



Ministry of
Health

PREAMBLE

To the Laboratory Services Outpatient

PAYMENT SCHEDULE

*Fee-For-Service Outpatient Laboratory Services in
British Columbia*

As of October 1, 2015



PREAMBLE

To the Laboratory Services Outpatient

PAYMENT SCHEDULE

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Chapter 1	Introduction	Issued: October 1, 2015 Updated:
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INTRODUCTION

Purpose of the Payment Schedule

The Laboratory Services Outpatient Payment Schedule is issued by the Minister of Health under the authority of the [Laboratory Services Act](#) (the "Act") for use by operators of approved laboratory facilities in British Columbia. The Payment Schedule is effective as of October 1, 2015.

The Payment Schedule applies to the provision of insured outpatient services in approved laboratory facilities receiving payment on a [Fee-for-Service](#) (FFS) basis. The Payment Schedule contains billing and payment detail for laboratory operators, a schedule of laboratory medicine fees, as well as limits and conditions on laboratory benefits approved for referring medical and health care practitioners.

The **Preamble** within the Payment Schedule complements the **Schedule of Fees** (Sections One through Seven), including Notes found within each Section by sub-discipline. The intention is that, together, the Preamble and Notes will assist operators in billing for insured outpatient laboratory services. If there is an inadvertent conflict between a fee item description in the Schedule of Fees and information in the Preamble, the interpretation of the fee item description in the Schedule of Fees shall prevail.

The Schedule of Fees and associated fee item values are approved by the minister and are payable to operators of approved laboratory facilities on a FFS basis for insured outpatient laboratory medical services provided to beneficiaries enrolled with the [Medical Services Plan](#) (MSP).

Legislation and Policy

The *Laboratory Services Act* empowers the Minister of Health as being responsible for the administration and provision of benefits under the Act. The Act replaces the provisions for laboratory services as benefits administered under the [Hospital Insurance Act](#) and the [Medicare Protection Act](#).

The Act establishes a relationship between the minister and providers (operators) for the provision of laboratory services in British Columbia. In addition, the statute provides the Minister of Health with the authority to set outpatient laboratory fees and to determine the amount of all fees.

The Payment Schedule functions as the primary claim processing and payment policy document for insured FFS outpatient laboratory services in British Columbia. The Payment Schedule is maintained by the Laboratory, Diagnostic and Blood Services Branch of the Ministry of Health, and will be reviewed and updated as required based on best evidence and consultation with stakeholders.

Components of the Payment Schedule

The Laboratory Services Payment Schedule consists of a Preamble and a separate Schedule of Fees.

The **Preamble** includes:

- An Introduction for operators of approved laboratory facilities;
- A facility Operations and Administration chapter with billing and payment procedures, record keeping requirements, and service provisions;
- An introduction for operators to Laboratory Services and Fees;
- Information regarding Referring Medical and Health Care Practitioners, including limits and conditions on certain laboratory tests and services;
- A Glossary of Terms; and
- The Payment Schedule Index of Amendments.

The **Schedule of Fees** consists of the following sections by sub-discipline, and includes the respective fee item numbers (codes), test description, limits and conditions (Notes), and fee item value:

Section One: Hematology and Blood Bank Fee Items

Section Two: Microbiology Fee Items

Section Three: Chemistry Fee Items

Section Four: Cytogenetics Fee Items

Section Five: Virology Fee Items

Section Six: Anatomic Pathology Fee Items

Section Seven: Other Fee Items



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Chapter 2	Laboratory Operators	Issued: October 1, 2015 Updated:
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LABORATORY OPERATORS

Introduction for Laboratory Operators

The [Laboratory Services Act](#) provides a single legislative framework governing the provision of laboratory services as benefits in British Columbia. Under the Act, a laboratory facility “operator” means:

- the owner;
- the person having responsibility for the daily operation of the laboratory facility;
- a regional health board or prescribed agency.

*Note: Agencies currently prescribed in the Laboratory Services Regulation as “operators” include:
 BC Cancer Agency Branch
 BC Centre for Disease Control and Prevention Society Branch
 Children’s & Women’s Health Centre of BC Branch
 Provincial Health Services Authority*

The person having responsibility for the daily operation of an approved laboratory facility could be the Medical Director or other person as designated by the operator. This Payment Schedule only applies to an “approved laboratory facility” as defined under the Act.

Fees Payable by the Minister of Health

A Schedule of Fees for laboratory operators is established by the Minister of Health under the authority of the *Laboratory Services Act*. The fees listed are the amounts payable by the minister for insured outpatient laboratory medicine benefits provided in approved laboratory facilities.

Under section 4 (1) of the Act, a laboratory service is a benefit if it is a medically required service provided through an approved laboratory facility, and by or under the supervision of a laboratory medicine physician (typically the Medical Director) or a prescribed person who is acting:

- at the request of a referring practitioner or a prescribed person (see *Chapter 5*), and
- in accordance with all applicable protocols approved by the minister.

Note: The minister has adopted by reference, applicable laboratory protocols found in the Guidelines and Protocols Advisory Committee (GPAC) clinical practice guidelines and may also adopt guidelines or protocols established by any person or body. GPAC is an advisory committee to the Medical Services Commission and has representatives from both the [Doctors of BC](#) and the Ministry of Health.

Non-medically necessary laboratory services requested by a third party or a referring practitioner are not insured and are not to be billed under this Payment Schedule. Services such as consultations and laboratory investigations, rendered solely in association with other services that are not insured under the [Medicare Protection Act](#), are also not considered benefits under the *Laboratory Services Act*, unless specified by the minister.

All benefits listed in the Schedule of Fees, except where specific exceptions are identified, must include the following as part of the service being claimed; payment to operators for these inherent components is included in the listed fees:

- Determination that the laboratory service is a benefit and the person to whom the laboratory service is provided is a beneficiary;
- Any inquiry, including review of medical records, necessary to arrive at an opinion as to the nature and/or history of the patient's condition;
- Appropriate care for the patient's condition, as specifically listed in the Schedule for the service and as traditionally and/or historically expected for the medically necessary service rendered;
- Professional support to referring medical and health care practitioners by the Laboratory Medicine physician;
- Discussion with and providing advice and information to the referring medical or health care practitioner as applicable regarding the patient's condition and recommended therapy, including advice regarding the results of any related medically necessary assessments, procedures and/or therapy which may be considered; and
- Making and maintaining an adequate medical record of the laboratory service that appropriately supports the fee item being claimed.

Fee-for-Service claims for laboratory services rendered in approved laboratory facilities must be submitted by operators using the [Teleplan](#) web-based telecommunication system and supported by the Claims Processing System at [Health Insurance BC](#) (HIBC). The minister will pay operator claims through approved remittance and payment processes, consistent with provisions of the *Laboratory Services Act* and the Payment Schedule.

Disputed Payments

Remittance statements issued by Health Insurance BC (HIBC) through the [Teleplan](#) telecommunications system should be reviewed carefully to reconcile all claims and payments made. Claims may have been adjusted in adjudication and explanatory codes should designate the reason(s) for any adjustments.

If an operator disagrees with an adjustment, the claim should be resubmitted to the minister through HIBC together with additional information for reassessment, consistent with Teleplan Specifications.

If required, the resubmitted claim will be reviewed and a recommendation will be provided by the Laboratory Operational Committee. Recommendations and supporting documentation are provided to the minister (or designate) for a final decision.

Payment Schedule Renewal Process

The Minister of Health has the statutory authority to set the fees that are payable for insured, medically required outpatient laboratory services provided to beneficiaries enrolled with the [Medical Services Plan \(MSP\)](#). A Schedule of Fees is contained within the Payment Schedule and lists the insured services (benefits) and fees paid to operators by the minister.

Any additions, deletions or other changes to the Payment Schedule or to individual fees are approved by the minister following a consultative process. If advances in technology, for example, result in improved and significantly different platform methodologies for existing approved tests, an application for a new or amended fee item must be submitted for approval using the prescribed process.

Key to the renewal process is a focus on quality improvement, innovation, sustainability of the laboratory system, and effective communication.

Laboratory Services

Some services listed in the outpatient Schedule of Fees may have associated fees or tests that are specifically intended to cover multiple services or may include payment for add-ons (IgA quantification, for example). Notes within the respective Schedule of Fees are explicit about the terms under which such add-ons are permitted.

Services not listed in the Schedule of Fees must not be billed to the minister under other listings. Operators must use the correct fee item codes when submitting claims. Outpatient Fee-for-Service claims are processed and adjudicated through Health Insurance BC (HIBC).

New fee items may be assigned a Provisional (P) status if approved on a provisional basis and awaiting further review; new fee items may be also assigned a Temporary (T) status which designates fee items approved on a temporary basis and awaiting further information. Prefixes to fee codes should not be submitted when billing.

Laboratory Medicine miscellaneous fee item 94999 has been added to the Schedule of Fees under Section Seven: Other Fee Items. This fee item relates to laboratory services not listed in the Payment Schedule that are:

- new medically necessary laboratory services generally considered to be accepted standards of care in the medical community currently and not considered experimental in nature, or
- for any medically required laboratory service for which the operator desires independent consideration to be given by the minister.

Claims submitted under miscellaneous fee code 94999 may be accepted for adjudication only if the following criteria are met:

- a prior estimate of an appropriate fee, with rationale for the level of that fee, is provided; and
- sufficient documentation and pre-approval of the laboratory services to substantiate the claim.

The laboratory services must be pre-approved prior to fee item 94999 being submitted for adjudication.

The minister, or designate, will review the fee estimate proposed and the supporting documentation, and by comparing the service provided with comparable laboratory services listed in the Payment Schedule, and other methods, will determine the level of compensation.

Medical Research and Experimental Medicine

Costs of laboratory procedures that are not benefits and are provided solely for the purposes of research or experimentation are not the responsibility of the minister. In the situation where procedures are part of a research study, only those costs related to routine and accepted medically necessary care of a patient are considered to be insured; additional services carried out specifically for research are deemed uninsured and not the responsibility of the minister.

New procedures and therapies not performed elsewhere and that involve a radical departure from the customary approaches to a medical problem are considered to be experimental medicine. Until new procedures, services and modalities are clinically validated by evidence based, peer reviewed studies and adopted by the medical community, they are experimental. Services related to such experimental medicine are not chargeable to the minister.

Associated costs for laboratory services related to complications of any treatment, including experimental medicine, are benefits under the Payment Schedule.

Applications to the minister for the introduction of any new fee items arising from medical research or experimental medicine would follow the established Payment Schedule renewal process.

Operator – Laboratory Physician Relationship

Under the *Laboratory Services Act*, the Minister of Health approves public and private operators for the provision of insured outpatient services in approved laboratory facilities. The minister in turn provides for payments to these operators for the provision of insured laboratory service benefits.

A “laboratory medicine physician” is defined in the Act as a medical practitioner registered with and authorized to practise in a prescribed specialty by the [College of Physicians and Surgeons of British Columbia](#). A laboratory service is a benefit if it is a medically required service provided through an approved laboratory facility, and by or under the supervision of a laboratory medicine physician.

Part 3 of the Laboratory Services Regulation further states that, for the purposes of the definition of a “laboratory medicine physician”, a medical practitioner must be authorized by the College of Physicians and Surgeons of British Columbia to practise in one or more of the following specialties, as recognized by the [Royal College of Physicians and Surgeons of Canada](#):

- general, anatomical or hematological pathology;
- medical biochemistry;
- medical genetics;
- medical microbiology;
- neuropathology.

Operators may only make claims for specialty-restricted fee items listed in the Schedule of Fees if the Laboratory Medicine physician providing clinical oversight for services provided is a Certificant or a Fellow of the Royal College of Physicians and Surgeons of Canada and recognized by the College of Physicians and Surgeons of British Columbia in that particular specialty.

Provisions of the [Health Professions Act](#) as well as standards of conduct enforceable by these Colleges applicable to a medical practitioner also apply to Laboratory Medicine physicians.



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Chapter 3	Facility Operations and Administration	<p>Issued: October 1, 2015</p> <p>Updated:</p>
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FACILITY OPERATIONS AND ADMINISTRATION

Laboratory Facilities and Services

The Minister of Health has prescribed certain outpatient services as **laboratory services** under the [Laboratory Services Act](#). The following are considered laboratory services for purposes of the Payment Schedule:

- the taking or collecting, or the analysis, of specimens for the purposes of preventing, diagnosing or treating human injury, disease or illness; or
- prescribed services, studies, or procedures of laboratory medicine as detailed in the Laboratory Services Schedule of Fees.

A service is *not* a laboratory service if the person receiving the service is entitled to have the service paid for on their behalf, or be reimbursed for the cost of the service, under the:

- *Insurance (Vehicle) Act*,
- *Workers Compensation Act*; or
- any of the Acts of Canada listed in the Laboratory Services Regulation (Part 4).

An operator of an approved laboratory facility must ensure that all operational requirements set out in the Laboratory Services Regulation are maintained in a manner deemed to be satisfactory by the minister. It is only upon issuance of an Approval can a facility be defined as an 'approved laboratory facility' under the Act.

An approved laboratory facility must first be accredited to a standard satisfactory to the minister for a facility to provide benefits and to bill a fee item. Performance standards established by the [Diagnostic Accreditation Program](#) (DAP) of the College of Physicians and Surgeons of BC have been adopted by the minister for accreditation of approved laboratory facilities under the Act.

For the purposes of this Payment Schedule, a **laboratory facility** means:

- a) that part of a hospital that provides outpatient laboratory services;
- b) a facility that provides outpatient laboratory services; or
- c) a specimen collection station associated with a hospital or facility.

Services rendered to hospital inpatients, "day surgery" patients, or emergency department patients are not payable by the minister under this Payment Schedule.

All non-laboratory Diagnostic Facility services are defined by the [Medicare Protection Act](#) and described in greater detail in the Medical Services Commission [Payment Schedule](#). Services provided at non-laboratory diagnostic facilities are out of scope for the Laboratory Services Payment Schedule.

Operator Payment Administration

The *Laboratory Services Act* provides for payment to facility operators, rather than to individual laboratory medicine physicians, for the provision of outpatient Fee-for-Service (FFS) insured laboratory services. To effect automated FFS payment to operators of approved laboratory facilities through the [Teleplan](#) telecommunications system, payment for services must first be assigned by a designated Laboratory Medicine physician (the *assignor*) to the respective facility or operator (the *assignee*).

All claims for laboratory services are submitted through Teleplan by the operator; claims are then adjudicated and payment amounts determined by the Claims Processing System at [Health Insurance BC](#) (HIBC). All FFS claims originating from the same facility or operator are submitted using a single [Medical Services Plan](#) (MSP) practitioner number (typically, the Medical Director's), in combination with the operator's MSP payee number.

An operator must keep the books, accounts and financial transactions of the approved laboratory facility in the form and manner required by the minister.

Reciprocal Claims

All Provinces and Territories, except Quebec, have entered into an agreement to pay for insured services, including outpatient laboratory medicine services, provided to residents of other provinces when a patient presents with a valid provincial health registration card. Reciprocal claims can be submitted electronically; details of this process may be obtained by contacting [Health Insurance BC](#) (HIBC).

Certain laboratory services listed below are exempt from this agreement, however, and are not benefits under the *Laboratory Services Act*. Payment for these non-insured procedures should be billed directly to the non-resident patient:

- Services to persons covered by other agencies; Armed Forces, WorkSafeBC, Department of Veterans Affairs, Correctional Services of Canada (Federal Penitentiaries);
- Services requested by a "Third Party";
- Genetic screening and other genetic investigations, including DNA testing; and
- Procedures still in the experimental/developmental phase

Operators may refer to the Medical Services Commission [Payment Schedule](#) for additional information on medical services excluded under the inter-provincial agreements.

Duty to Verify Enrollment

Before providing benefits to a person, an operator must take reasonable steps to verify whether the person is or is not a beneficiary. The operator will require the person to provide:

- the person's [BC Services Card](#) or BC CareCard;
- the person's identity number, accompanied by one piece of identification showing the person's photograph and legal name, or two pieces of identification showing the person's legal name; or
- if the documentation referred to above is not available, information that is necessary to verify whether the person is or is not a beneficiary, including the person's legal name, date of birth, address or gender.

The operator must also disclose this information to the minister and obtain confirmation if the person is or is not a beneficiary before providing benefits to the person. Patient eligibility checks may be conducted directly online through the Teleplan Web 'Check Eligibility' function.

An operator or employee of an approved laboratory facility, or a person who provides medical, scientific, technical or administrative services under contract to the facility, must report to the minister if they have reason to believe that another person has misused an identify number in order to obtain benefits under the Act.

Payment Record Keeping Requirements

An operator of an approved laboratory facility must keep prescribed records in the form required by the minister and produce those records on request of the minister and within the time requested. A payment may be refused if the information submitted in support of a claim for payment is not adequate or the records an operator is required to keep are incomplete or otherwise inadequate.

An operator must keep in a readily retrievable manner the clinical and financial records referred to in Part 3 of the Regulation, as well as records of internal protocols and results of internal reviews in relation to quality assurance and adverse events. These records must be kept for at least six years, unless:

- the minister agrees in writing to a shorter period, or
- an audit or investigation is in process at the end of the six year period, in which case the records must be kept until the audit or investigation is complete.

Note: Operators may also be subject to other statutory requirements for retention periods of documents and records, and adhere to whichever is longer.

Third Party Payers

Health Insurance BC (HIBC) acts as a medical services, claims processing agent for WorkSafeBC (WSBC) and the Insurance Corporation of British Columbia (ICBC). A referring practitioner must indicate on the Standard Outpatient Laboratory Requisition form that the laboratory services being requested are billable to WSBC or to ICBC, as appropriate.

To the extent the referring practitioner advises, laboratory service operators will subsequently submit claims through Teleplan to HIBC for these referring practitioner-identified WSBC and Motor Vehicle Accident (MVA) related laboratory services. Operators are accountable for proper identification of WSBC and ICBC claims, consistent with Teleplan [Specifications](#) and coding requirements, as these costs are not the responsibility of the Minister of Health.

Audit and inspection provisions of the *Laboratory Services Act* also apply to payments made by the minister on behalf of WSBC, ICBC, and the Office of the Superintendent of Motor Vehicles (RoadSafetyBC) as if those services were benefits.

Delegated Procedures and Liability

Procedures that are generally and traditionally accepted as those that may be carried out by a laboratory technologist in the employ of an operator may, when so performed, only be billed to the minister by the operator when the procedure is performed under the clinical supervision of the Laboratory Medicine physician or a designated medical practitioner with equivalent qualifications.

Clinical supervision requires that, during the procedure, the Laboratory Medicine physician or practitioner must be accessible at all times. Facilities must continue to abide by the accreditation requirements of the [Diagnostic Accreditation Program](#).

Billing for these services requires that the operator take full responsibility for service quality. In addition, the operator must ensure that operational requirements set out in the Laboratory Services Regulation are maintained to the satisfaction of the minister.

Facility Approval Categories

For billing and payment purposes, prospective facility operators will identify in their Application for a New Approved Laboratory Facility what Facility Approval Category or level of Fee-for-Service outpatient laboratory service a facility is resourced to provide.

The *Laboratory Services Act* requires that the laboratory facility that is the subject of a proposed approval must be accredited to a standard satisfactory to the minister. The Diagnostic Accreditation Program has been established as the accreditation standard by the minister.

As part of the facility Approval process, the minister assigns one or more Category levels to each approved laboratory facility, reflecting the laboratory services (benefits) the facility is authorized to provide. These Categories are intended to correspond with the DAP accreditation disciplines.

For example, a “Category 1 facility” would only be approved to provide, and subsequently submit claims to the minister for, laboratory services corresponding to the fee items (tests and procedures) listed under Category 1.

Operators may only submit claims for fee items listed under the Category approved for that facility. If the capability or capacity of an approved laboratory facility is changed, a new Facility Category may be assigned by the minister.



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Chapter 4	Laboratory Services and Fees	Issued: October 1, 2015 Updated:
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LABORATORY SERVICES AND FEES

Introduction for Laboratory Operators

The Laboratory Services Schedule of Fees is issued under the authority of the Minister of Health and is effective as of October 1, 2015. The Schedule of Fees cannot be correctly interpreted without reference to the full Laboratory Services Payment Schedule and to the notes contained within each sub-discipline section of the Schedule.

The Schedule of Fees contains the list of fees approved by the minister and payable to approved laboratory facility operators on a Fee-for-Service (FFS) basis for insured outpatient laboratory medical services provided to beneficiaries enrolled with the [Medical Services Plan](#) (MSP).

Fee item values are subject to modification by the minister; such modifications may affect the entire Schedule of Fees, or be specific to certain fee items or groups of fee items.

The notes within each sub-discipline section of the Schedule of Fees provide the billing rules (limits and conditions) under which the fees are to be claimed. The notes are designed to clarify the use of the Schedule for operators and practitioners.

Services Covered by the Fee

The Schedule of Fees reflects FFS payments to the operator for activities essential to the provision of a high quality laboratory medicine practice. All costs to the operator, including administration, technical and non-technical staff, capitalization, and infrastructure necessary for a quality laboratory medicine practice to meet the requirements set by the [Diagnostic Accreditation Program](#) of British Columbia, are reflected in the Total Fee amount for each test or procedure.

The fees also reflect both the direct and indirect laboratory services provided by the operator. These activities include overall laboratory direction, clinical applications, introduction of new analytical methodologies, systems development, continuous quality improvement, medical administration, utilization management, interpretations for referring medical or health care practitioners, and being a resource to the patient management team. These activities are an integral part of the operation and administration of the approved laboratory facility.

Prohibition on Charges for Benefits

Section 15 of the *Laboratory Services Act* establishes a prohibition on direct or “extra billing” of beneficiaries (or those acting on their behalf) receiving laboratory service benefits. Except as permitted under section 15 (2) of the Act, operators must not charge a beneficiary for:

- a benefit;
- materials, consultations, procedures or the use of a laboratory facility or specimen collection station; or
- any other matter that relates to the provision of a benefit.

A laboratory facility must inform a beneficiary if it is not approved to provide the requested service as a benefit, and that payment from the beneficiary will be required for proceeding with the service in that facility. The facility must refund an amount charged inappropriately. Beneficiaries cannot be charged directly for services that are benefits or in excess of the amount paid for by the minister.

If a laboratory service is not a benefit, or if the person who is receiving the service is not a beneficiary, a charge can be levied by the approved laboratory facility for providing the service.

The Practice of Laboratory Medicine

Laboratory medicine physicians are compensated by the operators directly, typically under a salaried or contract arrangement, separate from the FFS payment modality in place between the minister and public or private operators.

The importance of direct involvement of laboratory medicine physicians in the practice of medicine is recognized. Referring medical and health care practitioners may consult with laboratory medicine physicians to determine the most effective test(s) and correct interpretation of test results.

Under section 4 (1) of the Act, a laboratory service is a benefit if it is a medically required service provided through an approved laboratory facility, and by or under the supervision of a laboratory medicine physician (typically the Medical Director).

Professional support to referring medical and health care practitioners by the laboratory medicine physician is an integral part of the total fee payment to the operator. Requests for tests or consultations prior to requesting a test from a referring practitioner, consultations regarding interpretation of test results with a referring practitioner, or test results from the laboratory technical staff that are directed to the laboratory medicine physician, may be subject to review/interpretation or written report.

Certain tests are marked with asterisks (*) and require consultation. These are usually complex or costly procedures and require a laboratory medicine physician’s approval and/or review/interpretation or written report. Asterisks help to identify the laboratory medicine physician’s additional and individual role related to the use of these specific tests.

Fee Item Detail

Fee Item details are contained in the following sections of the Schedule of Fees, by sub-discipline:

- Section One: Hematology and Blood Bank Fee Items
- Section Two: Microbiology Fee Items
- Section Three: Chemistry Fee Items
- Section Four: Cytogenetics Fee Items
- Section Five: Virology Fee Items
- Section Six: Anatomic Pathology Fee Items
- Section Seven: Other Fee Items



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Chapter 5	Referring Practitioners	<p>Issued: October 1, 2015</p> <p>Updated:</p>
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REFERRING PRACTITIONERS

Introduction for Operators

Operators may only accept a request from a medical practitioner, or from a person within a class of prescribed health care practitioners, for a beneficiary to receive laboratory services (benefits). The [Laboratory Services Act](#) and Regulation contain provisions and requirements for referring medical and health care practitioners.

A “referring practitioner” means a person enrolled under section 13 of the [Medicare Protection Act](#) who makes a request for a beneficiary to receive benefits and is:

- either a medical practitioner, or a
- Midwife, Nurse Practitioner, Dentist, or Podiatrist.

A “referring practitioner” also includes a Registered Nurse (Certified) who applies to the minister to be enrolled as a referring practitioner under the Regulation and who makes a request for a beneficiary to receive benefits.

Referring **medical practitioners** may request all tests or procedures listed in the Schedule of Fees, subject to any limits or conditions (“Notes”) that may be associated with a specific fee item. Referring **health care practitioners**, including midwives, nurse practitioners, dentists, podiatrists, and certified registered nurses, may only request laboratory tests or procedures approved within their respective section of the Schedule of Benefits for Referring Health Care Practitioners.

The minister may establish and adopt guidelines and protocols to assist referring practitioners in determining whether provision of laboratory services is medically required for beneficiaries. A referring practitioner must consider all relevant guidelines and protocols in determining whether provision of laboratory services is medically required for beneficiaries.

Note: The minister has adopted by reference, applicable laboratory protocols found in the Guidelines and Protocols Advisory Committee (GPAC) [clinical practice guidelines](#) and may also adopt guidelines or protocols established by any person or body. GPAC is an advisory committee to the Medical Services Commission and has representatives from both the [Doctors of BC](#) and the Ministry of Health

Referrals from Medical and Health Care Practitioners

Referring practitioners must act in accordance with the regulations when referring beneficiaries for benefits under the *Laboratory Services Act*. Except with the prior written consent of the minister, a medical practitioner or a prescribed health care practitioner is prohibited from referring for a service under the *Laboratory Services Act* that does not have a corresponding benefit rendered under the *Medicare Protection Act*.

Nurse Practitioners, or Registered Nurses in Certified Practice employed by a Regional Health Authority, are an exception to this prohibition, as they currently do not render insured health care services under the *Medicare Protection Act*. A Nurse Practitioner or a Registered Nurse in Certified Practice is, however, prohibited from referring for a service under the *Laboratory Services Act* that does not have a corresponding medically required, publicly funded health care service.

This prohibition is intended to clarify that there must be a benefit rendered under the *Medicare Protection Act* or a benefit approved by a regional Health Authority before a laboratory service will be considered a benefit under the *Laboratory Services Act*. The prohibition can be waived with the prior written consent of the minister.

Through the audit process, the minister will determine if an insured laboratory service had a corresponding insured referring practitioner service rendered for that beneficiary. A referring practitioner must produce all books of account and other records that an inspector under the *Laboratory Services Act* considers necessary for the purposes of an audit or inspection.

If an amount has been paid by the minister in relation to a laboratory service requested by a referring practitioner, where there was no corresponding benefit under the *Medicare Protection Act*, the referring practitioner must repay the amount of the laboratory service to the minister.

The minister may disclose information to the [Medical Services Commission](#), including personal information, obtained through an audit or inspection conducted under the *Laboratory Services Act*.

An operator of an approved laboratory facility must not give to a referring practitioner a requisition form other than one made by the minister. A referring practitioner may make a request for benefits by submitting a requisition form to an approved laboratory facility electronically only if submitted in the manner required by the minister.

Prohibition on Referrals if Financial Interest

A referring practitioner must not refer a beneficiary to an approved laboratory facility in which the referring practitioner has a material or indirect financial interest unless there is no public laboratory facility that:

- is in the same catchment area as the approved laboratory facility, and
- provides the benefit.

A referring practitioner may not direct a patient to seek laboratory service benefits at an approved laboratory facility in which the referring practitioner has a financial or other interest. However, in certain rural or remote communities, it may not be possible for the beneficiary to attend at an approved laboratory facility in which the referring practitioner does not have a financial or other interest; in these situations, prior written consent of the minister can be requested to permit referrals.

Limits and Conditions for Medical Practitioners

A medical practitioner enrolled under the *Medicare Protection Act* may submit a request for any outpatient benefit (laboratory service or test) listed in the Schedule of Fees, subject to any limitations or conditions found within specific fee items in the Schedule.

Examples of limits and conditions may include, but are not limited to:

- a laboratory service may only be ordered by a prescribed Specialty (e.g. Rheumatologist or Internal Medicine Specialist);
- a specific laboratory service may require discussion with a Laboratory Medicine physician;
- the test or procedure may only be available in certain laboratory facilities or hospitals;
- there may be limits on the frequency of testing (e.g. annual maximum per patient);
- the test is not intended as a diagnostic screening tool; or
- the test may include age limitations for beneficiaries.

Referring medical practitioners should reference the full Laboratory Services Schedule of Fees for a comprehensive list of outpatient laboratory tests and for additional fee item detail, including notations where add-on tests may be conducted by the laboratory facility.



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Chapter 6	Glossary of Terms	Issued: October 1, 2015 Updated:
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GLOSSARY OF TERMS

BACKGROUND

These terms may be referenced in the Laboratory Services Payment Schedule and are consistent with definitions found in the [Laboratory Services Act](#) and Regulation, as applicable.

If there is an inadvertent conflict between a definition of a term in the Payment Schedule and a definition or meaning of a term in the Act or Regulation, the interpretation of the term in the Act or Regulation shall prevail.

Approval

An approval granted by the Minister of Health to an operator to provide benefits through a specified laboratory facility

Approved Laboratory Facility

For the purposes of the outpatient Fee-for-Service Payment Schedule, a laboratory facility that is subject to an Approval

Beneficiary

A person enrolled as a beneficiary under the [Medicare Protection Act](#)

Benefit

A laboratory service is a benefit if it is a medically required service provided through an approved laboratory facility, and by or under the supervision of a Laboratory Medicine physician or a prescribed person who is acting

- at the request of a referring practitioner or a prescribed person, and
- in accordance with all applicable protocols approved by the minister.

Fee Item Codes

- * May only be performed and billed on approval of a Laboratory Medicine physician
- ** May require review/interpretation or written report by a Laboratory Medicine physician for payment of the laboratory fee
- *** Both single asterisk (*) and the double asterisk (**) requirements are applicable
- + Blood bank services are not payable by the Minister of Health where available from Canadian Blood Services
- P Designates fee items approved on a Provisional basis and awaiting further review
- T Designates fee items approved on a Temporary basis and awaiting further information

Note: The P and T prefixes should not be submitted when billing.

General Practitioner

A medical practitioner who is registered with the [College of Physicians and Surgeons of British Columbia](#) as a General Practitioner

Health Care Practitioner

A health care practitioner is prescribed under the Laboratory Services Regulation as a referring practitioner for the purposes of the Act and Regulation if:

- I. the health care practitioner is enrolled as a practitioner under section 13 of the [Medicare Protection Act](#), and
- II. is a member of at least one of the following classes:
 - a registrant of the College of Midwives of British Columbia;
 - a registrant of the College of Registered Nurses of British Columbia who is authorized to use the title Nurse Practitioner;
 - a registrant of the College of Dental Surgeons of British Columbia; or
 - a registrant of the College of Podiatric Surgeons of British Columbia.

A Registered Nurse (Certified) is also prescribed as a referring practitioner for the purposes of the Act if the health care practitioner is enrolled with the minister under section 4 of the Regulation and:

- is a registrant of the College of Registered Nurses of British Columbia, and
- has successfully completed a certification program as described in the Nurses (Registered) and Nurse Practitioners Regulation.

Holiday

New Year's Day, Family Day, Good Friday, Easter Monday, Victoria Day, Canada Day, B.C. Day, Labour Day, Thanksgiving Day, Remembrance Day, Christmas Day, Boxing Day

The list of dates designated as [statutory holidays](#) will be issued annually by the Medical Services Plan.

Hospital

An institution designated as a hospital under Section 1 of the BC Hospital Act - except in Parts 2 and 2.1, means a non-profit institution that has been designated as a hospital by the minister and is operated primarily for the reception and treatment of persons:

- a) suffering from the acute phase of illness or disability,
- b) convalescing from or being rehabilitated after acute illness or injury, or
- c) requiring extended care at a higher level than that generally provided in a private hospital licensed under Part 2.

Identify Number

Means the identify number referred to in section 8 of *the Laboratory Services Act* (Misuse of Identity Number)

Laboratory Facility

Means the following:

- a) in respect of a hospital within the meaning of paragraph (a) or (e) of the definition of "hospital" in section 1 of the *Hospital Insurance Act*, that part of the hospital that provides laboratory services;
- b) a facility that provides laboratory services;
- c) a specimen collection station associated with a hospital or facility referred to in paragraph a) or b) of this definition.

Laboratory Medicine Physician

A medical practitioner registered with, and authorized to practise in a prescribed specialty by, the [College of Physicians and Surgeons of British Columbia](#)

Laboratory Service

A laboratory service, subject to the regulations, means:

- the taking or collecting, or the analysis, of specimens for the purposes of preventing, diagnosing or treating human injury, disease or illness, or
- a prescribed service or the reporting of laboratory test results.

Medical Practitioner

A medical practitioner as entitled to practice under the Medical Practitioners Regulation to the [Health Professions Act](#)

Operator

An operator in relation to a laboratory facility means either:

- the owner;
- the person having responsibility for the daily operation of the laboratory facility;
- a regional health board or prescribed agency.

Outpatient

A person who is not admitted as an inpatient to a hospital, is not a day care surgical services patient, or registered as an emergency room patient, and is receiving treatment and/or medical services within a hospital or community setting; or is a patient receiving community laboratory services

Referring Practitioner

A referring practitioner means a person who

- is either a medical practitioner enrolled under section 13 of the [Medicare Protection Act](#), or a person within a class of prescribed health care practitioners under the Laboratory Services Regulation, and
- makes a request for a beneficiary to receive benefits.

Specialist

A medical practitioner who is a Certificant or a Fellow of the [Royal College of Physicians and Surgeons of Canada](#); and/or be so recognized by the [College of Physicians and Surgeons of British Columbia](#) in that particular specialty

Specimen Collection Station

A place that is principally equipped for the taking or collecting of specimens

Third Party

A person or organization other than the patient, his/her agent, or the minister that is requesting and/or assuming financial responsibility for a medical or medically related service

Time Categories

- 12-month period – any period of twelve consecutive months
- Calendar year – the period from January 1 to December 31
- Day – a calendar day
- Fiscal year – from April 1 of one year to March 31 of the following year
- Month – a calendar month
- Week – any period of 7 consecutive days
- Calendar week – from Sunday to Saturday



Ministry of Health

PREAMBLE

To the Laboratory Services Outpatient

PAYMENT SCHEDULE

Chapter 7	Payment Schedule Index of Amendments	Issued: October 1, 2015 Updated:
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INDEX OF AMENDMENTS

AMENDMENT #	EFFECTIVE DATE	CHAPTER	DESCRIPTION OF CHANGE