To: All Physicians, Hospitals, Clinics and Laboratories  
Published By: Diagnostic Services and Planning Branch  
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Bulletin #: 4593  
Re: Amendments to Laboratory Requisition Form #4422-84 and Supplementary Information regarding Bulletin #4584 - Laboratory Test Utilization Management Changes to the Schedule of Benefits – Laboratory Services

I. Removal of Creatine Kinase (CK) and Chloride from the Laboratory Requisition:

The Laboratory Requisition (Form #4422-84) has been amended to remove the following tests from the check box menu:

- Creatine Phosphokinase (CK)
- Chloride

The revised Laboratory Requisition should be utilized effective January 1, 2013.

These tests will remain OHIP-insured services with a physician’s or nurse practitioner’s written request in the “Other Tests” section of the form. Therefore, their removal will not impact patients.

The Schedule of Benefits – Laboratory Services (SOB-LS) fee codes for these tests remain as follows:

- L066 – Creatine Phosphokinase – 5 LMS units
- L053 – Chloride - 5 LMS units

The newly amended form is available electronically at: Laboratory Requisition Form.
II. Supplementary Information regarding Bulletin #4584 - Laboratory Test Utilization Management Changes to the Schedule of Benefits – Laboratory Services:

Bulletin #4584 explains conditions for OHIP eligibility for SGOT(AST), RBC and Serum folate tests.

An authorized healthcare practitioner may request an insured AST, RBC or Serum folate by writing the test name in the “Other Tests” section of the requisition. These tests will be considered insured where they meet the prescribed conditions:

Conditions for OHIP eligibility for SGOT(AST), RBC and Serum folate tests:

- L222 SGOT (AST) is only insured for insured persons when ordered by or on the advice of a physician with expertise in hepatic disorders.

- L308 Serum folate is only insured for insured persons when ordered by or on the advice of a physician with expertise in hematological or gastrointestinal disorders.

- L309 RBC (red blood cell) folate is only insured for insured persons with the following conditions,
  a) low hemoglobin levels and a high mean corpuscular volume; or
  b) suspected gastrointestinal disorders causing malabsorption or suspected malnutrition of any cause

Authorized healthcare practitioners may request tests that do not meet the conditions for OHIP insurability. If the test is not an insured test, practitioners must write “uninsured” beside the test name in the “Other Tests” section of the requisition. e.g. “AST uninsured”. The patient will be responsible for payment. It is the responsibility of the authorized healthcare practitioner to inform the patient when the test is ordered that the test is not an insured service and that the patient will be expected to pay for the service.

Please refer to INFOBulletin #4584 for more details.