



SCHEDULE OF FEES

For the Laboratory Services Outpatient

Payment Schedule

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

Issued October 1, 2015

Revised as of January 2, 2024



SCHEDULE OF FEES
For the Laboratory Services Outpatient
PAYMENT SCHEDULE

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Introduction to the Schedule of Fees	Issued: October 1, 2015
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Interpretation

The Laboratory Services Schedule of Fees is issued under the authority of the Minister of Health and is effective as of October 1, 2015 and updated as necessary. The Schedule cannot be correctly interpreted without reference to the Laboratory Services General Preamble and to the notes contained within the respective sections.

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 medically required, insured laboratory services provided to beneficiaries enrolled with the [Medical Services Plan](#) (MSP).

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

The notes within each specialty section of the Schedule of Fees provide the billing rules under which the fees are to be claimed and are designed to clarify the use of the Schedule for operators and practitioners.

Guidelines and Protocols

The Minister has adopted by reference, applicable 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.

Add-On Tests

Under certain specified circumstances, laboratories are authorized to perform, and operators to bill for, tests in addition to those specifically requested by the referring practitioner.

Fee Items and Billing

Fee items within this Schedule may contain requirements for additional detail to be provided in the billing note record (e.g. fee item 91075 Allergen specific IGE assay).

Asterisk Fee Items

Certain tests are marked with asterisks (*) and require consultation as noted below. 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.

Single Asterisk (*) Items

Fee items with a Single Asterisk (*) may only be performed and billed on approval of a Laboratory Medicine physician.

While the majority of tests requested by referring practitioners are accepted without modifications, any request may be subject to a Laboratory Medicine physician's approval or alteration based on clinical expertise and/or clinical practice guidelines and protocols. This intervention depends upon many variables, including the patient's clinical condition, prior testing patterns, previous or simultaneously run test results, overlapping requests from multiple practitioners, and the types of tests requested. The Laboratory Medicine physician may consult with the referring practitioner before modifying a test request.

The Laboratory Medicine physician may also review laboratory requests on an individual basis without contacting the referring practitioner. Additional laboratory tests may only be added in the following circumstances: on approval of the referring medical or health care practitioner or by a Laboratory Medicine physician in certain circumstances e.g. to clarify or exclude a diagnostic consideration, or under the provision of protocols approved by the minister.

For audit purposes, documentation (as noted below), is required to show that approval was provided by the Laboratory Medicine physician for the fee items marked with a single asterisk (*).

Double Asterisk () Items**

Fee items with a Double Asterisk (**) may require review/interpretation or written report by a Laboratory Medicine physician for billing of the laboratory fee by the operator. Good laboratory practice includes criteria set by the minister as to which tests or test results require such intervention, including direct contact with the referring medical or health care practitioner.

These criteria are usually related to significantly abnormal results, but may also include more complex procedures that require the specialized skill and knowledge of a Laboratory Medicine physician to assist referring medical and health care practitioners in interpretations. However, the specific action taken by the Laboratory Medicine physician in any particular case will vary, based on the clinical circumstances and their professional judgement. For audit purposes, documentation (as noted below) of such activities is required.

Triple Asterisk (*) Items**

Both the Single Asterisk (*) and the Double Asterisk (**) requirements are applicable.

The documentation for audit purposes may consist of any of the following:

- a notation or initials on the original requisition (paper or electronic format), or the written or computerized test worksheet;
- Laboratory Medicine physician's notes;
- where two laboratories (a referral and a testing) are involved, it is the responsibility of the testing laboratory to retain all the pertinent documentation available;
- notation on a master worksheet with all relevant results;
- written or computerized signature on the report;
- documentation of consult with the referring physician in a paper or electronic record;

- Laboratory Medicine physician authorization of referring medical or health care practitioners to request particular tests and who are recognized to have expertise in specific clinical area - a list of such authorized practitioners may be maintained by the individual laboratory; or
- any other documentation satisfactory to the minister, retained by the facility operator.

Attention is directed to fee items that specify a certain performance standard. Questions regarding acceptable best practices should be directed to the [Diagnostic Accreditation Program](#) (DAP).

Fee Schedule 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



SCHEDULE OF FEES
For the Laboratory Services Outpatient

PAYMENT SCHEDULE

Section One	Hematology and Blood Bank Fee Items	Issued: October 1, 2015
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HEMATOLOGY AND BLOOD BANK FEE ITEMS

	Total Fee \$
90027*** Activated Protein C Resistance (APCR)	42.44
90029** Alpha-thalassemia, molecular testing for common defects	67.80
Notes:	
i) Maximum of once per patient per lifetime.	
ii) May be billed in addition to 90540 and 90240.	
90030*** Alpha 2 antiplasmin assay	45.48
90035** Anti DNA	28.41

Add-On Tests: Titration studies may be performed on patients found to have positive antinuclear antibodies (ANA). On patients with moderate to high titres of ANA (i.e., titre ≥ 320, using doubling dilutions), it may be appropriate to perform and bill the follow-up tests, anti-DNA (90035) and anti-ENA (90120), if these have not been performed previously.

90038*** Anti Saccharomyces Cerevisiae (ASCA) – IgA	25.47
90039*** Anti Saccharomyces Cerevisiae (ASCA) – IgG	20.56
91130** Proteinase 3 Antineutrophil Cytoplasmic Antibody (PR3-ANCA)	18.90
Note: 91130 in conjunction with 91160 should be used as the front-line tests for ANCA-associated vasculitis.	
91145** Anticardiolipin Ab, IgG	24.47
91146** Anticardiolipin Ab, IgM	24.47
91160** Antimyeloperoxidase Antibody	17.75
Note: 91160 in conjunction with 91130 should be used as the front-line tests for ANCA-associated vasculitis.	
90040*** Antithrombin III	33.49
90042*** Anti-Xa Heparin assay	94.12
90045** Bone marrow examination	225.85
Note: 90045 includes 90465, 90490, 90205, 90340 and 90210.	
90046*** Beta 2 Glycoprotein I (B2GPI) antibody screen	44.65
Notes: The following indications for this test include:	
i) Patients with vascular thrombosis – one or more clinical episodes of arterial, venous or small vessel thrombosis in any tissue or organ. Thrombosis must be confirmed by objective validated criteria.	
ii) Patients with pregnancy morbidity:	
a) One or more unexplained deaths of a morphologically normal fetus at or beyond the 10 th week of gestation, with normal fetal morphology documented by ultrasound or by direct examination of the fetus.	
b) One or more premature births of a morphologically normal neonate before the 34 th week of gestation because of: eclampsia or severe pre-eclampsia defined according to standard definitions or recognized features of placental insufficiency, or	

c) *Three or more unexplained consecutive spontaneous abortions before the 10th week of gestation, with maternal anatomic or hormonal abnormalities, and paternal and maternal chromosome causes excluded.*

iii) *Not payable with 90047.*

90047***	Beta 2 Glycoprotein I antibodies IgG/IgM isotype determination	47.26
	Note: <i>Not payable with 90046.</i>	
91355	Cell count - CSF and other body fluids.....	28.77
91356	Cell differential – CSF and other body fluids	11.70
90050**	Circulating anticoagulant - incubated mixing study using one or more plasma mixtures..	57.43
90055***	Circulating inhibitor screen - unincubated simple mixing study.....	30.54
90060	Clot retraction	6.19
90063***	Coagulation factor by clotting assay.....	45.51
90065	Cold agglutinins - qualitative.....	14.30
90068	Cyclic citrullinated peptide antibodies	29.48

Notes:

i) *Payable only if requested by Rheumatologist or General Internal Medicine Specialist.*

ii) *Not payable for established rheumatoid arthritis.*

90070**	Cold agglutinins - quantitative	27.40
90072**	Collagen Binding assay	52.51

Note: *Not billable with 90505.*

90073**	Dilute Russell Viper Venom Time.....	14.01
90080	Direct antiglobulin (Coombs') test, polyspecific.....	24.55

Note: *Not billable when performed as part of a cross-match procedure. Claim must state specific reason for this test.*

Add-On Tests: A direct antiglobulin test (Direct Coombs' - 90080) may be performed and billed when the clinical history or results of a hematology profile or morphological examination suggest increased red cell destruction.

<u>Specific Criteria</u>	<u>Rationale</u>
a) <i>Anemia plus clinical history of lymphoma or autoimmune disorder</i>	<i>High incidence of hemolytic anemia</i>
b) <i>Morphologic evidence of hemolysis</i>	

- spherocytes
- RBC agglutination
- polychromasia ≥ moderate or 2+

90085***	Donath-Landsteiner	15.00
90090	Eosinophil Count	10.62

Eosinophil Count

Where Eosinophil Count is requested alone, Hematology Profile (90205) may be performed and billed. In addition, the Eosinophil Count (**90090**) may be billed if manual methods are used to perform Eosinophil Count.

90095**	Erythropoietin (EPO) assay	29.51
90110**	Euglobulin lysis time	16.30
90115	Examination for eosinophils in secretions, excretions and other body fluids	54.08

Notes:

i) *Payable for specimens that require preliminary processing, e.g: cytopsin centrifugation +/- total cell count, before slide preparation and staining.*

ii) *Not payable with 90512, 91355, 91356.*

90120	Extractable nuclear antigens	24.99
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Notes:

i) *Extractable nuclear antigens (90120) is only payable after a positive antinuclear antibody screen by immunofluorescence (90280) or enzyme immunoassay (90281).*

ii) *Not payable with 90121 (Anti-nuclear antibodies, specific detection by multiplex immunoassay).*

Add-On Tests: Titration studies may be performed on patients found to have positive antinuclear antibodies (ANA). On patients with moderate to high titres of ANA (i.e., titre ≥ 320, using doubling dilutions), it may be

appropriate to perform and bill the follow-up tests, anti-DNA (90035) and anti-ENA (**90120**), if these have not been performed previously.

90121**	Anti-nuclear antibodies, specific detection by multiplex immunoassay.....	38.64
	Notes:	
	i) ANA, specific detection by multiplex immunoassay (90121) is only payable after a positive antinuclear antibody screen by immunofluorescence (90280) or enzyme immunoassay (90281).	
	ii) Payable for procedures that specifically identify the clinically significant anti-nuclear antibodies, i.e. dsDNA, ENAs, histones, and centromere antibodies.	
	iii) Not payable with 90120 or 90035.	
90123***	Factor II Assay (quantitative only).....	53.52
90125***	Factor V (quantitative only).....	52.04
90127***	Factor V Leiden / PGM – 1 st gene.....	76.92
	Notes:	
	i) Restricted to Royal Columbian, Vancouver and Victoria General Hospitals, LifeLabs	
	ii) Not billable for screening purposes.	
	iii) Applicable to patients with thrombophilia.	
90128***	Factor V Leiden / PGM – 2 nd gene.....	48.53
	Notes:	
	i) Billable only when performed with 90127.	
	ii) Restricted to Royal Columbian, Vancouver and Victoria General Hospitals, LifeLabs	
90130***	Factor VII assay (quantitative only).....	51.21
90135***	Factor VIII-C assay.....	51.58
90140***	Factor VIII-C inhibitor assay (Bethesda titre).....	89.64
90145***	Factor IX assay.....	58.08
90150***	Factor XI assay.....	51.21
90155***	Factor X assay.....	51.21
90160***	Factor XII assay.....	51.21
90165***	Factor XIII screen (Fibrin stabilizing factor).....	16.27
90170	Fibrin/fibrinogen degradation products.....	23.27
	Notes:	
	i) Includes D-dimer	
	ii) Includes quantitative assay or titre	
90175	Fetal hemoglobin.....	18.51
90180	Fetal cell stain.....	19.03
90185	Glucose-6-phosphate dehydrogenase (G-6-PD) screening test.....	42.91
90190***	Glucose-6-phosphate dehydrogenase assay (red cell).....	59.02
90200**	Ham test (acid haemolysis test).....	27.74
90205	Hematology Profile.....	10.96
	Notes:	
	i) To include automated Hgb, WBC, platelet count, Hct, RBC indices, and differential white cell count when indicated	
	ii) Laboratories will perform a full hematology profile when any of the individual items is requested.	

Eosinophil Count

Where Eosinophil Count is requested alone, Hematology Profile (**90205**) may be performed and billed. In addition, the Eosinophil Count (90090) may be billed if manual methods are used to perform Eosinophil Count.

Reticulocyte Count

When a Reticulocyte Count is requested, the Hematology Profile (**90205**), in addition to the Reticulocyte Count (90490), may be performed and billed.

90210**	Hematology special stains – routine.....	28.76
	Note: Iron, PAS, peroxidase, sideroblast, Sudan black	
90215**	Hematology special stains – complex.....	42.56
	Note: Acid phosphatase with tartrate, esterase	
90220	Hemoglobin A2 quantification.....	14.14
90225	Hemoglobin-cyanmethemoglobin method, and/or haematocrit.....	3.22
90235	Hemoglobin - other methods.....	1.55

90240**	Hemoglobin electrophoresis	29.84
	Notes:	
	i) Also payable for other protein separation techniques based on differences in electrical charge.	
	ii) Not payable with 90220 (Hemoglobin A2) or 90175 (Fetal Hemoglobin).	
90245	Hemoglobin-H inclusion bodies	67.80
90265**	H.L.A. - single antigen	40.58
	Note: Not for screening purposes.	
90280**	Antinuclear antibodies - immunofluorescence screen.....	20.44
	Notes:	
	i) ANA – IF (90280) should be used as a primary screen.	
	ii) If the result of ANA – IF is clearly abnormal, proceed with appropriate testing for specific antibodies.	
	iii) 90280 is payable only once in a 12-month time period.	
	iv) Anti-mitochondrial antibody (AMA) and anti-smooth muscle antibody (ASMA) should be billed under 90286 (liver autoantibodies (LiAA)).	
	v) Include titre when required.	
	vi) Only payable with 90281 if requested by a rheumatologist.	
90281**	Antinuclear antibodies by EIA.....	16.24
	Notes:	
	i) ANA/ENA ELISA (90281) should be used as a primary screen..	
	ii) If the result of ANA/ENA ELISA (90281) is clearly abnormal, proceed with appropriate testing for specific antibodies.	
	iii) Only payable with 90280 if requested by a rheumatologist.	
	iv) 90281 is payable only once in a 12-month time period.	
90286**	Liver autoantibodies (LiAA), immunofluorescence	23.82
	Note: Only one of either 90286 or 90288, not both, are payable for the same sample tested on the same day.	
90287**	Anti-neutrophil cytoplasmic antibodies (ANCA), immunofluorescence screen	114.26
	Notes:	
	i) Fee item 91130 Proteinase 3 anti-neutrophil cytoplasmic antibodies (anti-PR3), and fee item 91160 Antimyeloperoxidase antibodies (anti-MPO), are the recommended front-line tests for the diagnosis of ANCA-associated vasculitis. Fee item 90287 may be performed in rare circumstances and is payable only if ordered by a specialist after review of anti-MPO and anti-PR3 results.	
	ii) 90287 is not payable if co-billed with anti-MPO and anti-PR3.	
90288**	Anti-parietal cell antibody (APCA), immunofluorescence screen.....	23.82
	Notes:	
	i) Only one of either 90286 or 90288, not both, are payable for the same sample tested on the same day.	
	ii) Include titre when required.	
90290**	Immunophenotyping by flow cytometry - peripheral blood and/or tissue and/or bone marrow and/or body fluids - 5 tube panel	223.42
	Notes:	
	i) Do not count control(s) as separate tube(s).	
	ii) Fee items 90290 and 90295 not payable for CD4 counts in patients with HIV infection.	
90295**	Immunophenotyping by flow cytometry - peripheral blood and/or tissue and/or bone marrow and/or body fluids - each additional tube.....	34.42
	Notes:	
	i) Do not count control(s) as separate tube(s).	
	ii) Fee items 90290 and 90295 not payable for CD4 counts in patients with HIV infection.	
90300	Indirect Coombs (per tube).....	15.05
	Note: Not chargeable when performed as a blood bank service. Claim must state specific reason for this test.	
90305	Infectious mononucleosis - slide agglutination	17.10
Add-On Tests: A test for infectious mononucleosis may be performed and billed under the following circumstances:		
	a) Lymphocytosis (>4.0 absolute count) in an adult under the age of 50 years.	
	b) Significant numbers of reactive lymphocytes (estimate of >10% of total WBC).	
90310***	Ivy template bleeding time	26.63
	Note: 90310 not chargeable for Duke Method.	

90315	Latex test (rheumatoid factor).....	8.41
	Note: Also payable for immunoassay techniques for the detection and quantification of rheumatoid factor.	
90320**	Leucocyte alkaline phosphatase (L.A.P.) score	42.35
90325***	Lymphocyte stimulation test	106.30
90330***	Lymphocyte stimulation test - each additional antigen or mitogen.....	32.16
90335**	Malaria and other parasites	61.82
90340**	Marrow films for interpretation	163.79
90345**	Marrow or peripheral blood stem cells	104.80
90350***	Mixed leukocyte culture - donor and recipient.....	112.77
90355***	Mixed leukocyte culture - each additional culture	129.35
90357	Neutrophil Oxidative Burst assay	112.77
90365***	Oxygen dissociation curve.....	77.96
90370	Partial thromboplastin time	6.57
90375**	Partial thromboplastin time (PTT) substitution test for factor deficiencies	42.77
90377**	Phospholipid Neutralization Test – for confirmation of Lupus Anticoagulant	42.25
90380	Plasma hemoglobin	16.88
90385***	Plasminogen assay	45.87
90390**	Platelet antibodies	34.46
	Note: 90390 normally may not be billed to the minister when performed as a blood bank service or where available from the Canadian Blood Services. If this service is required on an emergency basis from other than the Canadian Blood Services, the claim must state a specific reason for this test.	
90400	Platelet estimation on film.....	4.64
90405**	Platelet function aggregation (per additive).....	21.93
90415+	Preparation of plasma	16.19
90420***	Protein C activity.....	51.33
90425***	Protein C antigen	56.18
90427**	Protein S activity (clot-based).....	38.31
	Note: Not billable with 90430.	
90430***	Protein S free antigen	43.51
90440	Prothrombin time/INR	12.07
90445***	Pyruvic kinase assay (red cell).....	75.52
90450	Pyruvic kinase (PK.) screening test.....	13.30
90460+	RBC antibody detection, per tube	6.89
	Note: Albumin, enzyme or other antibody enhancement, e.g.: LISS additive	
90465	Blood film review	17.99
	Note: As a guideline, the volume of 90465 Blood film review should not exceed approximately 9 percent of the total volume of CBC tests; the minister insures no more than this volume or percentage.	

The criteria for **adding on** blood film review (**90465**) are any one of the following:

Adult Patients

1. RBC Abnormalities

- a) Hemoglobin <100 or >175 g/L (female)
<120 or >190 g/L (male)
- b) MCV <75 or >105 fL (male or female)
<80 or >105 fL (pregnant female)
- c) MCH <27 pg (pregnant female)
- d) RDW >0.22 (male or female)
- e) MCHC >370 g/L (male or female)
- f) Abnormal RBC histogram or flag, requiring verification

2. WBC Abnormalities: (criteria apply to male or female)

- Total count <4.0 or >30.0 x 10⁹/L
- Automated Differential Results
 - Neutrophils <1.0 or >20.0 x 10⁹/L
 - Monocytes >2.0 x 10⁹/L
 - Lymphocytes >5.0 x 10⁹/L
 - Eosinophils >2.0 x 10⁹/L

Basophils >0.2 x 10⁹/L
Instrument flag suggesting abnormal population.

3. Platelet Abnormalities:

Automated platelet count <100 or >800 X 10⁹/L (male or female).
Abnormal platelet histogram or flag, requiring verification.

Children

- If relevant parameters fall outside reference intervals for age and sex.
- Abnormal RBC histogram or instrument flag requiring verification.
- Instrument flag suggesting abnormal WBC population.
- Abnormal platelet histogram or instrument flag requiring verification.

NOTES: These add-on criteria apply to new findings only. For patients with known abnormalities, e.g.: kidney failure, blood film review could be added on and billed if there is a significant change; e.g.: Hemoglobin change >20 g/L and outside the reference interval MCV change >5 fL and outside the reference interval.

NOTES: Laboratories should investigate the rationale for the change prior to adding the test, if it occurred within 7 days of the previous result, for example, the change may be due to a recent blood transfusion post-child birth.

90480**	Red cell fragility - incubated	57.13
90490	Reticulocyte count and/or Heinz bodies	11.54

Reticulocyte Count

When a reticulocyte count is requested, the Hematology Profile (90205), in addition to the reticulocyte count (90490), may be performed and billed.

90495+	Rh(D) typing.....	10.38
90505**	Ristocetin co-factor assay	77.57
90512	Secretion smear for eosinophils	7.41
90515	Sedimentation rate	10.61

Notes:

- i) Not payable if requested with 91300 (C – Reactive Protein) for adults aged 19 or above.
- ii) Not payable unless an acceptable indication is written on the requisition by the referring practitioner.
- iii) Refer to GPAC [guideline](#) "C-Reactive Protein and Erythrocyte Sedimentation Rate Testing" for additional information.

90520	Serum haptoglobin	20.42
90525	Sickle cell identification.....	76.41
90540**	Thalassemia/hemoglobinopathy investigation.....	65.46

Notes:

- i) 90540 includes 90465 and 90205, and 90240 (utilizing an electrophoretic or chromatographic separation technique for the detection and quantification of normal and variant hemoglobins including Hemoglobin A2 and Hemoglobin F.
- ii) In selected cases, 90240 may be billed in addition to 90540, where further electrophoreses (e.g.: citrate agar and/or isoelectric focusing) are required as diagnostic and/or confirmatory tests.
- iii) Not payable with 90220 (Hemoglobin A2) or 90175 (Fetal Hemoglobin).

90545	Thrombin time.....	8.31
90555**	Von Willebrand factor antigen	107.66
90560***	Von Willebrand's multimer analysis by Autoradiography	88.77
90565***	White blood cell agglutinins	71.34



SCHEDULE OF FEES

For the Laboratory Services Outpatient

PAYMENT SCHEDULE

Section Two	Microbiology Fee Items	Issued: October 1, 2015
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MICROBIOLOGY FEE ITEMS

The Microbiology Double Asterisk (**) fee items may require review/interpretation or a written report on a proportion of cases. The specific interaction as well as the proportion is a function of the request, the source of the specimen, the methodology utilized, the result, and the clinical context.

The list below has been developed as a guide to when intervention by a Laboratory Medicine/ Medical Microbiologist physician is indicated.

Fee Codes	Name of Test	Laboratory Medicine physician intervention is required in the following circumstances
90600	Acid fast organisms – culture	All positive cultures for Mycobacterium species
90605	Anaerobic culture investigation	All culture positive for C. Perfringens or C.tetani
90610	Serum bactericidal test	All results
90615	Antibiotic susceptibility test	S. Aureus resistant to Oxacillin screening test. Enterococci resistant to Vancomycin or high level amino-glycosides, or Ampicillin. S. Pneumoniae resistant to Oxacillin screen. (For out-patients, organisms resistant to all oral antibiotics tested.)
90625	Blood culture	Positive blood cultures Positive Gram stains from blood cultures.
90660	Diphtheria antibodies	All results
90665	Fungus culture	Positive for significant fungus species as defined by clinically accepted criteria
90720	Routine culture	Positive cultures from normally sterile body fluids. Positive cultures for “reportable” communicable organisms.
90825	Electron microscopy	Positive for any organism (<i>Virology fee item</i>)
90770	Tetanus antibody	All results

Fee Codes	Name of Test	Laboratory Medicine physician intervention is required in the following circumstances
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90775	Throat or nose culture	Request for, or positive culture for C.diphtheriae
90780	Additional throat/nose culture	Request for, or positive culture for C.diphtheriae

Note: The table above does not preclude laboratory specialty follow-up as required in all other circumstances.

		Total Fee \$
90600**	Acid fast organisms - culture	24.13
90605**	Anaerobic culture investigation.....	11.77
	Note: This fee may be additional to 90720.	
90610***	Serum bactericidal test	66.41
90615**	Antibiotic susceptibility test: semi-quantitative per organism.	11.61
	Notes:	
	i) To a maximum of three for urine, and two for nose/throat.	
	ii) Test to be performed on pure culture	
90620	Biochemical identification of micro-organism - per organism, non-stool.....	9.55
	Note: The number of combined identifications payable per specimen by biochemical (90620), MALDI-TOF-MS (90752) is limited to a maximum of three for urine, and two for nose/throat	
90625**	Blood culture, using aerobic and/or anaerobic media	36.08
90630	C. difficile toxin, immunological method	16.64
	Note: 90630 not to be performed on formed stool and not billable with P90656 or P90811.	
90640	Candida culture	6.81
P90647	Trichomonas vaginalis (TV) detection by NAAT – urine or swab.....	18.54
	Notes:	
	i) Not payable with P90648 GC/CT detection by NAAT – urine or swab	
	ii) Not payable with P90784 Trichomonas Antigen Test or 90785 Trichomonas and/or Candida, direct examination	
	iii) Not payable with P90649 GC/CT/TV detection by NAAT – urine or swab	
	iv) TV detection by NAAT (P90647 and P90649), should not be used for general screening. The test should only be performed on symptomatic individuals and those in high risk groups.	
	v) If two or more specimens are submitted on the same day, laboratory medicine physician approval for testing both is required.	
P90648	Gonorrhea/Chlamydia trachomatis (GC/CT) detection by NAAT – urine or swab	16.80
	Notes:	
	i) Not payable with P90649 GC/CT/TV detection by NAAT – urine or swab	
	ii) Not payable with P90647 TV detection by NAAT	
	iii) If two or more specimens are submitted on the same day, laboratory medicine physician approval for testing both is required.	
P90649	Gonorrhea/Chlamydia trachomatis/Trichomonas vaginalis (GC/CT/TV) detection by NAAT – urine or swab	31.47
	Notes:	
	i) Not payable with P90648 GC/CT detection by NAAT – urine or swab	
	ii) Not payable with P90784 Trichomonas Antigen Test or 90785 Trichomonas and/or Candida, direct examination	
	iii) Not payable with P90647 TV detection by NAAT	
	iv) If two or more specimens are submitted on the same day, laboratory medicine physician approval for testing both is required.	
	v) TV detection by NAAT (P90647 and P90649), should not be used for general screening. The test should only be performed on symptomatic individuals and those in high risk groups.	

90645	Chlamydia antigen.....	16.84
	Note: Not payable for urogenital specimens	
90650	Chlamydia culture.....	42.84
	Note: 90650 cannot be claimed for fluorescent antibody methods (90725).	
P90656	C. difficile toxin, real time PCR.....	48.91
	Notes:	
	i) Not billable with 90630 or P90811.	
	ii) Paid in addition to stool culture (90745), serological identification of microorganisms (90725), biochemical identification of microorganisms (90750), molecular identification of stool isolate (90751), and MALDI-TOF-MS (90753).	
90660***	Diphtheria antibodies.....	21.14
90665**	Fungus culture.....	21.41
90670	Fungus, direct examination KOH preparation.....	13.76
90675	Hepatitis B e antigen.....	14.87
	Note: 90675 only to be performed if HBsAg is positive	
90685	Hepatitis A - IgM antibody (anti-HAV-IgM).....	18.42
90690	Hepatitis B core antibody (anti-HBc).....	10.85
90700	Hepatitis B surface antibody (anti-HBs).....	11.08
91765	Hepatitis B surface antigen.....	10.40
90715	Rotavirus antigen.....	16.87
	Note:	
	i) 90715 restricted to Category III laboratories having a consultant medical microbiologist.	
	ii) Not billable with P90811.	
90720**	Routine culture.....	15.30
	Note: 90720 not billable for virus isolation.	
90725	Serological identification of bacterial micro-organism.....	15.94
	Notes:	
	i) 90725 applies to colonial isolates only.	
	ii) When billing multiple 90725 on same specimen, provide note record indicating suspected pathogens.	
	iii) Not billable with P90811.	
90730	Smear for inclusion bodies.....	12.38
90736**	Cervical culture.....	15.44
90737**	Vaginal culture.....	15.40
90738**	Urethral culture.....	21.17
90739**	Combined vagino-anorectal or vaginal culture for Group B Streptococcus only.....	15.40
	Note: Rectal specimens for pregnancy and/or GBS, bill under 90745.	
90740	Stained smear.....	16.71
	Notes:	
	i) Only in exceptional circumstances will a Gram stain be charged for a throat, nose or urine culture specimen.	
	ii) 90740 also is applicable to fecal leukocyte smear and acid fast smear of stool for Mycobacterium avium-intracellulare, if specifically requested.	
90741**	Genital culture – other site.....	25.28
	Notes:	
	i) Applicable to specimens from penis, introitus, vulva, Bartholin's cysts or non-childbearing age vagina.	
	ii) Specimens from age groups or situations not noted in i) should be billed under other medically appropriate codes.	
90745	Stool culture.....	16.90
	Note:	
	i) Campylobacter identification is a mandatory part of stool bacteriological studies. Only biochemical identification of micro-organism in stool (90750), molecular identification of stool isolates (90751), MALDI-TOF-MS (90753), antibiotic susceptibility test (90615) and/or serological identification of bacterial micro-organisms (90725) are payable with stool culture (90745), and only so when indicated based on stool culture findings and current practice standards.	
	ii) Not billable with P90811.	
90750	Biochemical identification of micro-organism in stool.....	14.42
	Note:	

	i) The number of combined identifications payable per stool specimen by biochemical (90750), molecular (90751), and MALDI-TOF-MS (90753) techniques is limited to a maximum of six.	
	ii) Not billable with P90811.	
P90751	Molecular identification, stool isolate	14.90
	Note:	
	i) The number of combined identifications payable per stool specimen by biochemical (90750), molecular (90751), and MALDI-TOF-MS (90753) techniques is limited to a maximum of six.	
	ii) Not billable with P90811.	
P90752	Identification of microorganisms via MALDI-TOF-MS, in non-stool specimen	6.84
	Note: The number of combined identifications payable per specimen by biochemical (90620), and MALDI-TOF-MS (90752) is limited to a maximum of three for urine, and two for nose/throat.	
P90753	Identification of microorganisms via MALDI-TOF-MS, in stool specimen.	6.84
	Note:	
	i) The number of combined identifications payable per stool specimen by biochemical (90750), molecular (90751), and MALDI-TOF-MS (90753) is limited to a maximum of six.	
	ii) Not billable with P90811.	
90755	Streptococcal enzyme slide test	12.52
90760*	Streptococci - rapid test	13.02
	Note: Item 90760 is not billable with 90775 or 90780.	
90765	Anti-streptolysin "O" titre	11.73
90770***	Tetanus antibodies	21.14
90775**	Throat or nose culture	18.18
90780**	Throat or nose culture - each additional culture	18.18
P90784	Trichomonas Antigen Test	18.75
	Note: Not payable with TV detection by NAAT (90647 and 90649).	
90785	Trichomonas and/or Candida, direct examination	11.63
	Note: Not payable with 90784 Trichomonas Antigen Test, or TV detection by NAAT (P90647 and P90649).	
90790	Urine colony count culture	19.57
P90791	Pneumocystis jirovecii Pneumonia (PJP) by Nucleic Acid Amplification Test (NAAT)....	125.00
	Notes:	
	i) Testing is restricted to St. Paul's Hospital.	
	ii) Testing should be limited to patients who meet the following criteria, with all requests reviewed by the Medical Microbiologist at St. Paul's Hospital to ensure criteria are met: patient is severely immunocompromised, with clinical symptoms of acute infection, and has compatible radiological findings.	
	iii) If PJP cytology testing is diagnostic, additional NAAT is not required.	
	iv) PJP testing by NAAT is restricted to bronchoalveolar lavage (BAL) specimens.	

Ova and Parasites Fee Items

90795	Pinworm Ova - Examination	43.94
90800	Stool examination, concentration methods	46.93
	i) 90800 not billable with 90805 and P90811.	
	ii) 90800 testing restricted to recent (within 6 months) immigrants, refugees, and travelers from low to middle income countries, and severely immunocompromised patients.	
90805	Macroscopic examination of parasite and/or direct microscopic examination	42.96
	Notes:	
	i) Applicable to scabies, lice, ticks, worms.	
	ii) 90800 not to be billed with 90805.	
90810	Stool examination, search for amoebae and/or permanent stain smear	46.93
	i) 90800 not billable with 90805 and P90811.	
	ii) 90800 testing restricted to recent (within 6 months) immigrants, refugees, and travelers from low to middle income countries, and severely immunocompromised patients.	

P90811 Infectious Diarrhea Panel (IDP)..... 105.04
Notes:
i) *P90811 not payable with: 90630, P90656, 90715, 90725, 90745, 90750, P90751, P90753, 90800 & 90810.*
ii) *Only billable once per 7-day period.*



SCHEDULE OF FEES
For the Laboratory Services Outpatient
PAYMENT SCHEDULE

Section Three	Chemistry Fee Items	Issued: October 1, 2015
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CHEMISTRY FEE ITEMS

	Total Fee \$
Base Fees:	
Notes: (These Notes apply to 91000, 91005 and 91010)	
i) 91000 is only applicable to tests requested from the "panel" listed below and are performed in the same facility or within the same laboratory accessioning system;	
ii) 91005 and 91010 are applicable to the collecting and the referral facilities when the initial facility performs only a portion of the tests requested and refers the remainder to a different facility or a different laboratory accessioning system;	
iii) 91005 and 91010 are not applicable to further referrals to additional facilities;	
iv) The base fee should be billed only with 91040, 91042, 91065, 91070, 91210, 91235, 91236, 91245, 91246, 91250, 91275, 91326, 91328, 91366, 91368, 91369, 91415, 91420, 91421, 91707, 91709, 91725, 91745, 91900, 91901, 91902, 92070, 92071, 92100, 92102, 92103, 92147, 92148, 92149, 92230, 92231, 92233, 92365, 92366, 92368, 92369, 92370, 92375, 92376 and 92377.	
91000 Primary base fee	15.62
Note: Not payable with 91690 or 91715	
91005 Split base fee (collecting facility)	7.02
91010 Split base fee (referral facility)	7.02
91020*** Acetylcholine receptor antibodies - qualitative	101.93
91021*** Acetylcholine receptor antibodies - quantitative	167.50
P91022*** Muscle-specific Tyrosine Kinase Antibody (MuSK Ab)	245.60
Notes:	
i) Testing is restricted to UBC Diagnostic Services Laboratory (DSL).	
ii) Fee item P91022 is only payable when requested by an Ophthalmologist or a Neurologist in BC diagnosing and treating patients suspected of having or confirmed to have Myasthenia Gravis (MG) or other Neuromuscular Junction disorders.	
iii) MuSK Ab test may only be requested following negative samples for fee item 91020 Acetylcholine receptor antibodies – qualitative, or fee item 91021 Acetylcholine receptor antibodies -quantitative.	
iv) Consultation with a Laboratory Medicine physician is required before MuSK Ab test may be requested (a triple asterisk fee item).	
v) Repeat testing in 3- 6 months may be indicated in patients with borderline results, as well as for a confirmed MG patient to monitor treatment response. Repeat testing in negative patients is not indicated.	
91027** Acid Lipase, white blood cells.....	51.25
Note: Restricted to BC Children's Hospital.	
91035** ACTH, plasma	36.57
91036*** ACTH stimulation test.....	45.24
91037** Acylcarnitine profiling.....	41.28
Note: Restricted to BC Children's Hospital.	
91040 Albumin - serum/plasma.....	1.55

91042	Albumin - transudate/exudate.....	1.06
91050	Alcohol.....	20.79
91055	Aldolase.....	14.12
91060**	Aldosterone - plasma.....	170.92
91061**	Aldosterone - urine.....	170.92
91065	Alanine aminotransferase (ALT).....	1.47
	Notes:	
	i) Fee item 91065 Alanine aminotransferase (ALT) is the preferred liver function test and is a superior marker of hepatocellular damage compared to the 91210 Aspartate aminotransferase (AST) test.	
	ii) In addition, measurement of AST 91210 in conjunction with ALT 91065 rarely adds clinical value and should not be co-billed, unless clinically indicated.	
91070	Alkaline phosphatase.....	1.57
91075*	Allergen specific IGE assay, per antigen.....	16.13
	Notes:	
	i) The performing laboratory must document that the patient meets the approved indications and supply that information as a billing note record.	
	ii) The standard number of allowable allergen specific 1gE antibodies per 12 month period is 5 per patient.	
	iii) This number can be increased to 10 when further approved by a Laboratory Medicine physician. This will require the addition of the MSP practitioner number of the approving Laboratory Medicine physician to the note record.	
	iv) If the referring physician is a Clinical Immunology & Allergy specialist, the number of allowable tests per 12 month period can exceed the allowable number specified in ii) or iii), up to 20. A note record is required beyond 20.	
91080	Alpha-1 antitrypsin.....	20.06
91090	Alpha fetoglobulin.....	13.03
91095	Alpha fetoprotein.....	24.79
91096**	Alpha-iduronidase, white blood cells.....	51.25
	Note: Restricted to BC Children's Hospital	
91097**	Alpha-mannosidase, white blood cells.....	51.25
	Note: Restricted to BC Children's Hospital.	
91100*	Aluminum.....	49.19
91105**	Amino acids, quantitative (chromatography).....	78.42
91110**	Amino acids-urine (chromatography).....	54.27
91115	Ammonia.....	7.41
91120***	Amniotic fluid, bilirubin scan.....	55.10
91125	Amylase - cyst.....	13.73
91126	Amylase - serum/plasma.....	5.27
	Notes:	
	i) 91126 not payable with 91930 (Lipase).	
	ii) Not payable if lipase sent to a referral facility.	
91127	Amylase - transudate/exudate.....	13.66
91128	Amylase - urine.....	7.53
91135	Androstenedione, plasma.....	36.09
91140	Angiotensin converting enzyme (ACE), analysis in serum.....	18.72
91142**	Anti-diuretic hormone (ADH), plasma.....	113.81
91155*	Antiglomerular basement membrane antibody.....	25.73
91162	Anti-tissue transglutaminase antibodies (anti-TTG), IgA.....	13.92
	Notes:	
	i) Fee includes payment for IgA quantitation when instrument readout suggests IgA deficiency or when 91162 is requested concurrently with 91840 and 91845.	
	ii) Not payable with 91800 or 91802.	
	iii) Anti-tissue transglutaminase antibodies (anti-TTG), IgA (91162) is ineffective for IgA deficient patients. The IgG anti-deamidated gliadin peptide (anti-DGP) antibodies test (P91163) is the recommended celiac disease test for this patient population.	
	iv) IgG anti-deamidated gliadin peptide (anti-DGP) antibodies (P91163) is the preferred follow up celiac disease test for patients up to 36 months of age.	

P91163	IgG anti-deamidated gliadin peptide (anti-DGP) antibodies.....	18.24
	Notes:	
	i) Use of this test is restricted to the following two patient populations:	
	a. Patients up to 36 months of age, and	
	b. IgA deficient patients.	
	ii) Restricted to referrals from pediatricians and gastroenterologists.	
	iii) Not to be performed on patients with previous or concurrent anti-TTG test that was clearly abnormal.	
	iv) Only to be performed once for diagnostic purposes and should not be repeated for monitoring purposes.	
91165*	Apolipoprotein A-1	20.40
91170	Apolipoprotein B-100	16.60
	Note: Not payable with 91375, 91780, or 92350 (Lipid profile, full or partial), except in relatively rare cases when it is payable at 50%, provided the referring practitioner has entered the indication (e.g.: "complex dyslipidemia") in the diagnosis portion of the requisition form.	
91180***	Apoprotein E genotyping	93.90
91185*	Arsenic.....	43.40
91191**	Aryl sulfatase A - white blood cells	51.38
91196**	Aryl sulfatase B - white blood cells	51.38
91200**	Aryl sulfatase C - fibroblasts.....	51.38
91201**	Aryl sulfatase C - white blood cells.....	51.38
91205	Ascorbic acid (vitamin C).....	26.76
91210	Aspartate aminotransferase (AST).....	1.73
	Notes:	
	i) Fee item 91065 Alanine aminotransferase (ALT) is the preferred liver function test and is a superior marker of hepatocellular damage compared to the 91210 Aspartate aminotransferase (AST) test.	
	ii) In addition, measurement of AST 91210 in conjunction with ALT 91065 rarely adds clinical value and should not be co-billed, unless clinically indicated.	
	iii) 91210 AST should only be requested to evaluate liver fibrosis or steatohepatitis.	
91216**	B-galactosidase - white blood cells	51.38
91221**	B-glucosidase- white blood cells	51.38
91226	Barbituates - quantitative.....	35.61
91230	Beta-2 - microglobulin.....	20.40
91232**	Beta-mannosidase, white blood cells	51.25
	Note: Restricted to BC Children's Hospital.	
91235	Bicarbonate - serum/plasma.....	2.37
91236	Bicarbonate - urine	1.06
91240	Bile pigments and salts, qualitative - urine	2.34
91241***	Bile acids, total	32.36
	Notes:	
	i) Payable to a maximum six per patient in the third trimester.	
	ii) Restricted to BC Children's Hospital.	
	iii) Billing restricted to pregnant patients only.	
91245	Bilirubin, total - serum/plasma	1.61
91246	Bilirubin, total - transudate/exudate	1.05
91250	Bilirubin, direct	1.58
91255	Blood, qualitative - gastric	2.44
91260	Bone GLA protein (osteocalcin).....	17.76
91270	Bromides, qualitative - urine	10.48
91275	B-type Natriuretic Peptide (BNP or NT-proBNP)	28.14
	Notes:	
	iii) Payable for assessment of symptomatic patients where the diagnosis of heart failure remains in doubt after standard assessment.	
	iv) Repeat testing not payable more than once annually unless requested by the practitioner for new clinical episode suspicious for heart failure or in the tertiary cardiac care outpatient setting for prognostic stratification of heart failure.	
	v) Not payable for repeat testing for monitoring therapy.	
91280	C - 1q esterase inhibitors	22.86

91285	C - 3 complement	9.61
91290	C - 4 complement	9.87
91295	C - peptide	47.42
91300	C - reactive protein	10.31

Notes:

- i) For adults aged 19 or above, only 91300 is payable when requested concurrently with 90515 (Sedimentation rate).
- ii) Refer to GPAC [guideline](#) "C-Reactive Protein and Erythrocyte Sedimentation Rate Testing" for additional information.

91305	CA 15-3.....	21.25
91310	CA 125	22.72
91315	CA 19-9.....	20.88
91320	Calcitonin	50.63
91325	Calcium - timed urine collection.....	5.48
91326	Calcium - total, serum/plasma	1.55
91327	Calcium - 24 hour excretion, feces	19.73
91328	Calcium - urine random	1.05
91330	Calculus analysis - urine.....	27.86
91335	Carbamazepine	15.32
91340	Carbon monoxide, quantitative.....	17.58

Notes:

- i) Payable for carboxyhemoglobin determinations utilizing a blood gas analyzer.
- ii) Not payable with 92045.

91345	Carotene.....	8.90
91350**	Catecholamines	59.27
91351**	Catecholamines fractions	40.79
Note: By separation into various types on same patient, same time with interpretation		
91352**	Catecholamines - urine.....	46.45
91353	Cell count - examination for feces	5.46
91360	Ceruloplasmin.....	10.15
91365	Chloride - quantitative - CSF and other fluids	7.21
91366	Chloride - serum/plasma	1.49
91367	Chloride - timed urine collection	10.06
91368	Chloride - urine random.....	3.26
91369	Chloride - whole blood.....	1.06
91370**	Chloride - by iontophoresis - sweat	77.50

Note: A request for **electrolytes** will be interpreted as a request for sodium and potassium only. Assays of **chloride** and bicarbonate will not be performed unless medically justified and specifically requested by a referring practitioner. The minister insures a volume of **chloride** and bicarbonate assays that amounts to no more than approximately 11% of the volume of assays for sodium and potassium.

91375	Cholesterol, total.....	6.87
91380**	Cholinesterase with dibucaine number	30.26
91388***	Chromatography - thin layer (T.L.C.).....	32.65
91390	Complement assay.....	19.63
91395	Complement, total haemolytic (CH 100)	43.71
91400	Copper- serum.....	49.19
91401*	Copper- tissue	49.77
91402	Copper- urine.....	49.78
91405	Cortisol.....	13.28
91406*	Cortisol, late night salivary test.....	77.25

Notes:

- i) Restricted to Vancouver General Hospital.
- ii) Payable only when requested by General Internists, Endocrinologists, Pediatricians and General Surgeons.

iii) *The daily maximum is one per patient.*

91410	Creatine - timed urine collection	12.73
91415	Creatine kinase (phosphokinase)	1.88
91420	Creatinine - random urine	5.10
Note: <i>Not payable with 91985 (Albumin creatinine ratio (ACR)).</i>		
91421	Creatinine - serum/plasma	1.52
91422	Creatinine - timed urine collection	5.80
91425	Cryofibrinogen	17.38
91430*	Culturing skin fibroblasts for biochemical or DNA analysis	603.88
91440	Cryoglobulins	41.92
91445	CSF - Albumin	20.16
91450	CSF - Immunoglobulin G	20.40
91455	Cyclosporine	23.47
91460	Dehydroepiandrosterone, serum (DHEA-S)	18.55
91465	Digoxin	18.97

Drug assay (single): *(Apply to fee items 91482 – 91574)*

91482	- Acetaminophen (quantitative)	11.47
91484	- Amikacin	45.99
91488	- Amitriptyline	24.64
91494	- Citrate, urine	24.66
91498	- Clomipramine	49.82
91500	- Clonazepam	46.53
91502	- Clozapine	27.92
91506	- Desipramine	24.35
91508	- Desmethylclobazam	46.53
91510*	- Diazepam	46.53
91524	- Gentamycin	26.69
91528	- Imipramine	46.53
91529*	- Lamotrigine	24.64
91538	- Methotrexate	46.53
91542	- Methylphenidate	46.53
91550	- Nortriptyline	24.35
91551*	- Olanzapine	24.64
91558	- Propranolol	46.53
91559*	- Quetiapine	24.64
91561*	- Risperidone	26.46
91564	- Tobramycin	26.17
91565*	- Topiramate	24.64
91572	- Valproic acid	16.55
91573	- Vancomycin	15.57
91574	- Zopiclone	24.64
91599	Drug assay - multiple (2 or more)	53.46

92550	Urine, Drugs Use Screen – per Analyte – single use kit	6.95
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Notes:

- i) *The above listing is for use in low volume settings only. Laboratories performing tests on greater than 1000 patients per year are expected to use specific listings indicated.*
- ii) *Maximum of 6 analytes per patient per day.*

Screening Assay Notes *(Apply to fee items 92503 – 92513)*

- i) *A maximum of 7 screening assays per patient, per day may be billed.*
- ii) *A request for a 'drug screen' will be interpreted as a request for analysis for methadone/methadone metabolite, opiates, benzodiazepines, cocaine/cocaine metabolite and amphetamines only.*

92503	Amphetamines	9.55
92505	Benzodiazepines	8.39

92506	Tetrahydrocannabinoids (THC).....	10.92
92507	Cocaine / Cocaine Metabolite.....	7.10
92508	Ethanol.....	6.92
92510	Methadone Metabolite.....	6.80
92511	Opiates.....	7.16
92513	Methadone.....	3.50
	Note: Not billable if laboratory has capability of performing methadone metabolite screening test.	
92514	Oxycodone, screening assay.....	12.82
	Notes:	
	i) Not paid to facilities that bill 92550.	
	ii) Only paid for immunoassays labelled specifically for oxycodone testing.	
	iii) Paid for screening with mass spectrometry or comparable method.	
92518	Fentanyl, urine screening immunoassay.....	13.10
	Notes:	
	i) Only paid for immunoassays labelled specifically for fentanyl testing.	
	ii) The urine screening immunoassay for fentanyl (92518) is adequate for most clinical situations and requests for confirmatory testing (fee item 92525) will only be considered after a positive screening immunoassay.	
	(1) Confirmatory and Specific Quantitative Assay Testing:	
92515*	Blood Methadone.....	46.42
	Note: Up to two specimens payable per day.	
	(2) Confirmatory and Specific Quantitative Assay Testing:	
	Notes: Apply to fee items 92520 - 92545	
	i) Two or more specific quantitative assays from fee items 92520 - 92545 are payable at the rate of the Comprehensive Drug Analysis (fee item 92546). Only one specimen per patient per day is payable;	
	ii) Applicable only to cases where the presence of the drug would have a significant impact on the management of the patient.	
92520*	1-Amphetamine.....	70.92
92521*	1-Metamphetamine.....	70.92
92525*	Fentanyl.....	70.92
	Note: Testing for confirmation (fee item 92525) of positive fentanyl screening assays (fee item 92518) will only be performed and payable following direct consultation with and approval by a Laboratory Medicine physician.	
92527*	Hydrocodone.....	70.92
92528*	Hydromorphone.....	70.92
92529*	Meperidine.....	70.92
92534*	Methylenedioxyamphetamine.....	70.92
92535*	Methylenedioxymethamphetamine.....	70.92
92536*	N-Acetyl Morphine.....	70.92
92538*	Oxycodone, confirmation of a positive screen.....	70.92
92539*	Oxymorphone.....	70.92
92543*	Propoxyphene.....	70.92
92545*	GC/MS Confirmation of Positive Screen.....	67.92
	Note: Payable for confirmatory methods utilizing liquid chromatography mass spectrometry (LC-MS).	
92546	Comprehensive Drug Analysis.....	119.94
	Note: Applicable only if an unknown drug could be the cause of unexplained neurological or psychiatric symptoms and where the presence of the drug would have a significant impact on the management of the patient.	
91600**	Electrophoresis – protein, qualitative.....	26.54
91601**	Electrophoresis – protein, quantitative.....	34.58
	Note: Includes fee item 92148 (Proteins, total, serum or plasma)	
91602**	Electrophoresis - C.S.F.	31.21
91603**	Electrophoresis - qualitative, urine.....	31.35
91605	Erythrocyte galactose 1 - phosphate transferase.....	70.84
91610	Estradiol.....	22.43

91620	Ethosuximide	18.47
P91628	Fecal Calprotectin (FC)	26.00
	Note: Fecal Calprotectin is only payable for patients with an inflammatory bowel disease (IBD) diagnosis.	
91630	Fecal pH	3.92
91635	Fecal elastase.....	46.65
	Note: Restricted to BC Children's and Women's Hospital Laboratory	
91636	Fat, fecal – timed collection	92.68
91640	Fatty acids, nonesterified (free).....	22.79
91645	Ferritin, serum.....	10.12
91650	Fibrinogen, quantitative, chemical	28.68
	Note: 91650 not chargeable for Fibrindex or other non-quantitative methods.	
91660	Follicle stimulating hormone (FSH)	13.13
91666**	Galactocerebrosidase - white blood cells.....	51.38
91685	Gastrin	63.32
91690	Glucose - gestational assessment	10.03
	Notes:	
	i) Not payable with 91000 or 91707.	
	ii) For chemical profile tests other than 91707 requested with 91715 or 91690, bill 91005 for the base fee.	
	iii) 91690 is restricted to Category IIC and Category III laboratories.	
91695	Glucose tolerance test - gestational protocol	15.84
	Notes:	
	i) Not payable with 91707 (Glucose serum plasma).	
	ii) Limited to one test per pregnancy.	
91700	Glucose semiquantitative	3.53
	Note: Dipstick analysed visually or by reflectance meter	
	<u>Glucose quantitative</u>	
91705	Glucose quantitative - CSF.....	6.45
91706	Glucose quantitative - joint fluid.....	6.45
91707	Glucose quantitative - serum/plasma	1.46
	Note: Not payable in addition to 91690 (Glucose, gestational assessment) or 91715 (Glucose tolerance test, 2 – 5 hours) or 91695 (Glucose tolerance test – gestational protocol).	
91708	Glucose quantitative - transudate/exudate	6.45
91709	Glucose quantitative - urine.....	1.06
	<u>Glucose qualitative</u>	
91710	Glucose - timed urine collection	7.13
91715***	Glucose tolerance test, 2 to 5 hours	12.94
	Notes:	
	i) Not payable with 91000 or 91707.	
	ii) For chemical profile tests other than 91707 requested with 91715 or 91690, bill 91005 for the base fee.	
91716**	Glucose tolerance test - 6 hours or more	39.40
91717**	Glucose tolerance test - intravenous	38.90
	Note: Fees include all urine and blood specimens.	
91720	Glucose phosphate isomerase	14.29
91725	Glutamyl transpeptidase - (GTP).....	1.66
91730	Glutathione peroxidase.....	44.32
91735	Gold	43.91
91740	Haptoglobin.....	19.77
91745	Hemoglobin, A1C	5.30
	Note: 91745 is restricted to Category III laboratories.	
91750	Hemoglobin, qualitative - urine	2.28
91760	Helicobacter pylori Carbon 13 urea breath test.....	36.50
P91761	Helicobacter pylori stool antigen (HPSA)	35.64
91770**	Hexosaminidases	51.38
	Note: Restricted to BC Children's Hospital only.	

91775**	Hexosaminidase - serum.....	51.38
91777**	Hexosaminidase - white blood cells	99.30
	Note: <i>Restricted to BC Children's Hospital.</i>	
91780	High density lipoproteins cholesterol (HDL cholesterol).....	7.85
91785	Homocystine, screening test - urine	2.28
91790**	Homovanillic acid (quantitative) urine.....	38.61
91795	Hydroxyindoleacetic acid (5 H.I.A.A.) - urine.....	9.28
91796	Hydroxyindoleacetic acid (5 H.I.A.A.) - quantitative - urine.....	44.28
91800	IgA Anti-gliadin antibodies.....	32.58
	Note: <i>Applicable only to TTG negative gluten sensitive enteropathy</i>	
91801	IgA quantitative - secretion	20.31
91802	IgA quantitative - serum/plasma	9.83
	Note: <i>Not payable with 91162 (Anti-tissue transglutaminase antibodies (anti-TTG), IgA).</i>	
91803	IgG quantitative - spinal fluid.....	20.06
91805	IgF - I (Somatomedin – C).....	55.08
91810*	IgG ¹	24.85
91811*	IgG ²	24.85
91812*	IgG ³	24.85
91813*	IgG ⁴	24.85
91814	IgG blocking antibody.....	20.40
91840	IgG - quantitative	9.95
91845	IgM - quantitative.....	10.05
91815*	Immune complex detection by Clq binding method.....	44.66
91820***	Immunofixation - CSF	105.31
91821***	Immunofixation - serum/plasma	104.12
91822***	Immunofixation - urine	104.12
91825	Immunoglobulin D	20.40
91830	Immunoglobulin and specific protein assays.....	20.40
	Note: <i>Item 91830 should only be billed for immunoglobulin and specific protein assays with no listing, for indicators approved by the minister.</i>	
91831	Immunoglobulin and specific protein assays - additional assay	
	Note: <i>Same patient, same specimen, same day.....</i>	12.53
91835	Immunoreactive trypsin	18.80
91855	Insulin, first specimen	27.55
91856	Insulin - each additional specimen (same patient and same time)	19.49
91857	Insulin - tolerance test, per specimen.....	6.29
91858***	Interferon beta, neutralizing antibodies	205.52
	Notes:	
	i) <i>Performance of this test is limited to the UBC Diagnostic Services Laboratory.</i>	
	ii) <i>Payable only when requested by Neurologists at the Multiple Sclerosis (MS) Clinics in B.C.</i>	
	iii) <i>Paid only for multiple sclerosis patients at MS Clinics receiving Interferon beta.</i>	
	iv) <i>Testing frequency for an MS patient may be every three months in specific clearly documented circumstances.</i>	
91860	Ionized calcium.....	14.02
P91861***	Voltage-gated Calcium Channel Antibody (VGCC Ab)	281.78
	Notes:	
	i) <i>Testing is restricted to UBC Diagnostic Services Laboratory (DSL).</i>	
	ii) <i>Fee item P91861 is only payable when requested by a Neurologist in BC testing patients for Lambert-Eaton Myasthenic Syndrome (LEMS) and in paraneoplastic and non-paraneoplastic cerebellar degeneration.</i>	
	iii) <i>Consultation with a Laboratory Medicine physician is required before this test may be requested (a triple asterisk fee item).</i>	
	iv) <i>VGCC Ab is a once in a lifetime test.</i>	
91865	Iron, total and binding capacity.....	7.56
	Notes:	
	i) <i>Laboratories may utilize binding capacity or transferrin to calculate transferrin saturation.</i>	
	ii) <i>Not payable with 92345.</i>	
91870**	Isoenzymes by electrophoresis	25.53

	Note: Applicable to alkaline phosphatase only.	
91881	Keto acids, chromatography - total, chemical - urine	10.99
91882	Keto acids, chromatography - screening tests - urine	5.44
91895	Lactate - serum/plasma	7.64
91896	Lactate - whole blood	17.89
91900	Lactate dehydrogenase - CSF.....	1.06
91901	Lactate dehydrogenase - serum/plasma	1.62
91902	Lactate dehydrogenase - transudate/exudate	1.05
91905	Lactose, qualitative - urine.....	9.81
91910	Lead	130.68
91911	Lead - timed urine collection.....	40.68
91915***	Lecithin sphingomyelin ratio	232.26
91920***	LHRH stimulation test - in addition to specific tests billed.....	46.22
	Notes:	
	i) To be charged only when a written consultative report is submitted.	
	ii) Requires consultation with a Laboratory Medicine physician and written interpretation.	
	iii) Fee includes all time spent with patient including injections or medications given.	
	iv) Not billable with other consultation fees.	
91925***	Light Chains, free kappa and lambda with ratio – quantitative.....	78.99
	Note: Payable for Plasma cell dyscrasias including oligo-secretory or non-secreting myeloma, primary amyloidosis, light-chain only form of myeloma and monoclonal gammopathy of unknown significance.	
91930	Lipase	6.62
	Note: Not payable with 91126 (Amylase – serum/plasma).	
91935*	Lipoprotein (a).....	29.61
91940**	Lipoprotein electrophoresis	56.04
	Note: Consultation and approval for 91940 must be documented by the Laboratory Medicine physician in cases of genetically related lipid abnormalities.	
91945	Lithium - serum/plasma	14.94
91950	Luteinizing hormone (LH)	12.41
91955	Magnesium - fecal	25.15
91957	Magnesium - serum/plasma	6.79
91958	Magnesium - urine	10.06
91965*	Mercury.....	52.42
91975**	Metanephrines, quantitative - 24 hour urine	155.77
91985	Albumin creatinine ratio (ACR).....	11.41
	Note: Not payable with 91420 (Creatinine – random urine).	
91990	Microscopic examination of feces.....	5.08
	Note: Includes visual analysis of muscle fibres, fat globules, white cells, etc.	
91992	Mitochondrial preparation – muscle.....	90.55
	Note: Restricted to BC Children's Hospital.	
91995	Mucopolysaccharides - urine	59.55
91997**	N-acetyl-Galactosamine-6-sulfate sulfatase, white blood cells	93.71
	Note: Restricted to BC Children's Hospital.	
92001	Nitrogen - 24 hr. excretion – urine	6.43
92005	Occult blood - feces	6.02
	Note: Applies only to guaiac methods	
92006	Fecal Immunochemical Test (FIT) - For analysis only	11.29
	Notes:	
	i) Not paid with 92005.	
	ii) Paid once per screen.	
92007	Fecal Immunochemical Test (FIT) - For sample collection only.....	6.57
	Notes:	
	i) Not paid with 92005.	
	ii) Paid once per screen.	
92010	Organic acids.....	105.41
92015	Osmolar concentration, serum	49.25
92016	Osmolar concentration - urine	49.41

Note: Use this listing for concentration test, dilution test and Mosenthal test in urine. Charge number of osmolar concentrations performed.

92020	Oxalate, timed urine collection	58.00
92025	Oxygen, capacity or content (direct gas analysis).....	20.06
92026	Oxygen - saturation (photometric).....	10.93
92030	Parathyroid hormone (intact).....	17.52
92040	Peptide hormones (by R.I.A.)	25.18
92045	pH, pCO ₂ , and pO ₂	36.18
92050	Phenothiazine screen	7.24
92056	Phenylalanine - quantitative	20.56
Note: 92056 is not chargeable for Mann kit method		
92060	Phenytoin, quantitative	17.13
92070	Phosphates – random urine	2.24
92071	Phosphates - serum/plasma.....	1.62
92072	Phosphates - timed urine collection	3.95
92075	Pigments, abnormal, (spectroscopic).....	14.06
92080**	Homocysteine - plasma	22.97
92085	Porphobilinogen, qualitative (P.B.G.) - urine	9.70
92090	Porphyrins - qualitative, urine	7.62
92091	Porphyrins - quantitative with separation - urine	56.74
92092	Porphyrins - quantitative with separation - feces.....	132.71
92095**	Porphyrins - quantitative - blood.....	21.76
92100	Potassium - serum/plasma	1.39
92101	Potassium - timed urine collection.....	5.57
92102	Potassium - urine random	2.84
92103	Potassium - whole blood	1.05

*Note (Applies to fee items 92100, 92101, 92102, and 92103): A request for **electrolytes** will be interpreted as a request for sodium and **potassium** only. Assays of chloride and bicarbonate will not be performed unless medically justified and specifically requested by a referring practitioner. The minister insures a volume of chloride and bicarbonate assays that amounts to no more than approximately 11% of the volume of assays for sodium and **potassium**.*

92105	Pre albumin	20.16
92108	Pregnancy test, immunologic - urine	15.50
Notes:		
i) Payable for pregnancy testing utilizing pregnancy test devices approved for professional use, or qualitative hCG methods utilizing automated test systems.		
ii) Not payable for quantitative hCG testing utilizing automated test systems.		
92110	Pregnancy test - serum	14.74
Notes:		
i) Payable for pregnancy testing utilizing pregnancy test devices approved for professional use, or qualitative hCG methods utilizing automated test systems.		
ii) Not payable for quantitative hCG testing utilizing automated test systems.		
92125	Primidone (mysolene).....	18.49
92130	Progesterone, serum/plasma	14.86
92131	Progesterone 17-OH, serum/plasma.....	41.71
92135	Prolactin	13.49
90710	Prostatic specific antigen (PSA).....	14.35
Note: This test is not intended for use as a diagnostic screening tool. It is intended only for known or suspected prostate cancer. All screening for PSA is patient pay.		
92145	Proteins - total, quantitative – including CSF	7.14
92146	Proteins - timed urine collection	5.95
92147	Proteins - total, joint fluid	1.05
92148	Proteins - total, serum or plasma.....	1.60
92149	Proteins - total, transudate/exudate	1.05
92150	Protease inhibitor typing of alpha 1, antitrypsin deficiency	32.95

92151***	Purine, pyrimidine and creatine disorder (PPCD) screen	63.34
	Note: Restricted to BC Children's Hospital.	
92152	Pyridinium Cross Links	24.67
92155	Pyruvates	17.98
92160	Quantitative beta hCG	16.30
92165	Quantitative hCG (intact)	25.18
92170	Quantitative IgE assay (performed in duplicate)	13.72
92185**	Renin - single determination	63.87
92190**	Renin - two or more determinations	98.11
92195**	Respiratory chain enzymes – muscle	274.56
	Notes:	
	i) Includes Complex I, Complex II, Complex IV, citrate synthase.	
	ii) Restricted to BC Children's Hospital.	
92200	Salicylates, qualitative - serum	5.24
92202	Salicylates, qualitative - urine	2.99
92203	Salicylates, quantitative - serum	9.26
92215*	Selenium	49.77
92220	Seminal fructose	7.32
92225	Serum viscosity	23.17
92227	Sirolimus	43.01
92230	Sodium - random urine	2.72
92231	Sodium - serum/plasma	1.38
92232	Sodium - timed urine collection	4.60
92233	Sodium - whole blood	1.05

*Note (Applies to fee items 92230, 92231, 92232, and 92233): A request for **electrolytes** will be interpreted as a request for **sodium** and **potassium** only. Assays of chloride and bicarbonate will not be performed unless medically justified and specifically requested by a referring practitioner. The minister insures a volume of chloride and bicarbonate assays that amounts to no more than approximately 11% of the volume of assays for **sodium** and **potassium**.*

92235*	Somatotropin, one specimen	30.38
92236*	Somatotropin - each additional specimen	19.36
92251**	Sphingomyelinase - white blood cells	51.38
92255	Sulfonamides, quantitative - urine	3.74
92260**	Sweat test (mucoviscidosis), chemical	10.20
92263	Tacrolimus	23.47
92266	Testosterone - total	15.81
	Note:	
	i) Testosterone, total (TT) should be the first test performed for the assessment of androgen deficiency. Requisitions for calculated bioavailable testosterone or free testosterone will be substituted with a determination of TT + SHBG (if the TT or clinical situation meets the approved criteria for SHBG analysis delineated below).	
	ii) Total testosterone ordered for the purposes of monitoring androgen deprivation therapy for prostate cancer, should be referred to a laboratory that performs tandem mass spectrometry with a total allowable error of less than 30% at a total testosterone concentration of 0.7 nmol/L. Alternatively, the laboratory could refer the sample to be measured by an alternate immunoassay methodology that meets this minimum standard. The total allowable error limit of 30% is in comparison to a reference method for testosterone.	
92267**	Sex hormone binding globulin (SHBG)	13.56
	Notes:	
	i) In adult males (>18 yrs.), SHBG should only be performed on patients whose TT lies within the upper half of the subnormal range (approximately 3-8 nmol/L for modern assays).	
	ii) SHBG may be ordered for investigation of high total testosterone (approximately 30-35 nmol/L) in men who are not receiving androgen replacement therapy.	
	iii) Total testosterone ordered for the purposes of monitoring androgen deprivation therapy for prostate cancer, should be referred to a laboratory that performs tandem mass spectrometry with a total	

allowable error of less than 30% at a total testosterone concentration of 0.7 nmol/L. Alternatively, the laboratory could refer the sample to be measured by an alternate immunoassay methodology that meets this minimum standard. The total allowable error limit of 30% is in comparison to a reference method for testosterone.

92270*	Thallium	43.91
92275	Theophylline	42.33
92277	Thiopurine Metabolites	50.46

Notes:

- i) Only billable by Victoria General Hospital.
- ii) Restricted to referrals from specialists prescribing thiopurine medications.

92278	Thiopurine Methyltransferase	54.49
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Notes:

- i) Should be done on patients prior to starting thiopurine medications
- ii) Testing is restricted to Surrey Memorial Hospital
- iii) Should only be performed once in a lifetime

92280	Thyroglobulin	27.90
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Note: Primary use is as a tumor marker for thyroid cancer. Non-neoplastic conditions where thyroglobulin measurement may be useful are thyrotoxicosis factitia, congenital hypothyroidism and inflammatory thyroiditis.

92285*	Thyroglobulin antibodies.....	20.40
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Note: Thyroglobulin antibodies should only be performed as an adjunct to thyroglobulin measurement for the conditions listed under 92280.

92305*	Thyroid receptor antibodies	22.48
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Note: Requires consultation with laboratory medicine physician.

Thyroid function tests

92310	Total T3.....	12.12
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Notes:

- i) Total T3 should only be requested and performed when total T4, free T4 or TSH are not diagnostic of thyroid disease;
- ii) The volume of tests for total T3 should not exceed 10 percent of the volume of tests for total T4 and/or TSH.

92311	T3 - free	9.35
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92315	T4 or total thyroxine	12.12
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92320***	Thyroid Releasing Hormone (TRH) Stimulation Test.....	55.91
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Note: Includes all time spent with patient, including injection and medication administered.

92325	Thyroid stimulating hormone (TSH) - any method	9.90
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92330	Free T4	12.12
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Notes: Thyroid disease tests:

- i) TSH is the preferred test for the initial investigation of thyroid disease and for monitoring thyroid hormone replacement therapy.
- ii) For the initial diagnosis of thyroid disease, confirmation of an abnormal TSH with a free T4 is indicated.
- iii) Refer to GPAC [Guideline](#): "Thyroid Function Tests: Diagnoses and Monitoring of Thyroid Function Disorders in Adults (January 2010)" for other situations and additional information.

92332	Thyroperoxidase antibodies	20.22
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Note: Payable only for possible autoimmune thyroid disease

92335*	Tissue iron	43.91
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92340	Transcobalamine II	20.40
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92345	Transferrin	7.56
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Notes:

- i) Includes iron, when transferrin saturation requested.
- ii) Laboratories may utilize binding capacity or transferrin to calculate transferrin saturation.
- iii) Not payable with 91865 (Iron, total and binding capacity).

92346**	Transferrin Isoelectric focusing (qualitative).....	90.49
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Note: Restricted to BC Children's Hospital.

92350	Triglycerides - serum/plasma	6.59
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92351	Triglycerides - transudate/exudate	9.05
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92353**	13C Triolein Breath Test for malabsorption.....	67.91
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Notes:

	i) Includes collection of “before” and “after” breath samples.	
	ii) Not billable with 91636.	
92355	Troponin.....	15.05
92360	Trypsin - qualitative - feces.....	2.24
92365	Urea - amniotic fluid.....	1.06
92366	Urea - CSF.....	1.06
92367	Urea - nitrogen quantitative - urine.....	7.42
92368	Urea - serum/plasma.....	1.57
92369	Urea - urine random.....	1.76
92370	Urea - whole blood.....	1.06
92375	Uric acid - random urine.....	1.06
92376	Uric acid - serum/plasma.....	1.70
92377	Uric acid - synovial fluid.....	1.58
92378	Uric acid - timed urine collection.....	4.56
Urinalysis		
92382	Urinalysis - Complete diagnostic, semi-quant and microscopic.....	5.63
92385	Urinalysis - Chemical or any part of (screening).....	2.05
92390	Urinalysis – Macroscopic	
	Note: To include any/all of dipstick, specific gravity, visual.....	7.42
92391	Urinalysis - Microscopic examination of centrifuged deposit.....	4.19
92395	Urinalysis - Microscopic.....	7.17
	Note: 92395 restricted to Category IIC and Category III laboratories	
92396	Microalbumin, semiquantitative by urine dipstick.....	6.68
92397	Protein creatinine ratio, urine.....	7.67
	Note: Not paid with 92146, 91985, 91420 or 91422.	
92405	Urobilinogen, qualitative - urine.....	4.09
92420**	Vanillylmandelic acid (V.M.A.).....	38.61
92425*	Very long chain fatty acids.....	91.69
92430***	Vitamin A.....	47.86
92435*	Vitamin B1.....	54.30
92440*	Vitamin B2.....	54.30
92450	Vitamin B12.....	14.38
92455**	Vitamin D (1,25 dihydroxy).....	94.49
92460**	Vitamin D (25 Hydroxy-cholecalciferol).....	61.32
	Notes:	
	i) 92460 is not intended for other metabolites of Vitamin D.	
	ii) Payable only for beneficiaries under the age of 19 years or when requested by a specialist.	
	iii) Refer to GPAC guideline “Vitamin D Testing Protocol” for additional information.	
92465	Vitamin E.....	53.94
92467	White blood cell preparation for lysosomal enzyme testing.....	42.36
	Note: Restricted to BC Children’s Hospital.	
92470**	Xylose tolerance.....	106.16
92475	Zinc.....	102.44



SCHEDULE OF FEES

For the Laboratory Services Outpatient

PAYMENT SCHEDULE

Section Four	Cytogenetics Fee Items	Issued: October 1, 2015
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CYTOGENETICS FEE ITEMS

	Total Fee \$
93015*** Cytogenetic analysis of short term blood culture (lymphocytes).....	301.44
93020*** Cytogenetic analysis of bone marrow/malignant effusion	516.59
93025*** Cytogenetic analysis of chorionic villus sampling.....	727.15
<i>Note: Not to be billed with 93030 on same day.</i>	
93030** Cytogenetic analysis of cultured amniotic fluid.....	414.61
93035*** Cytogenetic analysis of cultured tissue (skin, amnion etc.).....	414.49
93040*** Cytogenetic analysis of prenatal fetal blood sample	392.46
93045*** Cytogenetic analysis of solid tumours	966.29
P93047 Immunoglobulin Heavy Chain Variable Region Somatic Hyper Mutational Status (IGHV-MA)	296.18
Notes:	
i) Testing is recommended for newly diagnosed chronic lymphocytic leukemia patients	
ii) Testing is restricted to Vancouver General Hospital's Cytogenetics Laboratory	
iii) Should only be performed once in a lifetime	
93048 Telomere Length testing for Telomere Biology Disorders (TBDs) 2-panel assay, by flow cytometry – fluorescent in-situ hybridization (Flow-FISH)	400.00
Notes:	
i) Fee item P93048 is only payable when requested by a Clinical Hematologist or Medical Geneticist.	
ii) Test approval by a Hematopathologist is required	
iii) Testing is restricted to patients with clinical and/or laboratory evidence of Telomere Biology Disorders (TBDs) and to genetically-related candidate stem cell donors for patients with identified TBDs	
iv) The 2-panel assay (P93048) should be performed first, with the use of the 6-panel assay (P93049) limited to cases with inconclusive 2-panel assay results. Further approval by a Hematopathologist is required prior to requesting the 6-panel assay	
v) Testing is restricted to Repeat Diagnostics Inc.	
93049 Telomere Length testing for Telomere Biology Disorders (TBDs) 6-panel assay, by flow cytometry – fluorescent in-situ hybridization (Flow-FISH)	800.00
Notes:	
i) Fee item P93049 is only payable when requested by a Clinical Hematologist or Medical Geneticist.	
ii) Test approval by a Hematopathologist is required	

	iii) Testing is restricted to patients with clinical and/or laboratory evidence of Telomere Biology Disorders (TBDs) and to genetically-related candidate stem cell donors for patients with identified TBDs	
	iv) The 2-panel assay (P93048) should be performed first with the use of the 6-panel assay (P93049) limited to cases with inconclusive 2-panel assay results. Further approval by a Hematopathologist is required prior to requesting the 6-panel assay.	
	v) Testing is restricted to Repeat Diagnostics Inc.	
93050***	Cytogenetic analysis/fluorescence in situ hybridization (FISH), complex	466.46
	Note: For cytogenetic evaluation of engraftment in opposite-sex bone marrow transplants, follow-up investigations for leukemia patients with known cancer specific chromosome abnormalities, and rare and complex investigations requiring detailed molecular probing.	
P93051	Cytogenetic analysis/fluorescence in situ hybridization (FISH), single probe	192.68
	Notes:	
	i) For investigations in which a single molecular probe reagent is used as an adjunct to standard cytogenetic techniques for the detection or interpretation of specific chromosome abnormalities.	
	ii) To a maximum of three services per patient; greater than 3 services requires a note record.	
P93052	Cytogenetic analysis/fluorescence in situ hybridization (FISH), subtelomeric probe.....	515.49
	Notes:	
	i) For sub-microscopic evaluation of the ends of the 24 different chromosomes in patients with unexplained mental and/or physical disorders.	
	ii) Restricted to Royal Columbian Hospital.	
P93053	Cytogenetic analysis/fluorescence in situ hybridization (FISH), uncultured amniotic fluid.....	389.61
	Note:	
	For testing amniotic fluids using a probe set designed for rapid testing of more commonly encountered abnormalities in chromosome number.	
93055	Special staining (Giemsa II, DAPI/SCE, NOR).....	30.78
93060	Special banding (Q-, R-, C-)	29.48
93065	Amniotic cell culture grown for biochemical analysis only.....	210.20
93070***	Chromosomal breakage studies.....	181.80
93075	Chromosomal mosaicism - investigation.....	114.52
93080	Chromosome analysis – high resolution	123.82



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PAYMENT SCHEDULE

Section Five	Virology Fee Items	Issued: October 1, 2015
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VIROLOGY FEE ITEMS

		Total Fee \$
90815	Serological tests - 1 to 3 antigens	36.83
90820	Serological tests - 4 or more antigens	37.98
	<i>Note: Not to be billed for any virology testing where specific listings exist (e.g.: Hepatitis).</i>	
90825***	Smear or section for electron microscopy	27.79
90830	Virus isolation	51.65
	<i>Note: Not paid with 90831, 90832 and 90833.</i>	
90831	Hepatitis B virus (HBV) identification by nucleic acid amplification, direct - quantification	60.34
	Notes:	
	i) The daily maximum is one.	
	ii) Annual maximum per patient is six.	
	iii) Not paid with 90830.	
	iv) Not intended as a diagnostic screening tool. Use only for the management of patients being treated as per antiviral protocols.	
90832	BK polyoma virus identification by nucleic acid amplification, direct – quantification.....	39.13
	Notes:	
	i) The daily maximum is one.	
	ii) Annual maximum per patient is 30.	
	iii) Not paid with 90830.	
	iv) Not intended as a diagnostic screening tool. Use only for post-transplant management.	
90833	Cytomegalovirus Viral (CMV) identification by nucleic acid amplification, direct – quantification.....	36.92
	Notes:	
	i) The daily maximum is one.	
	ii) Annual maximum per patient is 60.	
	iii) Not paid with 90830.	
	iv) Not intended as a diagnostic screening tool. Use only for post-transplant management.	
90835***	HBV drug resistance mutation analysis.....	129.88
	Notes:	
	i) Annual maximum is two per patient.	
	ii) Paid in addition to 90831.	

P90836	Congenital Cytomegalovirus PCR tests (cCMV).....	30.23
	Notes:	
	i) Testing is restricted to BC Children's and Woman's Hospital	
	ii) Testing will be performed on oral swabs from neonates, which must be collected prior to three weeks of age	
	iii) Confirmatory urine testing is required for all positive oral swab samples	
	iv) Criteria for cCMV testing of neonatal saliva samples (saliva swab) by PCR will be consistent with BC Children's and Woman's Hospital Diagnosis and Management Guideline for congenital CMV	
P90837	Novel Coronavirus Disease 2019 (COVID-19 or 2019-nCoV) Test	26.73
P96293	CUAET HIV Screen.....	23.71
	Notes:	
	i) Only payable for eligible immigrants with appropriate immigration documentation under the Canada-Ukraine Authorization Emergency Travel (CUAET) program.	
	ii) Referring practitioner must be on the list of Panel Physicians approved by Immigration, Refugees and Citizenship Canada (IRCC).	
	iii) Should only be performed once in a lifetime	
	iv) Billing is restricted to the BC Centre of Disease Control Public Health Laboratory	
P96294	CUAET Syphilis Screen.....	20.14
	Notes:	
	i) Only payable for eligible immigrants with appropriate immigration documentation under the Canada-Ukraine Authorization Emergency Travel (CUAET) program.	
	ii) Referring practitioner must be on the list of Panel Physicians approved by Immigration, Refugees and Citizenship Canada (IRCC).	
	iii) Should only be performed once in a lifetime	
	iv) Billing is restricted to the BC Centre of Disease Control Public Health Laboratory	
P96295	CUAET HIV Confirmatory Test.....	118.00
	Notes:	
	i) Only payable for eligible immigrants with appropriate immigration documentation under the Canada-Ukraine Authorization Emergency Travel (CUAET) program.	
	ii) Referring practitioner must be on the list of Panel Physicians approved by Immigration, Refugees and Citizenship Canada (IRCC).	
	iii) Should only be performed once in a lifetime	
	iv) 96295 CUAET HIV Confirmatory Test is only payable after a positive CUAET HIV Screen (96293)	
	v) Billing is restricted to the BC Centre of Disease Control Public Health Laboratory	
P96296	CUAET Syphilis Confirmatory Test.....	21.00
	Notes:	
	i) Only payable for eligible immigrants with appropriate immigration documentation under the Canada-Ukraine Authorization Emergency Travel (CUAET) program.	
	ii) Referring practitioner must be on the list of Panel Physicians approved by Immigration, Refugees and Citizenship Canada (IRCC).	
	iii) Should only be performed once in a lifetime	
	iv) 96296 CUAET Syphilis Confirmatory Test is only payable after a positive CUAET Syphilis Screen (96294)	
	v) Billing is restricted to the BC Centre of Disease Control Public Health Laboratory	



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PAYMENT SCHEDULE

Section Six	Anatomic Pathology Fee Items	Issued: October 1, 2015
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ANATOMIC PATHOLOGY FEE ITEMS

	Total Fee \$
93010 Crystal identification, synovial fluid.....	40.05
93085 Cytologic preparation and examination of fine needle aspirate	94.24
93090 Cytologic preparation and interpretation of pre-screened, non-gynaecological cytology.....	65.54
93095 Cytologic preparation and interpretation of unscreened, non-gynaecological cytology.....	85.52
93100* Electron microscopy fee	384.40
93105 Hepatic glycogen (tissue)	32.52
93110 Hepatic glucose-6 phosphatase	49.10
93115 Muscle biopsy enzyme studies.....	195.44



SCHEDULE OF FEES

For the Laboratory Services Outpatient

PAYMENT SCHEDULE

Section Seven	Other Laboratory Services Fee Items	Issued: October 1, 2015
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OTHER FEE ITEMS

		Total Fee \$
90000	Venepuncture and dispatch of specimen to laboratory, when no other blood work performed.....	7.65
	Notes:	
	i) <i>This is the only fee applicable for taking blood specimens and is to apply in those situations where a single blood work service is provided by a facility or person not associated with the venepuncture.</i>	
	ii) <i>Where a blood specimen is taken by a laboratory and dispatched to another unassociated laboratory, the original laboratory may charge 90000 only when it does not perform another laboratory procedure using blood collected at the same time.</i>	
96292	CUAET Venepuncture and dispatch of specimen to laboratory, when no other blood work performed.....	7.65
	Notes:	
	i) <i>Only payable for eligible immigrants with appropriate immigration documentation under the Canada-Ukraine Authorization Emergency Travel (CUAET) program.</i>	
	ii) <i>Referring practitioner must be on the list of Panel Physicians approved by Immigration, Refugees and Citizenship Canada (IRCC).</i>	
	iii) <i>Where a blood specimen is taken by a laboratory and dispatched to another unassociated laboratory, the original laboratory may charge 96292 only when it does not perform another laboratory procedure using blood collected at the same time.</i>	

Note to Operators: The venepuncture and dispatch listings apply only to those situations where this sole service is provided by a facility or person not associated with any other blood work services provided to that patient. Fee item 90000 and 96292 cannot be billed or paid to an operator if any other blood work assays are performed or if the specimen is sent to an associated facility.

93160	Semen, Complete Examination	82.34
	Note: <i>Includes total count, motility count, pH, and morphology</i>	
93170	Sperm, seminal examination for presence or absence	26.98

94999 Laboratory Medicine Miscellaneous Fee Item.....As adjudicated

Laboratory Medicine miscellaneous fee item 94999 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.

Note to Operators:

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

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

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.