</li> <li>• P93052 - Cytogenetic analysis/fluorescence in situ hybridization (FISH), subtelomeric probe</li> <li>• P93053 - Cytogenetic analysis/fluorescence in situ hybridization (FISH), uncultured amniotic fluid</li> <li>• P91163 - IgG anti-deamidated gliadin peptide (anti-DGP) antibodies</li> <li>• P90837 - Novel Coronavirus Disease 2019 (COVID-19 or 2019-nCoV) Test</li> </ul>
LSA2023-024	<p><b>Effective December 15, 2023, the Laboratory Services Outpatient Payment Schedule is amended as follows:</b></p> <ul style="list-style-type: none"> <li>• Remove the provisional (P) status from fee item P92278 – Thiopurine Methyltransferase (TPMT).</li> </ul>
LSA2023-025	<p><b>Effective November 19, 2023, the Laboratory Services Outpatient Payment Schedule is amended as follows:</b></p> <ul style="list-style-type: none"> <li>• Remove the provisional (P) status from fee item P93081 – MYD88 L256 gene mutation analysis.</li> <li>• Remove fee item P93081 – MYD88 L256 gene mutation analysis and its corresponding notes from the Payment Schedule.</li> </ul> <p>MYD88 L256 gene mutation analysis, funded through the global operating budget of the Provincial Health Services Authority, will continue to be restricted to BC Cancer’s Genetics and Genomics Laboratory.</p>
LSA2023-011	<p><b>Effective September 20, 2023, the Laboratory Services Outpatient Payment Schedule is amended as follows:</b></p> <ul style="list-style-type: none"> <li>• To ensure gender equity within the Laboratory Services Outpatient Payment Schedule, the billing note iii) for fee item 91241 – Bile acids, total is amended to “billing restricted to pregnant patients only”.</li> <li>• The gender restriction field for the following fee item profiles are removed: <ul style="list-style-type: none"> <li>• 90736 – Cervical culture</li> <li>• 90737 – Vaginal culture</li> <li>• 91241 – Bile acids, total</li> <li>• 91695 – Glucose tolerance test – gestational protocol</li> <li>• 92108 – Pregnancy test, immunologic – urine</li> <li>• 93160 – Semen, Complete Examination</li> </ul> </li> </ul>
LSA2023-005	<p><b>Effective March 1, 2023, the Laboratory Services Outpatient Payment Schedule is amended and the provisional (P) status for the following fee items is extended:</b></p>



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	<ul style="list-style-type: none"> <li>• To December 31, 2023: <ul style="list-style-type: none"> <li>• 91022 – Muscle-Specific Tyrosine Kinase Antibody (MUSK AB)</li> <li>• 91861 – Voltage-Gated Calcium Channel Antibody (VGCC AB)</li> <li>• 90791 – Pneumocystis Jirovecii Pneumonia (PJP) By NAAT</li> <li>• 93051 – Cytogenetic Analysis/FISH, Single Probe is extended</li> <li>• 93052 – Cytogenetic Analysis/FISH, Subtelomeric Probe</li> <li>• 93053 – Cytogenetic Analysis/FISH, Uncultured Amniotic</li> <li>• 90647 – Trichomonas Vaginalis (TV) Detection By NAAT Urine or Swab</li> <li>• 90648 – GC/CT Detection By NAAT Urine or Swab</li> <li>• 90649 – GC/CT/TV Detection By NAAT Urine or Swab</li> <li>• 90784 – Trichomonas Antigen Test</li> <li>• 92278 – Thiopurine Methyltransferase (TPMT)</li> </ul> </li> <li>• To April 30, 2024: <ul style="list-style-type: none"> <li>• 93047 – Immunoglobulin Heavy Chain Variable Region Somatic Hyper Mutational Status</li> </ul> </li> <li>• To May 31, 2024: <ul style="list-style-type: none"> <li>• 90752 – ID Microorganisms MALDI-TOF-MS/Non-Stool Specimen</li> </ul> </li> <li>• To August 31, 2024: <ul style="list-style-type: none"> <li>• 91761 – Helicobacter Pylori Stool Antigen (HPSA)</li> </ul> </li> <li>• To October 31, 2024: <ul style="list-style-type: none"> <li>• 96292 – CUAET Venepuncture and dispatch of specimen to laboratory, when no other blood work performed</li> <li>• 96293 – CUAET HIV Screen</li> <li>• 96294 – CUAET Syphilis Screen</li> <li>• 96295 – CUAET HIV Confirmatory Test</li> <li>• 96296 – CUAET Syphilis Confirmatory Test</li> </ul> </li> <li>• To December 31, 2024: <ul style="list-style-type: none"> <li>• 90836 – Congenital Cytomegalovirus PCR tests (cCMV)</li> </ul> </li> <li>• To August 31, 2025: <ul style="list-style-type: none"> <li>• 90753 – ID Microorganisms MALDI-TOF-MS/Stool Specimen</li> <li>• 90811 – Gastrointestinal Pathogen Multiples (GPMP)&amp; Culture</li> <li>• 90656 – C. Difficile Toxin, Real Time PCR</li> <li>• 90751 – Molecular Identification, Stool Isolate</li> </ul> </li> <li>• To December 31, 2025: <ul style="list-style-type: none"> <li>• 91628 – Fecal Calprotectin (FC) extended</li> </ul> </li> </ul>
LSA2022-020	<p><b>Effective January 1, 2023, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <ul style="list-style-type: none"> <li>• For fee item P90811 – Gastrointestinal pathogen Multiplex panel (GPMP) and Selective Culture (SC): <ol style="list-style-type: none"> <li>i. Change the fee item name to Infectious Diarrhea Panel (IDP)</li> <li>ii. Remove billing note (i) restricting the fee item to Vancouver Island Health Authority (VIHA) only</li> <li>iii. Remove the reference to VIHA in billing note (ii)</li> <li>iv. Remove the reference to 90655 in billing note (ii) and maintain all other fee items listed</li> <li>v. Add fee items 90715, P90753, 90800, 90810 to the list of fee items not payable with P90811 in billing note (ii)</li> </ol> </li> </ul>



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	<ul style="list-style-type: none"> <li>vi. Add the following billing note: Only billable once per 7-day period</li> <li>• For fee item 90800 – Stool examination, concentration methods: <ul style="list-style-type: none"> <li>i. Change billing note (i) to: Not billable with 90805 and P90811</li> <li>ii. Remove the reference to VIHA in billing note (ii)</li> <li>iii. Change billing note (ii) to Testing restricted to: <ul style="list-style-type: none"> <li>- Recent (within 6 months) immigrants, refugees, and travelers from low to middle income countries</li> <li>- Severely immunocompromised patients</li> </ul> </li> </ul> </li> <li>• For fee item 90810 – Stool examination, search for amoebae and/or permanent stain smear: <ul style="list-style-type: none"> <li>i. Change billing note (i) to: Not billable with 90805 and P90811</li> <li>ii. Remove the reference to VIHA in billing note (ii)</li> <li>iii. Change billing note (ii) to Testing restricted to: <ul style="list-style-type: none"> <li>- Recent (within 6 months) immigrants, refugees, and travelers from low to middle income countries</li> <li>- Severely immunocompromised patients</li> </ul> </li> <li>iv. Add billing note: 90810 is not payable with P90811</li> </ul> </li> <li>• For fee item 90630 – C. difficile toxin, immunological method: <ul style="list-style-type: none"> <li>i. Change billing note to 90630 not to be performed on formed stool and not billable with P90656 or P90811</li> </ul> </li> <li>• Delist fee item 90655 – Clostridium difficile toxin (tissue culture method)</li> <li>• For fee item P90656 – C. difficile, real time PCR <ul style="list-style-type: none"> <li>i. Change billing note (i) to: Not billable with 90630 or P90811</li> </ul> </li> <li>• For the following fee items, add billing note: Not billable with P90811 <ul style="list-style-type: none"> <li>i. 90715 – Rotavirus Antigen</li> <li>ii. 90725 – Serological identification of bacterial micro-organism</li> <li>iii. 90745 – Stool Culture</li> <li>iv. 90750 – Biochemical identification of micro-organism in stool</li> <li>v. P90751 Molecular identification, stool isolate</li> <li>vi. P90753 Identification of microorganisms via MALDI-TOF-MS, in stool specimen</li> </ul> </li> </ul>
LSA2022-041	<p><b>Effective December 31, 2022, 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 P90837 – Novel Coronavirus Disease 2019 (COVID-19 or 2019-nCov) Test to December 31, 2023</li> <li>• Extend the provisional (P) status of fee item P91163 – IgG anti-deamidated gliadin peptide (anti-DGP) antibodies to December 31, 2023</li> </ul>
LSA2022-040	<p><b>Effective November 20, 2022, 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 P93081 – MYD88 L256 Gene Mutation Analysis to November 19, 2023</li> </ul>
LSA2022-034	<p><b>Effective November 1, 2022, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <p>Provisional status is removed for fee items:</p> <ul style="list-style-type: none"> <li>• P93048 – Telomere Length Testing for Telomere Biology Disorders 2-panel assay, byflow cytometry – fluorescent in-situ hybridization</li> </ul>

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	<ul style="list-style-type: none"> <li>• P93049 – Telomere Length Testing for Telomere Biology Disorders 6-panel assay, byflow cytometry – fluorescent in-situ hybridization.</li> </ul> <p>Amend billing note (i) for both fee item P93048 and P93049 to read as follows:</p> <ul style="list-style-type: none"> <li>• Payable only when requested by a Clinical Hematologist or Medical Geneticist</li> </ul>
LSA2023-003	<p><b>Effective October 1, 2022, the test menu of the BC Children’s Hospital’s Newborn Screening Laboratory of the BC Newborn Screening Program is amended to include screening tests for the following disorders, as insured benefits in British Columbia for all newborn babies:</b></p> <ul style="list-style-type: none"> <li>a) Severe Combined Immune Deficiency (SCID)</li> <li>b) Biotinidase Deficiency and Spinal Muscular Atrophy (SMA)</li> </ul> <ul style="list-style-type: none"> <li>• Provincial Health Services Authority (PHSA), through Perinatal Services BC, is responsible for providing access to and funding for this testing from its global operating budget.</li> </ul>
LSA2022-033	<p><b>Effective October 1, 2022, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <p>Addition of fee item P96296 CUAET Syphilis Confirmatory Test, at a fee of \$21.00</p> <p><i>Notes:</i></p> <ul style="list-style-type: none"> <li>• Only payable for eligible immigrants with appropriate immigration documentation under the Canada-Ukraine Authorization Emergency Travel (CUAET) program.</li> <li>• Referring practitioner must be on the list of Panel Physicians approved by Immigration, Refugees and Citizenship Canada (IRCC).</li> <li>• 96296 CUAET Syphilis Confirmatory Test is only payable after a positive CUAET Syphilis Screen (96294).</li> <li>• Should only be performed once in a lifetime.</li> <li>• Billing restricted to the BC Centre of Disease Control Public Health Laboratory.</li> </ul>
LSA2022-032	<p><b>Effective October 1, 2022, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <p>Addition of fee item P96295 CUAET HIV Confirmation Test, at a fee of \$118.00</p> <p><i>Notes:</i></p> <ul style="list-style-type: none"> <li>• Only payable for eligible immigrants with appropriate immigration documentation under the Canada-Ukraine Authorization Emergency Travel (CUAET) program.</li> <li>• Referring practitioner must be on the list of Panel Physicians approved by Immigration, Refugees and Citizenship Canada (IRCC).</li> <li>• 96295 CUAET HIV Confirmatory Test is only payable after a positive CUAET HIV Screen (96293).</li> <li>• Should only be performed once in a lifetime.</li> <li>• Billing restricted to the BC Centre of Disease Control Public Health Laboratory.</li> </ul>
LSA2022-031	<p><b>Effective October 1, 2022, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <p>Addition of fee item P96294 CUAET Syphilis Screen, at a fee of \$20.14</p> <p><i>Notes:</i></p> <ul style="list-style-type: none"> <li>• Only payable for eligible immigrants with appropriate immigration documentation under the Canada-Ukraine Authorization Emergency Travel (CUAET) program.</li> <li>• Referring practitioner must be on the list of Panel Physicians approved by Immigration,</li> </ul>

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	<p>Refugees and Citizenship Canada (IRCC).</p> <ul style="list-style-type: none"> <li>• Should only be performed once in a lifetime.</li> <li>• Billing restricted to the BC Centre of Disease Control Public Health Laboratory.</li> </ul>
LSA2022-030	<p><b>Effective October 1, 2022, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <p>Addition of fee item P96293 CUAET HIV Screen, at a fee of \$23.71.</p> <p><i>Notes:</i></p> <ul style="list-style-type: none"> <li>• Only payable for eligible immigrants with appropriate immigration documentation under the Canada-Ukraine Authorization Emergency Travel (CUAET) program.</li> <li>• Referring practitioner must be on the list of Panel Physicians approved by Immigration, Refugees and Citizenship Canada (IRCC).</li> <li>• Should only be performed once in a lifetime.</li> <li>• Billing restricted to the BC Centre of Disease Control Public Health Laboratory.</li> </ul>
LSA2022-029	<p><b>Effective October 1, 2022, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <p>Addition of fee item P96292 CUAET venepuncture and dispatch of specimen to laboratory, when no other blood work performed, at a fee of \$7.65.</p> <p><i>Notes:</i></p> <ul style="list-style-type: none"> <li>• Only payable for eligible immigrants with appropriate immigration documentation under the Canada-Ukraine Authorization Emergency Travel (CUAET) program.</li> <li>• Referring practitioner must be on the list of Panel Physicians approved by Immigration, Refugees and Citizenship Canada (IRCC).</li> <li>• Where a blood specimen is taken by a laboratory and dispatched to another unassociated laboratory, the original laboratory may charge 96292 only when it does not perform another laboratory procedure using blood collected at the same time.</li> <li>• The venepuncture and dispatch listings apply only to those situations where this sole service is provided by a facility or person not associated with any other blood work services provided to that patient. Fee item 96292 cannot be billed or paid to an operator if any other blood work assays are performed or if the specimen is sent to an associated facility.</li> </ul>
LSA2022-022	<p><b>Effective November 1, 2022, 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 P90647 – Trichomonas vaginalis (TV) detection by NAAT – urine or swab to October 31, 2023</li> <li>• Extend the provisional (P) status of fee item P90648 – Gonorrhea/Chlamydia trachomatis (GC/CT) detection by NAAT – urine or swab to October 31, 2023</li> <li>• Extend the provisional (P) status of fee item P90649 – Gonorrhea/Chlamydia trachomatis/Trichomonas vaginalis (GC/CT/TV) detection by NAAT – urine or swab to October 31, 2023</li> <li>• Extend the provisional (P) status of fee item P90784 – Trichomonas Antigen Test to October 31, 2023</li> <li>• Extend the provisional (P) status of fee item P92278 – Thiopurine Methyltransferase (TPMT) phenotype testing to October 31, 2023</li> <li>• Extend the provisional (P) status of fee item P93047 – Immunoglobulin heavy chain variable region somatic hyper-mutational status (IGHV-MA) to October 31, 2023</li> </ul>

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LSA2022-018	<p><b>Effective August 1, 2022, 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 P91761 – Helicobacter pylori stool antigen (HPSA) to July 31, 2023</li> </ul>
LSA2022-017	<p><b>Effective August 1, 2022, 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 P90751 – Molecular Identification, Stool Isolate to July 31, 2023</li> <li>Extend the provisional (P) status of fee item P90656 – C. Difficile toxin, real time PCR to July 31, 2023</li> </ul>
LSA2022-016	<p><b>Effective August 1, 2022, 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 P93051 – Cytogenetic Analysis/fluorescence in situ hybridization (FISH), single probe to July 31, 2023</li> <li>Extend the provisional (P) status of fee item P93052 – Cytogenetic Analysis/fluorescence in situ hybridization (FISH), subtelomeric probe to July 31, 2023</li> <li>Extend the provisional (P) status of fee item P93052 – Cytogenetic Analysis/fluorescence in situ hybridization (FISH), uncultured amniotic fluid to July 31, 2023</li> </ul>
LSA2022-013	<p><b>Effective July 16, 2022, 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 P91628 – Fecal Calprotectin (FC) to July 16, 2023</li> </ul>
LSA2022-012	<p><b>Effective July 31, 2022, 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 P90836 – Congenital Cytomegalovirus PCR tests (cCMV) to July 31, 2023</li> </ul>
LSA2022-011	<p><b>Effective June 30, 2022, 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 P90791 – Pneumocystis Jirovecii Pneumonia (PJP) by NAAT to June 30, 2023</li> </ul>
LSA2022-006	<p><b>Effective June 30, 2022, 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, 2023</li> </ul>
LSA2022-005	<p><b>Effective June 1, 2022, 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 P91022 – Muscle-specific Tyrosine Kinase Antibody (MuSK Ab) to June 1, 2023</li> <li>Extend the provisional (P) status of fee item P91861 – Voltage-gated Calcium Channel Antibody (VGCC Ab) to June 1, 2023</li> </ul>

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LSA2022-004	<p><b>Effective April 1, 2022, the Laboratory Services Outpatient Payment Schedule is amended as follows</b></p> <ul style="list-style-type: none"> <li>• Removal of fee item 91631 – Fat, microscopic examination – feces</li> <li>• Renaming of fee item 91636 - Fat, balance 3 day – feces to 91636 - Fat, fecal – timed collection</li> </ul>
LSA2022-003	<p><b>Effective April 1, 2022, 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, 2023</li> <li>• Extend the provisional (P) status of fee item P90753 – Identification of microorganisms via MALDI-TOF-MS in stool specimen to March 31, 2023</li> </ul>
LSA2021-017	<p><b>Effective December 31, 2021, 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 P91163 – IgG anti-deamidated gliadin peptide (anti-DGP) antibodies to December 31, 2022</li> <li>• Extend the provisional (P) status of fee item P90837 – novel coronavirus disease 2019 (COVID-19 or 2019-nCoV) test to December 31, 2022</li> </ul>
LSA2021-016	<p><b>Effective November 19, 2021, 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 P93081 – MYD88 L256 gene mutation analysis to November 19, 2022</li> </ul>
LSA2021-015	<p><b>Effective October 31, 2021, 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 P90647 – Trichomonas vaginalis (TV) detection by NAAT – urine or swab to October 31, 2022</li> <li>• Extend the provisional (P) status of fee item P90648 – Gonorrhea/Chlamydia trachomatis (GC/CT) detection by NAAT – urine or swab to October 31, 2022</li> <li>• Extend the provisional (P) status of fee item P90649 – Gonorrhea/Chlamydia trachomatis/Trichomonas vaginalis (GC/CT/TV) detection by NAAT – urine or swab to October 31, 2022</li> <li>• Extend the provisional (P) status of fee item P90784 – Trichomonas Antigen Test to October 31, 2022</li> <li>• Extend the provisional (P) status of fee item P92278 – Thiopurine Methyltransferase (TPMT) phenotype testing to October 31, 2022</li> <li>• Extend the provisional (P) status of fee item P93047 – Immunoglobulin heavy chain variable region somatic hyper-mutational status (IGHV-MA) to October 31, 2022</li> <li>• Extend the provisional (P) status of fee item P93048 – Telomere Length testing for Telomere Biology Disorders 2-panel to October 31, 2022</li> <li>• Extend the provisional (P) status of fee item P93049 – Telomere Length testing for Telomere Biology Disorders 6-panel to October 31, 2022</li> </ul>
LSA2021-009	<p><b>Effective July 31, 2021, 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 P93051 – Cytogenetic analysis/fluorescence in situ hybridization (FISH), single probe to July 31, 2022</li> <li>• Extend the provisional (P) status of fee item P93052 – Cytogenetic analysis/fluorescence</li> </ul>

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	<p>in situ hybridization (FISH), subtelomeric probe to July 31, 2022</p> <ul style="list-style-type: none"> <li>• Extend the provisional (P) status of fee item P93053 – Cytogenetic analysis/fluorescence in situ hybridization (FISH), uncultured amniotic fluid to July 31, 2022</li> <li>• Extend the provisional (P) status of fee item P91761 – Helicobacter pylori stool antigen (HPSA) to July 31, 2022</li> <li>• Extend the provisional (P) status of fee item P90836 – Congenital Cytomegalovirus PCR tests (cCMV) to July 31, 2022</li> <li>• Extend the provisional (P) status of fee item P90751 – Molecular identification, stool isolate to July 31, 2022</li> <li>• Extend the provisional (P) status of fee item P90656 – C. difficile toxin, real time PCR to July 31, 2022</li> </ul>
LSA2021-008	<p><b>Effective July 16, 2021, 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 P91628 – Fecal Calprotectin (FC) to July 16, 2022</li> </ul>
LSA2021-007	<p><b>Effective June 30, 2021, 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 P90791 – Pneumocystis Jirovecii Pneumonia (PJP) by NAAT to June 30, 2022</li> <li>• Extend the provisional (P) status of fee item P90811 – Gastrointestinal pathogen multiplex panel (GPMP) and selective culture (SC) to June 30, 2022</li> </ul>
LSA2021-006	<p><b>Effective June 1, 2021, 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 P91022 – Muscle-specific Tyrosine Kinase Antibody (MuSK Ab) to June 1, 2022</li> <li>• Extend the provisional (P) status of fee item P91861 – Voltage-gated Calcium Channel Antibody (VGCC Ab) to June 1, 2022</li> </ul>
LSA2021-004	<p><b>Effective April 1, 2021, 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, 2022</li> <li>• Extend the provisional (P) status of fee item P90753 – Identification of microorganisms via MALDI-TOF-MS in stool specimen to March 31, 2022</li> </ul>
LSA2020-018	<p><b>Effective October 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 P93048 – Telomere Length testing for Telomere Biology Disorders 2-panel to October 31, 2021</li> <li>• Extend the provisional (P) status of fee item P93049 – Telomere Length testing for Telomere Biology Disorders 6-panel to October 31, 2021</li> <li>• Extend the provisional (P) status of fee item P92278 – Thiopurine Methyltransferase (TPMT) phenotype testing to October 31, 2021</li> <li>• Extend the provisional (P) status of fee item P93047 – Immunoglobulin heavy chain variable region somatic hyper-mutational status (IGHV-MA) to October 31, 2021</li> <li>• Extend the provisional (P) status of fee item P93081 – MYD88 L256 gene mutation analysis to November 19, 2021</li> </ul>



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	<ul style="list-style-type: none"> <li>• Extend the provisional (P) status of fee item P91163 – IgG anti-deamidated gliadin peptide (anti-DGP) antibodies to December 31, 2021</li> <li>• Extend the provisional (P) status of fee item P90837 – novel coronavirus disease 2019 (COVID-19 or 2019-nCoV) test to December 31, 2021</li> </ul>
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> <ul style="list-style-type: none"> <li>• Add the provisional (P) fee item P90837 – novel coronavirus disease (COVID-19 or 2019-</li> </ul>



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	nCov) test at a fee of \$26.73
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> <p>Extend the provisional (P) status of fee item 91163 – IgG anti-deamidated gliadin peptide (anti-DGP) antibodies to December 31, 2020.</p>
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>
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</li> </ul>

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	<p>by NAAT to October 31, 2021</p> <ul style="list-style-type: none"> <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.</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> <ul style="list-style-type: none"> <li>• <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</li> </ul>
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> <ul style="list-style-type: none"> <li>• <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.</li> </ul>
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.</p>

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	Testing is restricted to Vancouver General Hospital's Cytogenetics Laboratory and should only be performed once in a lifetime
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> <p>90121 is only payable after a positive ANA screen by immunofluorescence (90280) or enzyme immunoassay (90281)</p>
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>

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	<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> <ul style="list-style-type: none"> <li>• Extend the provisional (P) status of fee item 90811 – Gastrointestinal Pathogen Multiplex Panel (GPMP) and Selective Culture (SC) to June 30, 2020</li> </ul>
LSA2019-011	<p><b>Effective July 17, 2019, addition of Fecal Calprotectin testing to the Laboratory Services Outpatient Payment Schedule</b></p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>
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> </ul> <p>The addition of language regarding Laboratory Services Agreements</p>
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	<ul style="list-style-type: none"> <li>• <b>Rescinded (refer to LSA2019-029)</b></li> </ul>
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>

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	<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	<p><b>Effective November 22, 2018, the BC Guideline Thyroid Function Testing in the Diagnosis and Monitoring of Thyroid Function Disorder is adopted.</b></p>
LSA2018-022	<p><b>Rescinded (refer to LSA2019-013)</b></p>
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</b></p>

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	<p><b>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 – Gonorrhea/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> <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</p> <p>90652 – Chlamydia trachomatis using NAAT – swab</p> <p>90653 – Gonorrhea by NAAT - urine</p> <p>90654 – Gonorrhea by NAAT – swab</p> <p>Amend billing notes for</p>



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	<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>
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</p> <p>90281 – Antinuclear antibodies by sensitive EIA from \$17.76 to \$16.24</p> <p>90120 – Extractable Nuclear Antigens from \$30.60 to \$24.99</p> <p>90121 – Antinuclear antibodies – specific detection by multiplex immunoassay from \$27.65 to \$38.64</p> <p>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</p>



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	prescribing thiopurine medications, and to patients with active inflammatory bowel disease and/or adverse effects thought to be due to thiopurine toxicity.
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>
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	<b>Rescinded (refer to LSA2018-003)</b>
LSA2017-023	<b>Repatriation of infliximab and anti-infliximab antibody testing from Alberta to British Columbia</b>

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	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).
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>
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	<b>Addition of new Provisional (P) fee item P90811 – Gastrointestinal pathogen multiplex</b>

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	<p><b>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> <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, ROD LSA2016-010: Delisting Aspartate aminotransferase (AST) has been rescinded.</p> <p>This Record of Decision (ROD) rescinds the June 15, 2016 ROD LSA2016-010</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>

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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>
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>Rescinded (refer to LSA2018-003)</b></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</p> <p>P90281 Antinuclear antibodies by sensitive EIA</p> <p>P90120 Extractable nuclear antigens (ENA)</p> <p>P90121 Antinuclear antibodies, specific detection by multiplex immunoassay</p> <p>P90286 Liver autoantibodies (LiAA), immunofluorescence</p> <p>P90287 Anti-neutrophil cytoplasmic antibodies (ANCA), immunofluorescence screen</p> <p>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>

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	<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>
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>