



March 2017

RESTRICTIONS TO OHIP COVERAGE OF AST AND FOLATE

In an effort to reduce non-value-added laboratory testing, the Ontario Health Technology Advisory Committee (OHTAC) has recommended restrictions to OHIP eligibility for both AST and folate. OHIP accepted these recommendations early in 2013.

AST (Uninsured Price: \$10.00)

AST is a relatively non-specific marker of liver disease and therefore has limited utility in the community setting. In their January 2013 Bulletin (OHIP restriction notice), OHIP stipulated that AST is an insured service only when ordered by physicians with experience in treating liver disorders, or on the advice of physicians with such experience.

If applicable, please indicate OHIP eligibility for your patients by writing in the "Other Tests" section of the OHIP laboratory requisition: "**AST ordered/advised by hepatologist**" (see **Page 2**, on reverse).

In the absence of this information appearing on the laboratory requisition, effective **April 3, 2017**, patients will be charged \$10.00 for AST testing.

Red Cell (RBC) Folate (Uninsured Price: \$35.00) and Serum Folate (Uninsured Price: \$20.00)

The incidence of folate deficiency in Ontario is currently exceedingly low, due primarily to fortification of flour with folic acid. Incidence of folate deficiency in selected at-risk populations is only about 0.3% (Hamilton Regional Laboratory Medicine Program, 2006) and is undoubtedly significantly lower in the general population. At Dynacare, the rate of biochemical red cell folate deficiency is less than 5 cases per 100,000 (2014 data). Interestingly, family physicians in Ontario order more than 81% of the folate testing, with a cost to the province of almost \$5 million annually.

The January 2013 OHIP Bulletin (OHIP restriction notice) states:

1. OHIP eligibility for **red cell folate** is limited to patients with: (a) both a low hemoglobin level AND a high MCV (mean corpuscular volume); (b) a suspected gastrointestinal (GI) disorder causing malabsorption; or, (c) suspected malnutrition of any cause.
2. OHIP eligibility for **serum folate** requires that it be ordered by physicians with expertise in hematological or gastrointestinal disorders.

If applicable, please indicate OHIP eligibility for your patients by writing in the "Other Tests" section of the OHIP laboratory requisition either: "**RBC folate - megaloblastic anemia/malabsorption/malnutrition**" or "**Serum folate ordered/advised by hematologist/gastroenterologist**" (see **Page 2**, on reverse).

In the absence of this information appearing on the laboratory requisition, effective **April 3, 2017**, patients will be charged \$35.00 for red cell folate and \$20.00 for serum folate tests.

If you have questions or concerns regarding this notice, please contact Dr. Joel Goodman, Laboratory Director, Dynacare, at 800-668-2714 ext. 5910 or goodmanj@dynacare.ca.

Example OHIP requisition

If applicable, please indicate eligibility for OHIP insured testing as demonstrated below:

 Ontario Ministry of Health and Long-Term Care Laboratory Requisition Requisitioning Clinician / Practitioner		Laboratory Use Only	
Name		Clinician/Practitioner's Contact Number for Urgent Results	
Address		Service Date yyyy mm dd	
Clinician/Practitioner Number	CPSO / Registration No.	Health Number	Version Sex <input type="checkbox"/> M <input type="checkbox"/> F
Check (✓) one: <input type="checkbox"/> OHIP/Insured <input type="checkbox"/> Third Party / Uninsured <input type="checkbox"/> WSIB		Province	Other Provincial Registration Number
Additional Clinical Information (e.g. diagnosis)		Patient's Telephone Contact Number	
<input type="checkbox"/> Copy to: Clinician/Practitioner Last Name First Name		Patient's Last Name (as per OHIP Card)	
Address		Patient's First & Middle Names (as per OHIP Card)	
		Patient's Address (Including Postal Code)	
Note: Separate requisitions are required for cytology, histology / pathology and tests performed by Public Health Laboratory			
<input checked="" type="checkbox"/>	Biochemistry	<input checked="" type="checkbox"/>	Hematology
	Glucose <input type="checkbox"/> Random <input type="checkbox"/> Fasting		CBC
	HbA1C		Prothrombin Time (INR)
	Creatinine (eGFR)		Immunology
	Uric Acid		Pregnancy Test (Urine)
	Sodium		Mononucleosis Screen
	Potassium		Rubella
	ALT		Prenatal: ABO, RhD, Antibody Screen (titre and Ident. if positive)
	Alk. Phosphatase		Repeat Prenatal Antibodies
	Bilirubin		Microbiology ID & Sensitivities (if warranted)
	Albumin		Cervical
	Lipid Assessment (Includes Cholesterol, HDL-C, Triglycerides, calculated LDL-C & Chol/HDL-C ratio; individual lipid tests may be ordered in the "Other Tests" section of this form)		Vaginal
	Albumin / Creatinine Ratio, Urine		Vaginal / Rectal – Group B Strep
	Urinalysis (Chemical)		Chlamydia (specify source):
	Neonatal Bilirubin:		GC (specify source):
	Child's Age: days hours		Sputum
	Clinician/Practitioner's tel. no. ()		Throat
	Patient's 24 hr telephone no. ()		Wound (specify source):
	Therapeutic Drug Monitoring:		Urine
	Name of Drug #1		Stool Culture
	Name of Drug #2		Stool Ova & Parasites
	Time Collected #1 hr. #2 hr.		Other Swabs / Pus (specify source):
	Time of Last Dose #1 hr. #2 hr.		
	Time of Next Dose #1 hr. #2 hr.		
I hereby certify the tests ordered are not for registered in or our patients of a hospital.			
<input checked="" type="checkbox"/>		Specimen Collection Time 24 hour clock Date yyyy/mm/dd	
		Fecal Occult Blood Test (FOBT) (check one) <input type="checkbox"/> FOBT (non OCC) <input type="checkbox"/> ColonCancerCheck FOBT (OCC) no other test can be ordered on this form	
		Laboratory Use Only	
X Clinician/Practitioner Signature Date			

To qualify as an insured service:

AST – State that testing was ordered/advised by a physician (provide name) with expertise in hepatic disorders

RBC folate – Confirm this patient has a megaloblastic anemia

RBC folate – Confirm this patient has a diagnosis of malabsorption

RBC folate – Confirm this patient has a diagnosis of malnutrition

Serum folate – State that testing was ordered/advised by a physician (provide name) with expertise in hematological or GI disorders

- Other Tests - one test per line
- AST ordered/advised by Dr. (Name)
- RBC folate - megaloblastic anemia
- RBC folate - malabsorption
- RBC folate - malnutrition
- Serum folate ordered/advised by Dr. (Name)