This bulletin provides clarification for physicians, hospitals, and clinics regarding OHIP-insured Tuberculosis (TB) skin testing. The applicable fee codes for a TB skin test are G372 (Intramuscular, Subcutaneous or Intradermal – with visit) or G373 (Intramuscular, Subcutaneous or Intradermal/sole reason for visit).

For reference, physicians should familiarize themselves with Health Insurance Act (HIA) Regulation 552, s. 24(1), 24(1.1) and 24(1.2).

Category 1:

A TB skin test and completion of documentation regarding that test is insured when medically necessary. For example:

- When it is medically necessary to determine whether an individual who might have been exposed to TB or who lives or works in a high-risk environment has developed an immune response to TB antigens.

The following are included components of all insured services:

- preparing or submitting documents or records;
- providing information for use in programs administered by the MOHLTC; and
- conferring with or providing advice, direction, information, or records to physicians and other professionals associated with the health and development of the patient.

The patient cannot be charged for requesting or receiving documentation related to the insured service.
Category 2:

A TB test and completion of an immunization status report are insured (meaning the patient cannot be charged for the test or the report) in certain circumstances as set out in section 24(1.1) 3 and 4 of Regulation 552 under the HIA. These circumstances include:

- When it is required as evidence of immunization status for admission or continuation in a day care or pre-school program or a school, community college, university or other educational institution or program (including a work placement that the program may require);
- When it is required to satisfy a condition of being admitted to a Long Term Care facility.

Category 3:

A TB test, but not completion of the immunization report, is insured (meaning the patient can be charged for the form but not the test) when the physician determines that the test is medically necessary and the circumstances set out in section 24 (1.2) of Regulation 552 under the HIA exist. These circumstances include when the service is received wholly or partly for the production or completion of a document or the transmission of information that relates to any of the following:

- The receipt of disability or sickness benefits or the satisfaction of a condition relating to disability or sickness benefits;
- Return to a day care or pre-school program, after a temporary absence;
- A condition relating to fitness to continue employment other than a condition that requires an examination or assessment to be conducted on an annual or other periodic basis;
- An absence from or return to work;
- Legal proceedings.

Category 4:

A TB test and completion of an immunization status report is not insured (meaning the patient is responsible for paying for both the completion of the form and the test) when, for example:

- Provided to an uninsured person;
- Requested solely as a condition for obtaining employment;
- Required by an employer on an annual or other periodic basis.

Whether a TB skin test is insured or not depends on the specific circumstances of each case.

For additional information on whether or not TB testing is insured by OHIP, please consult the Health Insurance Act, Reg. 552, Section 24 or contact your local OHIP claims office.
Tubersol

Publicly-funded tuberculin skin test solution (brand name: Tubersol®), used to administer the TB skin test, can be acquired through your local public health unit for insured tests, as outlined above.

For additional information related to a patient’s eligibility for the publicly funded supply, please contact the TB or infectious disease program at your local public health unit. Contact information for your local public health unit can be found online at:

https://www.phdapps.health.gov.on.ca/PHUlocator/