



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 April 16, 2024



SCHEDULE OF FEES
For the Laboratory Services Outpatient
PAYMENT SCHEDULE

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Issued: October 1, 2015

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SCHEDULE OF FEES
For the Laboratory Services Outpatient
PAYMENT SCHEDULE

Table with 2 columns: Introduction to the Schedule of Fees, Issued: October 1, 2015

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 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 |
|--------------------|--|--------------------------------|

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 |
|-------|------------------------------------|-------|

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 | Total Fee \$ |
|---|---|---|--------------|
| 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. | | | |
| 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 |
| 90647 | Trichomonas vaginalis (TV) detection by NAAT – urine or swab..... | | 40.08 |
| | Notes: | | |
| | i) Not payable with 90648 GC/CT detection by NAAT – urine or swab | | |
| | ii) Not payable with 90649 GC/CT/TV detection by NAAT – urine or swab | | |
| | iii) TV detection by NAAT (90647 and 90649), should not be used for general screening. The test should only be performed on symptomatic individuals and those in high risk groups. | | |
| | iv) If two or more specimens are submitted on the same day, laboratory medicine physician approval for testing both is required. | | |
| 90648 | Gonorrhea/Chlamydia trachomatis (GC/CT) detection by NAAT – urine or swab | | 16.36 |
| | Notes: | | |
| | i) Not payable with 90647 TV detection by NAAT | | |
| | ii) If four or more specimens are submitted on the same day, laboratory medicine physician approval for testing is required. | | |
| 90649 | Gonorrhea/Chlamydia trachomatis/Trichomonas vaginalis (GC/CT/TV) detection by NAAT – urine or swab | | 19.90 |
| | Notes: | | |
| | i) Not payable with 90647 TV detection by NAAT | | |
| | ii) If two or more specimens are submitted on the same day, laboratory medicine physician approval for testing both is required. | | |
| | iii) TV detection by NAAT (90647 and 90649), should not be used for general screening. The test should only be performed on symptomatic individuals and those in high risk groups. | | |
| 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 |
| | <i>Note: 90675 only to be performed if HBsAg is positive</i> | |
| 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 <i>Mycobacterium avium-intracellulare</i> , 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) <i>Campylobacter</i> 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 |
| 90785 | Candida, direct examination | 11.63 |
| 90790 | Urine colony count culture | 19.57 |

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 |
|----------------------|----------------------------|--------------------------------|

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 111.19 |
| 91021*** | Acetylcholine receptor antibodies - quantitative 258.54 |
| 91022** | Muscle-specific Tyrosine Kinase Antibody (MuSK Ab) 310.25 |
| Notes: | |
| i) Testing is restricted to BC Neuroimmunology Lab. | |
| ii) Fee item 91022 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) 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: | |
| | v) Payable for assessment of symptomatic patients where the diagnosis of heart failure remains in doubt after standard assessment. | |
| | vi) 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. | |
| | vii) 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: Not payable with 91985 (Albumin creatinine ratio (ACR)). | |
| 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 | - Desmethyloclobazam | 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 |
|-------|--|------|

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 |

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| | 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 | Gamma-glutamyl Transferase (GGT)..... | 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 |

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| | Note: Restricted to BC Children's Hospital. | |
| 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: Applicable only to TTG negative gluten sensitive enteropathy | |
| 91801 | IgA quantitative - secretion | 20.31 |
| 91802 | IgA quantitative - serum/plasma | 9.83 |
| | Note: Not payable with 91162 (Anti-tissue transglutaminase antibodies (anti-TTG), IgA). | |
| 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: Item 91830 should only be billed for immunoglobulin and specific protein assays with no listing, for indicators approved by the minister. | |
| 91831 | Immunoglobulin and specific protein assays - additional assay | |
| | Note: Same patient, same specimen, same day..... | 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 |
| 91860 | Ionized calcium..... | 14.02 |
| 91861*** | Voltage-gated Calcium Channel Antibody (VGCC Ab) | 454.56 |
| | Notes: | |
| | i) Testing is restricted to BC Neuroimmunology Lab. | |
| | ii) Fee item 91861 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. | |
| | iii) Consultation with a Laboratory Medicine physician is required before this test may be requested (a triple asterisk fee item). | |
| | iv) VGCC Ab is a once in a lifetime test. | |
| 91865 | Iron, total and binding capacity..... | 7.56 |
| | Notes: | |
| | i) Laboratories may utilize binding capacity or transferrin to calculate transferrin saturation. | |
| | ii) Not payable with 92345. | |
| 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 |

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| 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 |

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|---------|--|--------|
| 92056 | Phenylalanine - quantitative | 20.56 |
| | <i>Note: 92056 is not chargeable for Mann kit method</i> | |
| 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 I _g E assay (performed in duplicate)..... | 13.72 |
| 92185** | Renin - single determination..... | 63.87 |
| 92190** | Renin - two or more determinations | 98.11 |

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| 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..... | 3.01 |
| 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**.*

| | | |
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| 92235* | Somatotropin, one specimen..... | 30.38 |
| 92236* | Somatotropin - each additional specimen..... | 19.36 |
| 92251** | Sphingomyelinase - white blood cells..... | 51.38 |
| 92255 | Sulfonamides, quantitative - urine..... | 3.77 |
| 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.

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| 92267** | Sex hormone binding globulin (SHBG)..... | 13.56 |
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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.

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| 92270* | Thallium..... | 43.91 |
| 92275 | Theophylline..... | 42.33 |
| 92277 | Thiopurine Metabolites..... | 50.46 |

Notes:

- i) Only billable by Victoria General Hospital.

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| | ii) <i>Restricted to referrals from specialists prescribing thiopurine medications.</i> | |
| 92278 | Thiopurine Methyltransferase | 54.49 |
| | Notes: | |
| | i) <i>Should be done on patients prior to starting thiopurine medications</i> | |
| | ii) <i>Testing is restricted to Surrey Memorial Hospital</i> | |
| | iii) <i>Should only be performed once in a lifetime</i> | |
| 92280 | Thyroglobulin | 27.90 |
| | Note: <i>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.</i> | |
| 92285* | Thyroglobulin antibodies..... | 20.40 |
| | Note: <i>Thyroglobulin antibodies should only be performed as an adjunct to thyroglobulin measurement for the conditions listed under 92280.</i> | |
| 92305* | Thyroid receptor antibodies | 22.48 |
| | Note: <i>Requires consultation with laboratory medicine physician.</i> | |
| | <u>Thyroid function tests</u> | |
| 92310 | Total T3..... | 12.12 |
| | Notes: | |
| | i) <i>Total T3 should only be requested and performed when total T4, free T4 or TSH are not diagnostic of thyroid disease;</i> | |
| | ii) <i>The volume of tests for total T3 should not exceed 10 percent of the volume of tests for total T4 and/or TSH.</i> | |
| 92311 | T3 - free | 9.35 |
| 92315 | T4 or total thyroxine | 12.12 |
| 92320*** | Thyroid Releasing Hormone (TRH) Stimulation Test | 55.91 |
| | Note: <i>Includes all time spent with patient, including injection and medication administered.</i> | |
| 92325 | Thyroid stimulating hormone (TSH) - any method | 9.90 |
| 92330 | Free T4 | 12.12 |
| | Notes: <i>Thyroid disease tests:</i> | |
| | i) <i>TSH is the preferred test for the initial investigation of thyroid disease and for monitoring thyroid hormone replacement therapy.</i> | |
| | ii) <i>For the initial diagnosis of thyroid disease, confirmation of an abnormal TSH with a free T4 is indicated.</i> | |
| | iii) <i>Refer to GPAC Guideline: “Thyroid Function Tests: Diagnoses and Monitoring of Thyroid Function Disorders in Adults (January 2010)” for other situations and additional information.</i> | |
| 92332 | Thyroperoxidase antibodies | 20.22 |
| | Note: <i>Payable only for possible autoimmune thyroid disease</i> | |
| 92335* | Tissue iron | 43.91 |
| 92340 | Transcobalamine II | 20.40 |
| 92345 | Transferrin | 7.56 |
| | Notes: | |
| | i) <i>Includes iron, when transferrin saturation requested.</i> | |
| | ii) <i>Laboratories may utilize binding capacity or transferrin to calculate transferrin saturation.</i> | |
| | iii) <i>Not payable with 91865 (Iron, total and binding capacity).</i> | |
| 92346** | Transferrin Isoelectric focusing (qualitative)..... | 90.49 |
| | Note: <i>Restricted to BC Children’s Hospital.</i> | |
| 92350 | Triglycerides - serum/plasma | 6.59 |
| 92351 | Triglycerides - transudate/exudate | 9.05 |
| 92353** | 13C Triolein Breath Test for malabsorption..... | 67.91 |
| | Notes: | |
| | i) <i>Includes collection of “before” and “after” breath samples.</i> | |
| | ii) <i>Not billable with 91636.</i> | |
| 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 |

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| 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.

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| 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

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|---------------------|-------------------------------|--------------------------------|
| Section Four | Cytogenetics Fee Items | Issued: October 1, 2015 |
|---------------------|-------------------------------|--------------------------------|

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 | |

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| | 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 |



SCHEDULE OF FEES
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| 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. | |

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| 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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| 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
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| 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> | |
| <p><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.</i></p> | | |
| 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.