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 June 1, 2018
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Revised as of June 1, 2018
## 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 as updated on October 1, 2016. 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;

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• 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
## Section One

<table>
<thead>
<tr>
<th>Hematology and Blood Bank Fee Items</th>
<th>Issued: October 1, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEMATOLOGY AND BLOOD BANK FEE ITEMS</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Fee $</th>
</tr>
</thead>
<tbody>
<tr>
<td>90027***</td>
<td>Activated Protein C Resistance (APCR)</td>
<td>42.44</td>
</tr>
<tr>
<td>90029**</td>
<td>Alpha-thalassemia, molecular testing for common defects</td>
<td>67.80</td>
</tr>
<tr>
<td>Notes:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) Maximum of once per patient per lifetime.</td>
<td></td>
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<tr>
<td>ii) May be billed in addition to 90540 and 90240.</td>
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<tr>
<td>90030***</td>
<td>Alpha 2 antiplasmin assay</td>
<td>45.48</td>
</tr>
<tr>
<td>90035**</td>
<td>Anti DNA</td>
<td>28.41</td>
</tr>
<tr>
<td>Notes:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90038***</td>
<td>Anti Saccharomyces Cerevisiae (ASCA) – IgA</td>
<td>25.47</td>
</tr>
<tr>
<td>90039***</td>
<td>Anti Saccharomyces Cerevisiae (ASCA) – IgG</td>
<td>20.56</td>
</tr>
<tr>
<td>91130**</td>
<td>Proteinase 3 Antineutrophil Cytoplasmic Antibody (PR3-ANCA)</td>
<td>26.19</td>
</tr>
<tr>
<td>91145**</td>
<td>Anticardiolipin Ab, IgG</td>
<td>24.47</td>
</tr>
<tr>
<td>91146**</td>
<td>Anticardiolipin Ab, IgM</td>
<td>24.47</td>
</tr>
<tr>
<td>91160**</td>
<td>Antimyeloperoxidase Antibody</td>
<td>44.74</td>
</tr>
<tr>
<td>90040**</td>
<td>Antithrombin III</td>
<td>33.49</td>
</tr>
<tr>
<td>90042***</td>
<td>Anti-Xa Heparin assay</td>
<td>94.12</td>
</tr>
<tr>
<td>90045**</td>
<td>Bone marrow examination</td>
<td>225.85</td>
</tr>
<tr>
<td>Note:</td>
<td>90045 includes 90465, 90490, 90205, 90340 and 90210.</td>
<td></td>
</tr>
<tr>
<td>90046***</td>
<td>Beta 2 Glycoprotein I (B2GPI) antibody screen</td>
<td>44.65</td>
</tr>
<tr>
<td>Notes:</td>
<td>The following indications for this test include:</td>
<td></td>
</tr>
<tr>
<td>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.</td>
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<tr>
<td>ii) Patients with pregnancy morbidity:</td>
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</tr>
<tr>
<td>a) One or more unexplained deaths of a morphologically normal fetus at or beyond the 10th week of gestation, with normal fetal morphology documented by ultrasound or by direct examination of the fetus.</td>
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</tr>
<tr>
<td>b) One or more premature births of a morphologically normal neonate before the 34th week of gestation because of: eclampsia or severe pre-eclampsia defined according to standard definitions or recognized features of placental insufficiency, or</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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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: Not payable with 90046.

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.

Specific Criteria Rationale
a) Anemia plus clinical history High incidence of hemolytic anemia
of lymphoma or autoimmune disorder
b) Morphologic evidence of hemolysis
- 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.; cytospin centrifugation +/- total cell count, before slide preparation and staining.

ii) Not payable with 90512, 91355, 91356.

90120 Extractable nuclear antigens ........................................................................... 24.99

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.

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90121** Anti-nuclear antibodies, specific detection by multiplex immunoassay ........................................38.64

Notes:
  i) 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 – 1st 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 – 2nd 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 screening (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

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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) Anti-mitochondrial antibody (AMA) and anti-smooth muscle antibody (ASMA) should be billed under 90286 (liver autoantibodies (LiAA)).
  ii) Include titre when required.
  iii) Only payable with 90281 if requested by a rheumatologist.
  iv) For Vancouver Coastal Health Immunology Laboratory, payable only when ordered by a rheumatologist. Payable to other Category III laboratories without restriction on the type of referring practitioner.

90281**  Antinuclear antibodies by sensitive 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.

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 ...........23.82

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
Lymphocyte stimulation test ................................................................. 106.30
Lymphocyte stimulation test - each additional antigen or mitogen .............. 32.16
Malaria and other parasites ................................................................... 61.82
Marrow films for interpretation ............................................................... 163.79
Marrow or peripheral blood stem cells ................................................. 104.80
Mixed leukocyte culture - donor and recipient ....................................... 112.77
Mixed leukocyte culture - each additional culture .................................. 129.35
Neutrophil Oxidative Burst assay ......................................................... 112.77
Oxygen dissociation curve .................................................................... 77.96
Partial thromboplastin time ................................................................... 6.57
Partial thromboplastin time (PTT) substitution test for factor deficiencies ... 42.77
Phospholipid Neutralization Test – for confirmation of Lupus Anticoagulant . 42.25
Plasma hemoglobin ............................................................................... 16.88
Plasminogen assay ................................................................................ 45.87
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.

Platelet estimation on film .................................................................... 4.64
Platelet function aggregation (per additive) ............................................. 21.93
Preparation of plasma .......................................................................... 16.19
Protein C activity .................................................................................. 51.33
Protein C antigen .................................................................................. 56.18
Protein S activity (clot-based) ............................................................... 38.31

Note: Not billable with 90430.

Protein S free antigen .......................................................................... 43.51
Prothrombin time/INR .......................................................................... 12.07
Pyruvic kinase assay (red cell) .............................................................. 75.52
Pyruvic kinase (PK.) screening test ....................................................... 13.30
RBC antibody detection, per tube ......................................................... 6.89

Note: Albumin, enzyme or other antibody enhancement, e.g.: LISS additive

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 $\times 10^9$/L
   Automated Differential Results
   - Neutrophils: <1.0 or >20.0 $\times 10^9$/L
   - Monocytes: >2.0 $\times 10^9$/L
   - Lymphocytes: >5.0 $\times 10^9$/L
   - Eosinophils: >2.0 $\times 10^9$/L
   - Basophils: >0.2 $\times 10^9$/L

Instrument flag suggesting abnormal population.
3. **Platelet Abnormalities:**
   Automated platelet count <100 or >800 \( \times 10^9 \) /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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Test Description</th>
<th>Code</th>
<th>Test Description</th>
<th>Code</th>
<th>Test Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90480**</td>
<td>Red cell fragility - incubated</td>
<td>90490</td>
<td>Reticulocyte count and/or Heinz bodies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90495+</td>
<td>Rh(D) typing</td>
<td>90505**</td>
<td>Ristocetin co-factor assay</td>
<td></td>
<td></td>
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<tr>
<td>90512</td>
<td>Secretion smear for eosinophils</td>
<td>90515</td>
<td>Sedimentation rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90520</td>
<td>Serum haptoglobin</td>
<td>90540**</td>
<td>Thalassemia/hemoglobinopathy investigation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90525</td>
<td>Sickle cell identification</td>
<td>90545</td>
<td>Thrombin time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90555**</td>
<td>Von Willebrand factor antigen</td>
<td>90560***</td>
<td>Von Willebrand's multimer analysis by Autoradiography</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90565***</td>
<td>White blood cell agglutinins</td>
<td></td>
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</tbody>
</table>

**Notes:**

i) Not payable if requested with 91300 (C – Reactive Protein).

ii) Not payable unless an acceptable indication is written on the requisition by the referring practitioner.

iii) Not payable with 90220 (Hemoglobin A2) or 90175 (Fetal Hemoglobin).

**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).
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.

<table>
<thead>
<tr>
<th>Fee Codes</th>
<th>Name of Test</th>
<th>Laboratory Medicine physician intervention is required in the following circumstances</th>
</tr>
</thead>
<tbody>
<tr>
<td>90600</td>
<td>Acid fast organisms – culture</td>
<td>All positive cultures for Mycobacterium species</td>
</tr>
<tr>
<td>90605</td>
<td>Anaerobic culture investigation</td>
<td>All culture positive for C. Perfringens or C.tetani</td>
</tr>
<tr>
<td>90610</td>
<td>Serum bactericidal test</td>
<td>All results</td>
</tr>
<tr>
<td>90615</td>
<td>Antibiotic susceptibility test</td>
<td>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.)</td>
</tr>
<tr>
<td>90625</td>
<td>Blood culture</td>
<td>Positive blood cultures. Positive Gram stains from blood cultures.</td>
</tr>
<tr>
<td>90660</td>
<td>Diphtheria antibodies</td>
<td>All results</td>
</tr>
<tr>
<td>90665</td>
<td>Fungus culture</td>
<td>Positive for significant fungus species as defined by clinically accepted criteria</td>
</tr>
<tr>
<td>90720</td>
<td>Routine culture</td>
<td>Positive cultures from normally sterile body fluids. Positive cultures for “reportable” communicable organisms.</td>
</tr>
<tr>
<td>Fee Codes</td>
<td>Name of Test</td>
<td>Laboratory Medicine physician intervention is required in the following circumstances</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>90825</td>
<td>Electron microscopy</td>
<td>Positive for any organism <em>(Virology fee item)</em></td>
</tr>
<tr>
<td>90770</td>
<td>Tetanus antibody</td>
<td>All results</td>
</tr>
<tr>
<td>90775</td>
<td>Throat or nose culture</td>
<td>Request for, or positive culture for C.diphtheriae</td>
</tr>
<tr>
<td>90780</td>
<td>Additional throat/nose culture</td>
<td>Request for, or positive culture for C.diphtheriae</td>
</tr>
</tbody>
</table>

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

**Total Fee $**

<table>
<thead>
<tr>
<th>Fee Codes</th>
<th>Name of Test</th>
<th>Fee $</th>
</tr>
</thead>
<tbody>
<tr>
<td>90600**</td>
<td>Acid fast organisms - culture</td>
<td>24.13</td>
</tr>
<tr>
<td>90605**</td>
<td>Anaerobic culture investigation</td>
<td>11.77</td>
</tr>
</tbody>
</table>

**Note:** This fee may be additional to 90720.

<table>
<thead>
<tr>
<th>Fee Codes</th>
<th>Name of Test</th>
<th>Fee $</th>
</tr>
</thead>
<tbody>
<tr>
<td>90610***</td>
<td>Serum bactericidal test</td>
<td>66.41</td>
</tr>
<tr>
<td>90615**</td>
<td>Antibiotic susceptibility test: semi-quantitative per organism.</td>
<td>11.61</td>
</tr>
</tbody>
</table>

**Notes:**
1) To a maximum of three for urine, and two for nose/throat.
2) Test to be performed on pure culture

<table>
<thead>
<tr>
<th>Fee Codes</th>
<th>Name of Test</th>
<th>Fee $</th>
</tr>
</thead>
<tbody>
<tr>
<td>90620</td>
<td>Biochemical identification of micro-organism - per organism, non-stool</td>
<td>9.55</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Fee Codes</th>
<th>Name of Test</th>
<th>Fee $</th>
</tr>
</thead>
<tbody>
<tr>
<td>90625**</td>
<td>Blood culture, using aerobic and/or anaerobic media</td>
<td>36.08</td>
</tr>
<tr>
<td>90630</td>
<td>C. difficile toxin, immunological method</td>
<td>16.64</td>
</tr>
</tbody>
</table>

**Note:** 90630 not to be performed on formed stool and not billable with 90655.

<table>
<thead>
<tr>
<th>Fee Codes</th>
<th>Name of Test</th>
<th>Fee $</th>
</tr>
</thead>
<tbody>
<tr>
<td>90640</td>
<td>Candida culture</td>
<td>6.81</td>
</tr>
</tbody>
</table>

**Notes:**

**Chlamydia**

Notes (apply to fee items 90645, 90651 and 90652):
1) Provide details in note record when 90651 and 90652 are performed on the same day.
2) Provide details in note record when 90645 performed on same day as 90651 or 90652.

<table>
<thead>
<tr>
<th>Fee Codes</th>
<th>Name of Test</th>
<th>Fee $</th>
</tr>
</thead>
<tbody>
<tr>
<td>90645</td>
<td>Chlamydia antigen</td>
<td>16.84</td>
</tr>
</tbody>
</table>

**Note:** Not payable for urogenital specimens

<table>
<thead>
<tr>
<th>Fee Codes</th>
<th>Name of Test</th>
<th>Fee $</th>
</tr>
</thead>
<tbody>
<tr>
<td>90650</td>
<td>Chlamydia culture</td>
<td>42.84</td>
</tr>
</tbody>
</table>

**Note:** 90650 cannot be claimed for fluorescent antibody methods (90725).

<table>
<thead>
<tr>
<th>Fee Codes</th>
<th>Name of Test</th>
<th>Fee $</th>
</tr>
</thead>
<tbody>
<tr>
<td>90651</td>
<td>Chlamydia trachomatis using NAAT – urine</td>
<td>25.18</td>
</tr>
<tr>
<td>90652</td>
<td>Chlamydia trachomatis using NAAT – swab</td>
<td>24.09</td>
</tr>
<tr>
<td>90653</td>
<td>Gonorrhea by NAAT – urine</td>
<td>4.76</td>
</tr>
</tbody>
</table>

**Note:** Payable only when performed with 90651

<table>
<thead>
<tr>
<th>Fee Codes</th>
<th>Name of Test</th>
<th>Fee $</th>
</tr>
</thead>
<tbody>
<tr>
<td>90654</td>
<td>Gonorrhea by NAAT – swab</td>
<td>4.76</td>
</tr>
</tbody>
</table>

**Note:** Payable only when performed with 90652

<table>
<thead>
<tr>
<th>Fee Codes</th>
<th>Name of Test</th>
<th>Fee $</th>
</tr>
</thead>
<tbody>
<tr>
<td>90655</td>
<td>Clostridium difficile toxin (tissue culture method)</td>
<td>18.09</td>
</tr>
<tr>
<td>P90656</td>
<td>C. difficile toxin, real time PCR</td>
<td>48.91</td>
</tr>
</tbody>
</table>

**Notes:**
1) Not paid with C. difficile toxin by immunological method (90630) or C. difficile toxin by tissue culture (90655), or MALDI-TOF-MS (90753).
2) Paid in addition to stool culture (90745), serological identification of microorganisms (90725), biochemical identification of microorganisms (90750), molecular identification of stool isolate (90751).
3) Not to be performed on formed stool.
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: 90715 restricted to Category III laboratories having a consultant medical microbiologist.
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.
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: 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.
90750 Biochemical identification of micro-organism in stool .................... 14.42
   Note: 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.
P90751 Molecular identification, stool isolate ........................................ 14.90
   Note: 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.
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.

Revised as of June 1, 2018
Identification of microorganisms via MALDI-TOF-MS, in stool specimen ......................... 6.84

Note: 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.

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

Note: Not payable with 90785.

P90784 Trichomonas Antigen Test ............................................................................. 18.75

90785 Trichomonas and/or Candida, direct examination ........................................ 11.63
90790 Urine colony count culture ............................................................................. 19.57

Ova and Parasites Fee Items

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Total Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>90795</td>
<td>Pinworm Ova - Examination</td>
<td>43.94</td>
</tr>
<tr>
<td>90800</td>
<td>Stool examination, concentration methods</td>
<td>46.93</td>
</tr>
<tr>
<td></td>
<td>i) 90800 not to be billed with 90805.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ii) For Vancouver Island Health Authority, 90800 testing restricted to children under 13 years old, returning travellers, immigrants from outside of Canada and the United States of America, and immunocompromised hosts.</td>
<td></td>
</tr>
<tr>
<td>90805</td>
<td>Macroscopic examination of parasite and/or direct microscopic examination</td>
<td>42.96</td>
</tr>
<tr>
<td></td>
<td>i) Applicable to scabies, lice, ticks, worms.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ii) 90800 not to be billed with 90805.</td>
<td></td>
</tr>
<tr>
<td>90810</td>
<td>Stool examination, search for amoebae and/or permanent stain smear</td>
<td>46.93</td>
</tr>
<tr>
<td></td>
<td>Note: For Vancouver Island Health Authority, 90810 testing restricted to children under 13 years old, returning travellers, immigrants from outside of Canada and the United States of America, and immunocompromised hosts.</td>
<td></td>
</tr>
<tr>
<td>P90811</td>
<td>Gastrointestinal pathogen multiplex panel (GPMP) and selective culture (SC)</td>
<td>105.04</td>
</tr>
<tr>
<td></td>
<td>Notes:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>i) Fee item P90811 restricted to Victoria General Hospital Laboratory and Royal Jubilee Hospital Laboratory at Vancouver Island Health Authority (VIHA).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ii) For VIHA only, P90811 not payable with: 90630, 90655, P90656, 90725, 90745, 90750 &amp; P90751.</td>
<td></td>
</tr>
</tbody>
</table>
SCHEDULE OF FEES
For the Laboratory Services Outpatient
PAYMENT SCHEDULE

<table>
<thead>
<tr>
<th>Section Three</th>
<th>Chemistry Fee Items</th>
<th>Issued: October 1, 2015</th>
</tr>
</thead>
</table>

CHEMISTRY FEE ITEMS

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.

### Base Fees:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Fee $</th>
</tr>
</thead>
<tbody>
<tr>
<td>91000</td>
<td>Primary base fee</td>
<td>15.62</td>
</tr>
<tr>
<td>91005</td>
<td>Split base fee (collecting facility)</td>
<td>7.02</td>
</tr>
<tr>
<td>91010</td>
<td>Split base fee (referral facility)</td>
<td>7.02</td>
</tr>
<tr>
<td>91020***</td>
<td>Acetylcholine receptor antibodies - qualitative</td>
<td>101.93</td>
</tr>
<tr>
<td>91021***</td>
<td>Acetylcholine receptor antibodies - quantitative</td>
<td>167.50</td>
</tr>
<tr>
<td>P91022***</td>
<td>Muscle-specific Tyrosine Kinase Antibody (MusK Ab)</td>
<td>245.60</td>
</tr>
</tbody>
</table>

**Notes:**

i) Testing is restricted to UBC Diagnostic Services Laboratory (DSL).

ii) Fee item P91022 is only payable when requested by 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 followin 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.

Revised as of June 1, 2018
Acid Lipase, white blood cells ................................................................. 51.25
Note: Restricted to BC Children’s Hospital.
ACTH, plasma ......................................................................................... 36.57
ACTH stimulation test ........................................................................... 45.24
Acylcarnitine profiling .......................................................................... 41.28
Note: Restricted to BC Children’s Hospital.
Albumin - serum/plasma ....................................................................... 1.55
Albumin - transudate/exudate ................................................................. 1.06
Alcohol .................................................................................................. 20.79
Aldolase ................................................................................................. 14.12
Aldosterone - plasma ............................................................................ 170.92
Aldosterone - urine ................................................................................. 170.92
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.
Alkaline phosphatase ............................................................................ 1.57
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 IgE 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.
Alpha-1 antitrypsin .............................................................................. 20.06
Alpha fetoglobulin ................................................................................ 13.03
Alpha fetoprotein .................................................................................. 24.79
Alpha-iduronidase, white blood cells .................................................. 51.25
Note: Restricted to BC Children’s Hospital
Alpha-mannosidase, white blood cells .................................................. 51.25
Note: Restricted to BC Children’s Hospital.
Aluminum ............................................................................................... 49.19
Amino acids, quantitative (chromatography) ....................................... 78.42
Amino acids-urine (chromatography) .................................................. 54.27
Ammonia ............................................................................................... 7.41
Amniotic fluid, bilirubin scan ................................................................. 55.10
Amylase - cyst ....................................................................................... 13.73
Amylase - serum/plasma ...................................................................... 5.27
Amylase - transudate/exudate ............................................................... 13.66
Amylase - urine ..................................................................................... 7.53
Androstenedione, plasma .................................................................... 36.09
Angiotensin converting enzyme (ACE), analysis in serum .................... 18.72
Anti-diuretic hormone (ADH), plasma .................................................. 113.81
Antiglomerular basement membrane antibody ................................... 25.73

Revised as of June 1, 2018
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 B-glucosidase - 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 ...........................................................................................................................36.58

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 females only.

Revised as of June 1, 2018
Notes:
Payable for:

(a) assessment of symptomatic patients where the diagnosis of heart failure remains in doubt after standard assessment.

(b) 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.

(c) not payable for repeat testing for monitoring therapy.

Note: When requested concurrently with 90515 (Sedimentation rate), only 91300 is payable.

Notes:

i) Payable for carboxyhemoglobin determinations utilizing a blood gas analyzer.

ii) Not payable with 92045.

Note: By separation into various types on same patient, same time with interpretation

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.

Revised as of June 1, 2018
91375  Cholesterol, total .................................................................6.87
91380**  Cholinesterase with dibuacine 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  Creatinin - random urine .....................................................5.10

** Note: Not payable with 91985 (Albumin creatinine ratio (ACR)).

91421  Creatinin - serum/plasma ....................................................1.52
91422  Creatinin - timed urine collection ......................................5.80
91425  Cryoglobulins ..................................................................17.38
91430*  Culturing skin fibroblasts for biochemical or DNA analysis ....603.88
91440  Glibizide .............................................................................6.87
91445  CSF - Albumin ..................................................................20.16
91450  CSF - Immunoglobulin G ..................................................20.40
91455  Cyclosporine .....................................................................23.47
91460  Dehydroepiandrosterone, serum (DHEA) .........................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  - Desmethylclozapam .......................................................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

Revised as of June 1, 2018
Drug assay - multiple (2 or more).................................................................53.46

Urine, Drugs of Abuse 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* Methyleneoxyamphetamine ..............................................................................70.92

Revised as of June 1, 2018
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
91630
Fecal pH ................................................................................................ 3.92
91631
Fat, microscopic examination - feces ......................................................... 5.48
91635
Fecal elastase......................................................................................... 46.65

Note: Restricted to BC Children’s and Women’s Hospital Laboratory

91636
Fat, microscopic examination - balance 3 day - feces .................................. 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

Glucose quantitative

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

Glucose qualitative

91710
Glucose - timed urine collection ............................................................... 7.13

Revised as of June 1, 2018
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.

Glucose tolerance test - 6 hours or more .................................................. 39.40
Glucose tolerance test - intravenous ........................................................ 38.90

Note: Fees include all urine and blood specimens.

Glucose phosphate isomerase ................................................................. 14.29
Glutamyl transpeptidase - (GTP) .......................................................... 1.66
Glutathione peroxidase ........................................................................ 44.32
Gold ........................................................................................................ 43.91

Haptoglobin.............................................................................................. 19.77

Hemoglobin, A1C ....................................................................................... 5.30

Note: 91745 is restricted to Category III laboratories.

Hemoglobin, qualitative - urine ............................................................... 2.28
Helicobacter pylori Carbon 13 urea breath test .................................. 36.50
Helicobacter pylori stool antigen (HPSA) ........................................... 35.64

Hexosaminidases .................................................................................. 51.38

Note: Restricted to BC Children’s Hospital only.

Hexosaminidase - serum ......................................................................... 51.38
Hexosaminidase - white blood cells .................................................. 99.30

Note: Restricted to BC Children’s Hospital.

High density lipoproteins cholesterol (HDL cholesterol) ................ 7.85
Homocystine, screening test - urine ...................................................... 2.28
Homovanillic acid (quantitative) urine ................................................. 38.61
Hydroxyindoleacetic acid (5 H.I.A.A.) - urine ................................ 9.28
Hydroxyindoleacetic acid (5 H.I.A.A.) - quantitative - urine ............ 44.28

IgA Anti-gliadin antibodies .................................................................. 32.58

Note: Applicable only to TTG negative gluten sensitive enteropathy

IgA quantitative - secretion ................................................................. 20.31
IgA quantitative - serum/plasma ......................................................... 9.83

Note: Not payable with 91162 (Anti-tissue transglutaminase antibodies (anti-TTG), IgA).

IgG quantitative - spinal fluid ............................................................... 20.06
IgF - I (Somatomedin – C) ................................................................. 55.08

IgG1 ........................................................................................................ 24.85
IgG2 ........................................................................................................ 24.85
IgG3 ........................................................................................................ 24.85
IgG4 ........................................................................................................ 24.85

IgG blocking antibody .......................................................................... 20.40
IgG - quantitative .................................................................................. 9.95

IgM - quantitative ................................................................................ 10.05

Immune complex detection by Clq binding method .................... 44.66

Immunofixation - CSF ........................................................................ 105.31

Immunofixation - serum/plasma ......................................................... 104.12

Immunofixation - urine ....................................................................... 104.12

Immunoglobulin D ............................................................................. 20.40

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.

Immunoglobulin and specific protein assays - additional assay

Note: Same patient, same specimen, same day ................................ 12.53

Immunoreactive trypsin ....................................................................... 18.80

Insulin, first specimen ........................................................................ 27.55

Insulin - each additional specimen (same patient and same time) ...... 19.49

Insulin - tolerance test, per specimen ............................................. 6.29

Revised as of June 1, 2018
91858***  Interferon beta, neutralizing antibodies .................................................................205.52

Notes:
  i) Performance of this test is limited to the UBC Diagnostic Services Laboratory.
  ii) Payable only when requested by Neurologists at the Multiple Sclerosis (MS) Clinics in B.C.
  iii) Paid only for multiple sclerosis patients at MS Clinics receiving Interferon beta.
  iv) Testing frequency for an MS patient may be every three months in specific clearly documented circumstances.

91860  Ionized calcium ........................................................................................................14.02

P91861***  Voltage-gated Calcium Channel Antibody (VGCC Ab) ........................................281.78

Notes:
  i) Testing is restricted to UBC Diagnostic Services Laboratory (DSL).
  ii) 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.
  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

91910  Lead ...............................................................................................................130.68

91911  Lead - timed urine collection .......................................................................40.68

91915***  Lecithin sphingomyelin ratio ............................................................................232.26

91920***  LHPR 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

Revised as of June 1, 2018
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 ....................... 9.38

**Notes:**
  1) Not paid with 92005.
  2) Paid once per screen.

92007  Fecal Immunochemical Test (FIT) - For sample collection only ........... 5.36

**Notes:**
  1) Not paid with 92005.
  2) 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, pCO2, and pO2 ............................................................................ 36.18
92050  Phentothiazine 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

Revised as of June 1, 2018
Note (Applies to 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
92106 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 Pyridium Cross Links ...................................................24.67
92155 Pyruvates ................................................................17.98

92160 Quantitative beta hCG ...................................................16.30
92165 Quantitative hCG (intact) ................................................25.18

92170 Quantitative I
tE 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

Revised as of June 1, 2018
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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<tr>
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<th>Description</th>
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**Thyroid function tests**

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<th>Code</th>
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<tbody>
<tr>
<td>92310</td>
<td>Total T3</td>
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</table>

**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.

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<td>92315</td>
<td>T4 or total thyroxine</td>
<td>12.12</td>
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**Notes:**

- Revised as of June 1, 2018
92320*** Thyroid Releasing Hormone (TRH) Stimulation Test .................................................. 55.91
Note: Includes all time spent with patient, including injection and medication administered.

92325 Thyroid stimulating hormone (TSH) - any method ..................................................... 9.90

92330 Free T4 .................................................................................................................. 12.12
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
Note: Payable only for possible autoimmune thyroid disease

92335* Tissue iron ............................................................................................................. 43.91

92340 Transcobalamin II .................................................................................................. 20.40

92345 Transferrin .............................................................................................................. 7.56
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
Note: Restricted to BC Children’s Hospital.

92350 Triglycerides - serum/plasma ................................................................................. 6.59

92351 Triglycerides - transudate/edematous ..................................................................... 9.05

92353** 13C Triolein Breath Test for malabsorption ....................................................... 67.91
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 IIIC 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

Revised as of June 1, 2018
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<th>Code</th>
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<td>92435*</td>
<td>Vitamin B1</td>
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<td>92440*</td>
<td>Vitamin B2</td>
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<td>92450</td>
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<td>92455**</td>
<td>Vitamin D (1,25 dihydroxy)</td>
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<tr>
<td>92460**</td>
<td>Vitamin D (25 Hydroxy-cholecalciferol)</td>
<td>61.32</td>
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**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

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<table>
<thead>
<tr>
<th>Section Four</th>
<th>Cytogenetics Fee Items</th>
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### CYTOGENETICS FEE ITEMS

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</tr>
<tr>
<td>93020***</td>
</tr>
<tr>
<td>93025***</td>
</tr>
</tbody>
</table>

**Note:** Not to be billed with 93030 on same day.

| 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 |
| 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.

| 93051       | 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.

| 93052       | 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.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>P93053</td>
<td>Cytogenetic analysis/fluorescence in situ hybridization (FISH), uncultured amniotic fluid</td>
<td>389.61</td>
</tr>
<tr>
<td></td>
<td><strong>Note:</strong> For testing amniotic fluids using a probe set designed for rapid testing of more commonly encountered abnormalities in chromosome number.</td>
<td></td>
</tr>
<tr>
<td>93055</td>
<td>Special staining (Giemsa II, DAPI/SCE, NOR)</td>
<td>30.78</td>
</tr>
<tr>
<td>93060</td>
<td>Special banding (Q-, R-, C-)</td>
<td>29.48</td>
</tr>
<tr>
<td>93065</td>
<td>Amniotic cell culture grown for biochemical analysis only</td>
<td>210.20</td>
</tr>
<tr>
<td>93070***</td>
<td>Chromosomal breakage studies</td>
<td>181.80</td>
</tr>
<tr>
<td>93075</td>
<td>Chromosomal mosaicism - investigation</td>
<td>114.52</td>
</tr>
<tr>
<td>93080</td>
<td>Chromosome analysis – high resolution</td>
<td>123.82</td>
</tr>
</tbody>
</table>
## VIROLOGY FEE ITEMS

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

**Total Fee $**

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Revised as of June 1, 2018
## SCHEDULE OF FEES
For the Laboratory Services Outpatient

### PAYMENT SCHEDULE

<table>
<thead>
<tr>
<th>Section Six</th>
<th>Anatomic Pathology Fee Items</th>
<th>Issued: October 1, 2015</th>
</tr>
</thead>
</table>

### ANATOMIC PATHOLOGY FEE ITEMS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Fee $</th>
</tr>
</thead>
<tbody>
<tr>
<td>93010</td>
<td>Crystal identification, synovial fluid</td>
<td>40.05</td>
</tr>
<tr>
<td>93085</td>
<td>Cytologic preparation and examination of fine needle aspirate</td>
<td>94.24</td>
</tr>
<tr>
<td>93090</td>
<td>Cytologic preparation and interpretation of pre-screened, non-gynaecological cytology</td>
<td>65.54</td>
</tr>
<tr>
<td>93095</td>
<td>Cytologic preparation and interpretation of unscreened, non-gynaecological cytology</td>
<td>85.52</td>
</tr>
<tr>
<td>93100*</td>
<td>Electron microscopy fee</td>
<td>384.40</td>
</tr>
<tr>
<td>93105</td>
<td>Hepatic glycogen (tissue)</td>
<td>32.52</td>
</tr>
<tr>
<td>93110</td>
<td>Hepatic glucose-6 phosphatase</td>
<td>49.10</td>
</tr>
<tr>
<td>93115</td>
<td>Muscle biopsy enzyme studies</td>
<td>195.44</td>
</tr>
</tbody>
</table>

Total Fee $
### SCHEDULE OF FEES
For the Laboratory Services Outpatient

**PAYMENT SCHEDULE**

<table>
<thead>
<tr>
<th>Section Seven</th>
<th>Other Laboratory Services Fee Items</th>
<th>Issued: October 1, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OTHER FEE ITEMS

<table>
<thead>
<tr>
<th>Fee Item</th>
<th>Description</th>
<th>Total Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>90000</td>
<td>Venepuncture and dispatch of specimen to laboratory, when no other blood work performed</td>
<td>$7.65</td>
</tr>
</tbody>
</table>

**Notes:**

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.

ii) 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.

*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 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.*

<table>
<thead>
<tr>
<th>Fee Item</th>
<th>Description</th>
<th>Total Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>93160</td>
<td>Semen, Complete Examination</td>
<td>$82.34</td>
</tr>
</tbody>
</table>

*Note: Includes total count, motility count, pH, and morphology*

<table>
<thead>
<tr>
<th>Fee Item</th>
<th>Description</th>
<th>Total Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>93170</td>
<td>Sperm, seminal examination for presence or absence</td>
<td>$26.98</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fee Item</th>
<th>Description</th>
<th>Total Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>94999</td>
<td>Laboratory Medicine Miscellaneous Fee Item</td>
<td>As adjudicated</td>
</tr>
</tbody>
</table>

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.

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Revised as of June 1, 2018

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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.