bulletin

Ontario

Bulletin number	Date	Direct Inquiries to
4296	November 29, 1996	Ministry of Health Processing Office
Distribution Physicians, Hospitals, Clinics, Laboratories and Independent Health Facilities		*(address below)*

Subject

1. ERRATA IN THE MINISTRY OF HEALTH SCHEDULE OF BENEFITS FOR LABORATORY SERVICES OF NOVEMBER 1, 1996

2. URINE SCREEN TESTS FOR DRUGS OF ABUSE GUIDELINES AND BILLING IMPLICATIONS

3. IMMUNOHEMATOLOGY CODE AND PREAMBLE CHANGES

NOTE:

The Laboratory Licensing and Inspection Service will contact you if the changes outlined in this Bulletin affect your licensed test menu.

With the changes outlined below, the Schedule of Benefits for Laboratory Services will be effective December 1, 1996.

1. ERRATA

The following errata have been detected in the Schedule of Benefits for Laboratory Services dated November 1, 1996.

Page	Currently	Should be
8	Blood gases (see listings on page 7)	Blood gases (see listings on pages 11-12)
17	L445 Protamine Time	L445 Prothrombin Time
18	L576 LMS 60 units	L576 LMS 30 units

Office locations

Barrie
30 Poyntz St.
L4M 3P2

Hamilton
119 King St. W
P.O. Box 2280, Stn. A
L8N 4C8

Kenora
21 Sylvan St.
P9N 3W7

Kingston
1055 Princess St.
P.O. Box 9000
K7L 5A9

Kitchener
Canada Life Square
Main Floor
235 King St. E.,
N2G 4N5

London
217 York St., 5th Floor
P.O. Box 5700
Terminal A
N6A 4L6

Mississauga
201 City Centre Dr.
P.O. Box 7020,Stn. A
L5A 3M1

Oshawa
Exec. Tower, Osh. Ctre.
419 King St. W.
P.O. Box 635 L1H 8L4

Ottawa
Fuller Building
75 Albert Street
K1P 5Y9

Owen Sound
981 2nd Avenue E.
N4K 2H5

Peterborough
550 Lansdowne St. W.
K9J 8J8

St. Catharines
59 Church St.
3rd Floor
L2R 3C3

Sarnia
452 Christina St. N.
N7T 5W4

Sault Ste. Marie
111A Great Northern R
2nd Floor
P6B 4Y9

Sudbury
199 Larch St., Suite 801
P3E 5R1

Thunder Bay
435 James St. S.
Suite 222, P7E 6E3

Timmins
38 Pine St. N., 101 Mall,
Ste. 110 P4N 6K6

Toronto
2195 Yonge St. at
Eglinton, P.O. Box 1700
Stn. A M5W 1G9

Windsor
1427 Ouellette Ave.
N8X 1K1

Head Office
P.O. Box 38
Kingston, Ont.
K7L 5J2

0442–84 (95/07)

2. URINE SCREENING TESTS FOR DRUGS OF ABUSE SCHEDULE OF BENEFITS CHANGES

a) L073 Target Drug Testing, Urine, Qualitative or Quantitative — LMS value 17 units

replaces

L073 Cannabinoid — LMS value 35 units

b) L078 Drugs of Abuse Screen, Urine — LMS value 68 units

replaces

L078 Drug Screen — LMS value 20 units

c) L079 Broad Spectrum Toxicology Screen, Urine - includes confirmatory testing — LMS value 72 units

replaces

L079 Drug Screening with Chromatographic confirmation — LMS value 75 units

d) The following test codes have been deleted. Test requests for them are to be included in the revised L073 Target Drug Testing, Urine code.

L007 Alcohols, Qualitative
L025 Barbiturates, Qualitative
L163 Methadone
L164 Morphine
L214 Propoxyphene

e) L027 Barbiturates, Fractionation and Quantification (serum) - includes other drugs requiring similar methodology; e.g., tricyclic antidepressants — LMS value 60 units

replaces

L027 Barbiturates, Fractionation and Quantification — LMS value 60 units

f) **Billing changes related to Urine Screening**

L Code	Test	LMS Value	Maximum Billable	Maximum Value Billable
L073*	**Target Drug Testing, Urine, qualitative or quantitative** - to include testing for specific drugs of abuse, e.g. alcohol, qualitative opiates/morphine cocaine cannabinoids benzodiazepines methadone barbiturates, qualitative **Not to be billed with L078 or L079**	17 units	4	68 units
L078*	**Drugs of Abuse Screen, Urine** - to include, at a minimum: opiates/morphine cocaine cannabinoids benzodiazepines barbiturates **Not to be billed with L073 or L079**	68 units	N/A	68 units
L079*	**Broad Spectrum Toxicology Screen, Urine** Will also include any confirmatory testing when requested. **Not to be billed with L073 or L078**	72 units	N/A	72 units

* Weekly maximum (seven calendar days) not to exceed 144 units for any combination of L073, L078 and L079.

Providers are referred to the Ontario Association of Medical Laboratories *"Guidelines for the Use of Urine Screening Tests for Drugs of Abuse"*.

g) L006 Alcohol, Ethyl, Quantitative - change LMS units from 43 units to 25 units.

h) L007 Alcohols, Qualitative
L025 Barbiturates, Qualitative
L163 Methadone
L164 Morphine
L214 Propoxyphene

The above noted L codes have been deleted and test requests for them are to be included in L073 Target Drug Testing, Urine, qualitative or quantitative.

3. IMMUNOHEMATOLOGY TEST CODE AND PREAMBLE CHANGES

Effective December 1, 1996, the following changes have been made to the Immunohematology test codes on pages 17 and 18, and to the Preamble on pages 4 and 5 of the Schedule of Benefits.

Test Codes

L472	delete	
L471	Revise to read: "Antibody identification, per specimen."	45 units
L481	Revise to read: "Antibody Titre per antibody, per specimen. To be claimed only if L471 yields a positive identification."	15 units
L473	Revise to read: "Parallel Titration on two specimens to include confirmation of previously detected antibody." (see Preamble, paragraph 17b)	75 units
L482	Unchanged	
L490	Revise to read: "Blood Group - ABO and RhD." (see Preamble, paragraph 17c)	18 units
L492	Revise to read: "Crossmatch per unit of blood." (see Preamble, paragraph 17d)	10 units
L493	Revise to read: "Blood Group - ABO and Rh Phenotype." (see Preamble, paragraph 17e)	40 units
L494	Revise to read: "Blood Group per antigen." (see Preamble, paragraph 17f)	8 units
L495	Revise to read: "Direct Anti-Human Globulin Test." (see Preamble, paragraph 17g)	4 units

Preamble

Since L472 has been deleted, section 17 of the Preamble (pages 4 and 5) should read as follows:

17 (a) L471 Antibody identification fee is per specimen regardless of method used. Preparation of eluate and/or antibody absorption is included.

(b) L473 Parallel Titration - To be used when two sequential patient serum specimens are tested to detect a change in antibody titre. Includes a repeat antibody identification on the current sample.

(c) L490 Blood Group - ABO and RhD. The subgroups of A and weak RhD phenotype are included where indicated. A direct AHGT is also included in L490, therefore L495 may not be claimed on the same patient when this code is claimed.

(d) L492 Crossmatch. When an initial crossmatch is requested, the appropriate claims is for L490 x 1, L482 x 1 plus L492 for each unit ordered. L490 and L482 may not be claimed more than once on the same day of service. L490 and L493 may not be claimed when these procedures are carried out as a confirmatory test on the units of blood to be transfused.

(e) L493. This code includes L490 [see Preamble para. 17(c)] and Rh phenotype as well as antigens C, D, E, c, e and weak RhD phenotype when indicated. Any other antigen is to be claimed under code L494.

(f) L494 Blood group per antigen. Antigens stated in L490 and L493 are excluded from this code.

(g) L495 Direct AHGT - can be used when ordered as a single procedure, or in addition to L482 when the latter is requested as a single procedure. L495 may not be claimed when L490 or L493 is claimed with L482 on the same patient, on the same visit.