

LABORATORY MEDICINE

These listings cannot be correctly interpreted without reference to the Preambles.

These fee items may not be billed by laboratory physicians who are being compensated under a service or salary agreement with a Health Authority for the same period of time in which the consultation/visit service is rendered. Further, no laboratory physician who is being compensated under a service or salary agreement for a full time equivalent shall be entitled to bill these fee items. Special authority must be received from British Columbia Medical Association before Medical Services Plan will consider honouring accounts submitted for these fee items.

**Total
Fee \$**

Consultations and Visits

94010	Consultation: To consist of examination, review of history and laboratory findings with a written report.....	142.61
94012	Repeat or Limited Consultation: Where a consultation for same illness is repeated within six (6) months of the last visit by the consultant or where, in the judgment of the consultant, the consultative service does not warrant a full consultative fee	79.24
<u>Continuing Care by Consultant:</u>		
94006	Directive care.....	30.12
94007	Subsequent office visit.....	30.79
94008	Subsequent hospital visit.....	30.69
94009	Subsequent home visit	61.21
94005	Emergency visit when specially called (not paid in addition to out-of-office-hours premiums)	122.29

Note: Claim must state time service rendered.

Telehealth Service with Direct Interactive Video Link with the Patient

94070	Telehealth Consultation: To consist of examination, review of history and laboratory findings with a written report.....	142.61
94072	Telehealth Repeat or Limited Consultation: Where a consultation for same illness is repeated within six (6) months of the last visit by the consultant or where, in the judgment of the consultant, the consultative service does not warrant a full consultative fee	79.24
94076	Telehealth directive care	30.12
94077	Telehealth subsequent office visit	30.79
94078	Telehealth subsequent hospital visit	30.69

LABORATORY MEDICINE

Preamble

The Section of Laboratory Medicine recognizes the importance of direct involvement of the Laboratory Physicians in the practice of medicine. In addition to enhancing the quality of patient care, the participation of Laboratory Physicians will assist in the control of laboratory utilization and help to provide cost-effective medical care. The referring physicians should consult with the Laboratory Physicians to determine the most effective test(s).

Fees for the Laboratory Medicine section reflect all the activities essential to providing a high quality laboratory medicine practice. Laboratory fees have a technical (overhead) component and a professional component. The **technical (overhead) component** is the portion of the total laboratory fee, which is payable to the laboratory physician to cover such costs as administration, technical and non-technical staff, capitalization, and all the infrastructure necessary for a quality laboratory medicine practice to meet the requirements set by the Diagnostic Accreditation Program of BC. The **professional component** portion of the total laboratory fee is deemed payable to the laboratory physician taking responsibility for both the direct and indirect physician services. These activities include overall laboratory direction, clinical applications, introduction of new analytical methodologies, systems development, continuous quality assurance, medical administration, utilization management, consultation and interpretations for the referring physicians, and being a resource to the patient management team. These activities are an integral part of the Laboratory Physician's responsibilities for the operation and administration of the Laboratory Medicine Diagnostic facility, which shall comply with the Rules Made Under the *Medical Practitioners Act*, in order to receive a certificate of accreditation.

Consultation and professional support to referring physicians by the laboratory physician is an integral part of the total fee payment. All tests, which are "directed to the attention of the Laboratory Physician" by either the referring physicians or the laboratory technical staff, may be subject to review / interpretation or written report. Certain tests are marked with an asterisk (*) requiring consultation as noted below. These are usually complex or costly procedures and require a Laboratory Physician's approval and/or review/interpretation or written report. Asterisks help to identify only the Laboratory Physician's additional and individual role related to the use of these specific tests. However, the professional role as identified above, is applicable to all laboratory tests and procedures.

Single Asterisk (*) Items

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

Consultation and professional support to referring physicians by the laboratory physician is an integral part of the total fee payment. This supports effective utilization of laboratory services. Whilst the majority of tests requested by the referring physicians are accepted without modifications, any request may be subject to a Laboratory Physician's approval or alteration. This intervention depends upon many variables, including the patient's clinical condition, prior testing patterns, previous test results, overlapping requests from multiple physicians, and the types of tests ordered. Usually, the Laboratory Physician will consult with the referring physician before modifying a test request. The Laboratory Physician may also review laboratory requests/orders on an individual basis without contacting the referring physician. Additional laboratory tests may only be added in the following circumstances; on approval of the referral physician or by a Laboratory Physician in certain circumstances e.g.: to clarify or exclude a diagnostic consideration, or, under the provision of agreed upon protocols.

For audit purposes, documentation (as noted below), is required to show that approval was provided by the Laboratory 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 Physician for billing of the laboratory fee.**

The section of Laboratory Medicine, in identifying the list of double asterisk (**) fee items, recognizes the medical significance of direct involvement of the Laboratory Physicians in patient management and clinical practice of medicine. Double Asterisk (**) Items, may require review/interpretation or written report by Laboratory Physician. Usual good laboratory practice include criteria set by individual laboratories as to which tests or test results require such intervention, including directly contacting the referring physician.

These criteria are usually related to significantly abnormal results, but may also include more complex procedures which require the specialized skill and knowledge of a Laboratory Physician to assist some referring physicians in interpretations. However, the specific action which is taken by the Laboratory Physician in any particular case will vary, based on the clinical circumstances and the professional judgement of the Laboratory Physician. These guidelines make no recommendations in this domain, which is considered the Practice of Medicine. These processes ensure the delivery of highest quality of medical care in the clinical management of patient.

For audit purposes, documentation (as notes below), of such activities is required.

Triple Asterisk (*) Items**

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

Documentation

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

- a) A notation or initials on the original requisition, or the test worksheet.
- b) Laboratory Physician's notes.
- c) 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.
- d) Notation on a master worksheet with all positive results.
- e) Written or computerized signature on the report.
- f) Documentation of consult with the referring physician in a phone log.
- g) Laboratory Physician authorization of referring physicians recognized to have expertise in specific clinical area - a list of such authorized physicians may be maintained by individual laboratory.
- h) Any other administratively satisfactory documentation, retained by the Director of Laboratories.

Attention is directed to fee items that specify a certain methodology. Questions regarding acceptable methodologies should be directed to the Diagnostic Accreditation Program of BC.

PROTOCOLS: The following protocols have been developed by the B.C.M.A. to ensure cost control in certain diagnostic areas. These protocols are based upon established clinical practice and have been approved by expert consensus. Laboratories must not bill for tests which exceed the quotas specified by the protocols. Protocols will be monitored quarterly through the B.C.M.A. Patterns of Practice Committee by a subcommittee of the Section of Laboratory Medicine to determine repayment of utilization in excess of ratios.

A) Electrolytes

A request for electrolytes will be interpreted as a request for sodium and potassium only. The total of Fee Item 91366 - Chloride (serum/plasma) plus 91235 = Bicarbonate (serum/plasma), shall not exceed 15% of the total of 92331 - Sodium (serum/plasma) plus 92100 - Potassium (serum/plasma).

$$\frac{91366 + 91235}{92231 + 92100} < 0.15$$

B) Thyroid Function Tests

- i) Physicians are encouraged to order TSH for the initial investigation of thyroid disease and the monitoring of thyroid hormone replacement therapy.
- ii) Laboratories should do only one thyroid function test unless additional test(s) are ordered and one of the following conditions exists:
 - a) the TSH is abnormal.
 - b) the requisition indicates that the patient is a "special case", ie., on thyroid suppressive therapy or thyroid altering medications; has suspected pituitary or hypothalamic disease or treated hyperthyroidism; or has a history of neck irradiation.
 - c) the ordering physician added the test(s) after review of the clinical findings and initial laboratory result(s) or after discussion with a laboratory physician. (The laboratory should store the specimen for 7 calendar days to enable the physician to request additional testing)
 - d) the laboratory identifies a medical requirement not specified above (eg: thyroid cancer treatment).
- iii) Laboratories should only perform fT3 in addition to fT4 and TSH if the TSH is abnormal but the fT4 is not elevated and there is suspected hyperthyroidism.
- iv) Laboratories may substitute free hormone assays when total T4 or T3 are ordered.
- v) For further recommendations, refer to the Guideline: *Thyroid Function Tests in the Diagnosis and Monitoring of Adults with Thyroid Disease*.

C) Complete Blood Count

A request for a CBC will be interpreted as Hemoglobin and White blood count only, or as a Hematology profile in laboratories having profiling instruments. Laboratories will not perform other tests unless medically justified and specifically requested by a physician.

Hematology Guidelines

I. Conversion of a Single Test Request to a Hematology Profile

1. Eosinophil Count

Where Eosinophil Count is ordered 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.

2. Reticulocyte Count

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

II. Add-Ons

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

A) *Blood film review

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

Adult Patients

1. RBC Abnormalities

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

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

- | | |
|--------------------------------|--|
| Total count | <4.0 or >30.0 x 10 ⁹ /L |
| Automated Differential Results | Neutrophils <1.0 or >20.0 x 10 ⁹ /L
Monocytes >2.0 x 10 ⁹ /L
Lymphocytes >5.0 x 10 ⁹ /L
Eosinophils >2.0 x 10 ⁹ /L
Basophils >0.2 x 10 ⁹ /L |

Instrument flag suggesting abnormal population.

3. Platelet Abnormalities:

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

Children

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

NOTES:

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

B) Other Add-On Tests

1. Immunology

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 \geq 320, using doubling dilutions), it is appropriate to perform and bill the follow-up tests, anti-DNA (90035) and anti-ENA (90120), if these have not been performed previously.

2. Reticulocyte Count

A reticulocyte count (90490) may be performed and billed where clinical history or the results of a hematology profile or morphological examination suggest either excessive loss or destruction of RBC, or inadequate production.

<u>Specific Criteria</u>	<u>Rationale</u>
a) Polychromasia \geq moderate or +2	Possible blood loss or hemolysis
b) Unexplained pancytopenia	Differentiate between hypoplastic process and increased destruction
c) Unexplained normocytic anemia in a child	Possible transient erythroblastopenia of childhood
d) Morphologic evidence of hemolysis <ul style="list-style-type: none">- spherocytes- schistocytes- irregularly contracted RBC- RBC agglutination and anemia	Possible hemolytic process
e) Positive direct antiglobulin	Possible hemolytic process
f) Unexplained drop in hemoglobin	Possible blood loss or hemolysis
g) Clinical history querying blood loss, hemolysis or hypoproliferative process	

3. Direct Antiglobulin Test

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 of lymphoma or autoimmune disorder | High incidence of hemolytic anemia |
| b) Morphologic evidence of hemolysis <ul style="list-style-type: none">- spherocytes- RBC agglutination- polychromasia \geq moderate or 2+ | |

4. Test for Infectious Mononucleosis

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).

5. Thalassemia/Hemoglobinopathies

The following criteria apply for "add-ons" to 90540:

- a) Hemoglobin H inclusion bodies (90245) or Alpha-thalassemia molecular testing for common defects (90029), if MCV or MCH is low for age.
- b) Fetal cell stain (90180) in cases of suspected hereditary persistence of fetal hemoglobin.

End of Hematology Guidelines

Lipid Testing

“Lipid testing is not a benefit of the Medical Services Plan when it does not comply with the current protocols and guidelines.”

CHEMISTRY GUIDELINES:

Protocol for allergen Specific IgE (91075)

1. The gold standard for establishing the presence of allergen specific IgE antibodies is the skin prick test (SPT)
2. The approved indications for allergen specific IgE antibodies are:
 - History of life threatening or severe allergic reaction
 - Presence of generalized skin disease

LABORATORY PROCEDURES FULL LIST

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- * May only be performed and billed on approval of a Laboratory Physician.
- ** May require review/interpretation or written report by a Laboratory Physician for billing of the Laboratory fee.
- *** Both single asterisk (*) and the double asterisk (**) preambles are applicable.
- + Blood bank services are not payable by MSP where available from Canadian Blood Services.
- T Designates items temporarily approved and are subject to revision.
- P Designates items approved on a provisional basis awaiting further review.

**Total
Fee \$**

Hematology and Blood Bank

90020+	ABO typing.....	16.09
90025+	Other groups.....	33.11
90027***	Activated Protein C Resistance (APCR)	42.44
90029**	Alpha-thalassemia, molecular testing for common defects.....	67.80

Notes:

- i) *Maximum of once per patient per lifetime.*
- ii) *May be billed in addition to 90540 and 90240, as per guidelines.*

90030***	Alpha 2 antiplasmin assay.....	45.48
T90035**	Anti DNA.....	20.22
90038***	Anti Saccharomyces Cerevisiae (ASCA) – IgA.....	25.47
90039***	Anti Saccharomyces Cerevisiae (ASCA) – IgG.....	20.56
91130**	Proteinase 3 Antineutrophil Cytoplasmic Antibody (PR3-ANCA).....	26.19
91145**	Anticardiolipin Ab, IgG.....	24.47
91146**	Anticardiolipin Ab, IgM.....	24.47
91160**	Antimyeloperoxidase Ab.....	44.74
90040***	Antithrombin III	33.49
90042***	Anti-Xa Heparin assay.....	94.12
P90046***	Beta 2 Glycoprotein I (B2GPI) antibody screen	44.65

Notes: *The following indications for this test include:*

- i) *Patients with vascular thrombosis – one or more clinical episodes of arterial, venous or small vessel thrombosis in any tissue or organ. Thrombosis must be confirmed by objective validated criteria.*
- ii) *Patients with pregnancy morbidity:*
 - a) *One or more unexplained deaths of a morphologically normal fetus at or beyond the 10th week of gestation, with normal fetal morphology documented by ultrasound or by direct examination of the fetus.*
 - b) *One or more premature births of a morphologically normal neonate before the 34th week of gestation because of: eclampsia or severe pre-eclampsia defined according to standard definitions or recognized features of placental insufficiency, or*
 - c) *Three or more unexplained consecutive spontaneous abortions before the 10th week of gestation, with maternal anatomic or hormonal abnormalities, and paternal and maternal chromosome causes excluded.*
- iii) *Not payable with P90047*

P90047***	Beta 2 Glycoprotein I antibodies IgG/IgM isotype determination	47.26
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Note: *Not payable with P90046.*

90045**	Bone marrow examination.....	225.85
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Note: *90045 includes 90465, 90490, 90205, 90340 and 90210.*

		Total Fee \$
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
T90063***	Coagulation factor by clotting assay.....	45.51
	Note: This listing will be restricted to tests mutually approved on a temporary basis by the BCMA Tariff Committee and the Medical Services Commission.	
90065	Cold agglutinins - qualitative.....	14.30
90070**	Cold agglutinins - quantitative	27.40
90072**	Collagen Binding assay	52.51
	Note: Not billable with 90505	
90068	Cyclic citrullinated peptide antibodies	29.48
	Notes:	
	i) Payable only if ordered by Rheumatologist or General Internal Medicine Specialist.	
	ii) Not payable for established rheumatoid arthritis.	
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.	
90085***	Donath-Landsteiner	15.00
90090	Eosinophil count	10.62
90095**	Erythropoietin (EPO) assay	29.51
90100**	Estimation of B lymphocytes	96.31
90105**	Estimation of lymphocyte types by rosette formation	70.55
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: cytopspin centrifugation +/- total cell count, before slide preparation and staining.	
	ii) Not payable with 90512, 91355, 91356.	
90120	Extractable nuclear antigens	30.60
T90123***	Factor II Assay (quantitative only)	53.52
90125***	Factor V (quantitative only).....	52.04
90127***	Factor V Leiden / PGM – 1 st gene	76.92
	Notes:	
	i) Restricted to Royal Columbian, Vancouver and Victoria General Hospitals. Lifelabs and BC Biomedical Laboratories	
	ii) Not billable for screening purposes.	
	iii) Applicable to patients with thrombophilia.	
90128***	Factor V Leiden / PGM – 2 nd gene	48.53
	Notes:	
	i) Billable only when performed with P90127.	
	ii) Restricted to Royal Columbian, Vancouver and Victoria General Hospitals, Lifelabs and BC Biomedical Laboratories	
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

	Total Fee \$
90165***	Factor XIII screen (Fibrin stabilizing factor)16.27
90170	Fibrin/fibrinogen degradation products23.27
	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
T90205	Hematology Profile (to include automated Hgb, WBC, platelet count, Hct, RBC indices, and differential white cell count when indicated)..... 10.96
	Note: Laboratories will perform a full hematology profile when any of the individual items is requested.
90210**	Hematology special stains - routine (e.g iron, PAS, peroxidase, sideroblast, Sudan black).....28.76
90215**	Hematology special stains - complex (e.g.: acid phosphatase with tartrate, esterase).....42.56
90220	Hemoglobin A2 quantification..... 14.14
90225	Hemoglobin-cyanmethemoglobin method, and/or haematocrit.....3.22
	Note: See laboratory medicine preamble for hematology protocol.
90235	Hemoglobin - other methods 1.55
	Note: 90225 and 90235 – see Laboratory Medicine Preamble for Hematology protocol.
90240**	Hemoglobin electrophoresis29.84
	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 bodies67.80
90265**	H.L.A. - single antigen40.58
	Note: Not for screening purposes.
90280**	Immunofluorescent staining for autoantibodies, including antinuclear antibodies – first autoantibody23.82
90285**	- each additional autoantibody.....27.03
	Notes:
	i) Provide details in note record for additional autoantibodies, other than anti- mitochondrial antibody (AMA) antismooth muscle antibody (ASMA), anti- parietal cell antibody (APCA).
	ii) 90280 and 90285 include titre when required.

	Total Fee \$
90290** Immunophenotyping by flow cytometry - peripheral blood and/or tissue and/or bone marrow and/or body fluids - 5 tube panel.....	223.42
90295** - 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
90310*** Ivy template bleeding time	26.63
Note: 90310 not chargeable for Duke Method.	
90315 Latex test (rheumatoid factor).....	8.41
Note: Also payable for immunoassay techniques for the detection and quantification of rheumatoid factor.	
90320** Leucocyte alkaline phosphatase (L.A.P) score	42.35
90325*** Lymphocyte stimulation test	106.30
90330*** - each additional antigen or mitogen	32.16
90335** Malaria and other parasites	61.82
90340** Marrow films for interpretation	163.79
90345** Marrow or peripheral blood stem cells	104.80
90350*** Mixed leukocyte culture - donor and recipient.....	112.77
90355*** - each additional culture	129.35
90357 Neutrophil Oxidative Burst assay	112.77
90360** Nitro blue tetrazolium test.....	30.44
90365*** Oxygen dissociation curve.....	77.96
90370 Partial thromboplastin test.....	6.57
90375** Partial thromboplastin time (PTT) substitution test for factor deficiencies	42.77
90377** Phospholipid Neutralization Test – for confirmation of Lupus Anticoagulant	42.25
90380 Plasma hemoglobin	16.88
90385*** Plasminogen assay	45.87
90390** Platelet antibodies	34.46
Note: 90390 normally may not be billed to the Plan when performed as a blood bank service or where available from the Canadian Blood Services. If this service is required on an emergency basis from other than the Canadian Blood Services, the claim must state a specific reason for this test.	
90400 Platelet estimation on film.....	4.64
90405** Platelet function aggregation (per additive).....	21.93
90410+ Preparation of packed cells, per unit	16.22
90415+ Preparation of plasma, per unit	16.19
90420*** Protein C activity.....	51.33
90425*** Protein C antigen.....	56.18
90427** Protein S Activity (clot-based)	38.31
Note: Not billable with 90435 or 90430.	
90430*** Protein S free antigen.....	43.51
90435*** Protein S total antigen	40.50
90440 Prothrombin time/INR	12.07

	Total Fee \$
90445*** Pyruvic kinase assay (red cell).....	75.52
90450 Pyruvic kinase (PK.) screening test.....	13.30
90455*** Raji cell assay (circulating immune complexes).....	50.59
90460+ RBC antibody detection, per tube (albumin, enzyme or other antibody enhancement, e.g.: LISS additive)	6.89
90465 Blood film review	17.99
90475** Red cell fragility - screening test	17.77
90480** - incubated	57.13
Note: Can be billed in addition if 90475 screening test is positive.	
90485** Reptilase time	40.88
90490 Reticulocyte count and/or Heinz bodies	11.54
90495+ Rh(D) typing.....	10.38
90500+ Rh genotype	41.21
90505** Ristocetin co-factor assay	77.57
90510+ Saline tubes (per tube)	7.59
90512 Secretion smear for eosinophils	7.41
90515 Sedimentation rate	10.61
Notes:	
i) Not payable if ordered with 91300 (C – Reactive Protein).	
ii) Not payable unless a written indication is provided on the requisition	
90520 Serum haptoglobin	20.42
90525 Sickle cell identification.....	76.41
90530*** Stypven prothrombin time.....	27.95
90535** Sugar water test (P.N.H.)	10.72
90540** Thalassemia/hemoglobinopathy investigation.....	65.46
Notes:	
i) 90540 includes 90465 and 90205, and 90240 (utilizing an electrophoretic or chromatographic separation technique for the detection and quantification of normal and variant hemoglobins including Hemoglobin A2 and Hemoglobin F.	
ii) In selected cases, 90240 may be billed in addition to 90540, where further electrophoreses (e.g.: citrate agar and/or isoelectric focusing) are required as diagnostic and/or confirmatory tests.	
iii) Not payable with 90220 (Hemoglobin A2) or 90175 (Fetal Hemoglobin).	
90545 Thrombin time.....	8.31
90550*** 2-3 DPG assay	34.23
90555** Von Willebrand factor antigen	107.66
90560*** Von Willebrand's multimer analysis by Autoradiography	88.77
90565*** White blood cell agglutinins	71.34

Microbiology

New Microbiology Protocols for urine and throat cultures have recently been developed. For a copy of the Protocols and Guidelines, please contact the BCMA (EPA Department, Billing Queries), at (604) 736-5551.

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 by the Microbiology Section of the Laboratory Medicine, as a guide to when intervention by a Laboratory Physician is indicated.

Fee Codes	Name of Test	Action required in following circumstances
90600	Acid fast organisms – culture	All positive cultures for Mycobacterium species
90605	Anaerobic culture investigation	All culture positive for C. Perfringens or C.tetani
90610	Serum bactericidal test	All results
90615	Antibiotic susceptibility test	S. Aureus resistant to Oxacillin screening test. Enterococci resistant to Vancomycin or high level amino-glycosides, or Ampicillin. S. Pneumoniae resistant to Oxacillin screen. (For out-patients, organisms resistant to all oral antibiotics tested.)
90625	Blood culture	Positive blood cultures Positive Gram stains from blood cultures.
90660	Diphtheria antibodies	All results
90665	Fungus culture	Positive for significant fungus species as defined by the Lab's criteria
90720	Routine culture	Positive cultures from normally sterile body fluids. Positive cultures for "reportable" communicable organisms.
90825	Electron microscopy	Positive for` any organism
90770	Tetanus antibody	All results
90775	Throat or nose culture	Request for, or positive culture for C.diphtheriae
90780	Additional throat/nose culture	Request for, or positive culture for C.diphtheriae

	Total Fee \$
90600**	Acid fast organisms - culture24.13
90605**	Anaerobic culture investigation.....11.77
	Note: This fee may be additional to 90720.
90610***	Serum bactericidal test.....66.41
90615**	Antibiotic susceptibility test, :semi-quantitative per organism. (To a maximum of three for urine, two for nose/throat).....11.61
	Note: Test to be performed on pure culture.
90620	Biochemical identification of micro-organism - per organism. (To a maximum of three for urine, two for nose/throat)9.55
90625**	Blood culture, using aerobic and/or anaerobic media36.08
90630	C. difficile toxin, immunological method16.64
	Note: 90630 not to be performed on formed stool and not billable with 90655.
90640	Candida culture6.81
90645	Chlamydia antigen.....16.84
	Note: Not payable for urogenital specimens
90650	Chlamydia culture.....42.84
	Note: T90650 cannot be claimed for fluorescent antibody methods (T90725).
90651	Chlamydia trachomatis using NAAT – urine.....25.18
90652	Chlamydia trachomatis using NAAT – urogenital swab24.09
	Notes:
	i) Provide details in note record when 90651 and 90652 are performed on the same day.
	ii) Provide details in note record when 90645 performed on same day as 90651 or 90652.
90653	Gonorrhea by NAAT – urine4.76
	Note: Payable only when performed with 90651
90654	Gonorrhea by NAAT – urogenital swab.....4.76
	Note: Payable only when performed with 90652
90655	Clostridium difficile toxin (tissue culture method)18.09
P90656	C. difficile toxin, real time PCR.....48.91
	Notes:
	i) Not paid with 90630 or 90655.
	ii) Paid in addition to 90745, 90725, 90750 or stool isolate fee (90751).
	iii) Not to be performed on formed stool.
90660***	Diphtheria antibodies.....21.14
90665**	Fungus culture.....21.41
90670	Fungus, direct examination KOH preparation13.76
T90675	Hepatitis B e antigen14.87
	Note: T90675 only to be performed if HBsAg is positive.
90685	Hepatitis A - IgM (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 culture15.30
	Note: 90720 not billable for virus isolation.
T90725	Serological identification of bacterial micro-organism15.94
	Notes:
	i) T90725 applies to colonial isolates only.
	ii) When billing multiple T90725 on same specimen, provide note record indicating suspected pathogens.

		Total Fee \$
90730	Smear for inclusion bodies	12.38
T90736**	Cervical culture	15.44
T90737**	Vaginal culture	15.40
T90738**	Urethral Culture	21.17
T90739**	Combined vagino-anorectal or vaginal culture for Group B Streptococcus only.....	15.40
	Note: Rectal specimens for pregnancy and/or GBS, bill under T90745.	
T90741**	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 covered by genital specimens protocol should be billed under medically appropriate codes.	
90740	Stained smear.....	16.71
	Notes:	
	i) Only in exceptional circumstances will a Gram stain be charged for a throat, nose or urine culture specimen.	
	ii) 90740 also is applicable to fecal leukocyte smear and acid fast smear of stool for <i>Mycobacterium avium-intracellulare</i> , if specifically ordered.	
T90745	Stool culture (to include <i>Campylobacter</i> identification)	16.90
	Note: <i>Campylobacter</i> identification is a mandatory part of stool bacteriological studies. No other listing except 90750, 90615 and T90725, when appropriate, applies to stool culture.	
90750	Biochemical identification of micro-organism in stool.....	14.42
	Note: A maximum of six biochemical/molecular identification of pathogens (90750/90751) payable per stool culture.	
P90751	Molecular identification, stool isolate	14.90
	Note: A maximum of six biochemical/molecular identification of pathogens (90750/90751) payable per stool culture.	
90755	Streptococcal enzyme slide test.....	12.52
90760*	Streptococci - rapid test.....	13.02
	Note: Payable only to Category II and III facilities and Category I facilities employing a registered technologist. 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**	- each additional culture	18.18
P90784	Trichomonas Antigen Test.....	18.75
	Note: Not payable with 90785.	
90785	Trichomonas and/or Candida, direct examination.....	11.63
90790	Urine colony count culture	19.57

Ova and Parasites

90795	Examination for pinworm ova	43.94
90800	Stool examination, concentration methods	46.93
90805	Macroscopic examination of parasite and/or direct microscopic examination	42.96
	Notes:	
	i) Applicable to scabies, lice, ticks, worms.	
	ii) 90800 not to be billed with 90805.	
90810	Stool examination, search for amoebae and/or permanent stain smear	46.93

Virology

90815	Serological tests - 1 to 3 antigens	36.83
90820	Serological tests - 4 or more antigens.....	37.98
	<i>Note: Not to be billed for any virology testing where specific listings exist (e.g.: Hepatitis).</i>	
90825***	Smear or section for electron microscopy	27.79
90830	Virus isolation	51.65
	<i>Note: Not paid with P90831, P90832 and P90833.</i>	
P90831	Hepatitis B virus (HBV) identification by nucleic acid amplification, direct - quantification	60.34
	Notes:	
	i) <i>The daily maximum is one.</i>	
	ii) <i>Annual maximum per patient is six.</i>	
	iii) <i>Not paid with 90830.</i>	
	iv) <i>Not intended as a diagnostic screening tool. Use only for the management of patients being treated as per antiviral protocols.</i>	
P90832	BK polyoma virus identification by nucleic acid amplification, direct – Quantification.....	39.13
	Notes:	
	i) <i>The daily maximum is one.</i>	
	ii) <i>Annual maximum per patient is 30.</i>	
	iii) <i>Not paid with 90830.</i>	
	iv) <i>Not intended as a diagnostic screening tool. Use only for post-transplant management.</i>	
P90833	Cytomegalovirus Viral (CMV) identification by nucleic acid amplification, direct –quantification.....	36.92
	Notes:	
	i) <i>The daily maximum is one.</i>	
	ii) <i>Annual maximum per patient is 60.</i>	
	iii) <i>Not paid with 90830.</i>	
P90835***	HBV drug resistance mutation analysis.....	129.88
	Notes:	
	i) <i>Annual maximum is two per patient.</i>	
	ii) <i>Paid in addition to 90831.</i>	

Chemistry

Note: ELECTROLYTE - 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 physician. It is expected that the volume of chloride and bicarbonate assays will amount to no more than approximately 11% of the volume of assays for sodium and potassium.

Base Fees:

91000	Primary base fee	15.62
91005	Split base fee (collecting facility)	7.02
91010	Split base fee (referral facility)	7.02

Notes:

- i) 91000 is applicable only when all tests requested from the "panel" listed below 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, 91326, 91328, 91366, 91368, 91369, 91415, 91420, 91421, 91707, 91709, 91725, 91900, 91901, 91902, 92070, 92071, 92100, 92102, 92103, 92147, 92148, 92149, 92230, 92231, 92233, 92365, 92366, 92368, 92369, 92370, 92375, 92376 and 92377.

Generic Listings Split (91830, 92040 & 91945):

- a) The following new listings have been split from the listing for Immunoglobulin and specific protein assays: (91830): 90660, 90770, 91025, 91165, 91170, 91280, 91445, 91450, 91814, 91825, 91835, 91936, 92105, 92205, 92290, 92340.

Note: Additional assays, same patient, same day, to be billed under the correct pertinent fee code but will be paid as previously, at the rate for 91831.

The following fee items have been removed from the above note and are payable in full when additional assays for the same patient, same day are performed:

91285	C-3 complement
91290	C-4 complement
91300	C-reactive protein
91305	CA 150-3
91310	CA 125

91315	CA 19-9
91802	IgA-quantitative –serum/plasma
91810	IgG ¹
91811	IgG ²
91812	IgG ³
91813	IgG ⁴
91840	IgG-quatitive
91845	IgG-quantitive
91985	Albumin creatinine ratio (ACR)

b) The following new listings have been split from the listing for Peptide hormones (92040): 91295, 91320, 91660, 91950, 92030, 92031, 92135, 92160 and 92165.

c) The following new listings have been split from the listing for Drug assay: 91480, 91482, 91484, 91486, 91488, 91490, 91492, 91494, 91496, 91498, 91500, 91502, 91504, 91506, 91508, 91510, 91512, 91514, 91516, 91518, 91520, 91522, 91524, 91526, 91528, 91530, 91532, 91534, 91536, 91538, 91540, 91542, 91544, 91546, 91548, 91550, 91552, 91554, 91556, 91558, 91560, 91562, 91564, 91566, 91568, 91570, 91572, 91573 and 91574.

Notes:

i) *The payment for multiple drug assays (previously billed under fee code 91599) has not been changed and applies to the following listings as previously. 91599 and the new listings are applicable to serum assays only.*

ii) *Multiple drug assays to be billed under the correct pertinent fee codes, but will be paid as previously, at the rate for 91599.*

(d) The following new listings have been split from the listing for Vanillylmandelic acid (92420): 91975 and 91790.

Note: *These items to be billed on an individual basis only.*

Criteria for Chemistry Add-Ons

For a copy of the guidelines for billing add-on tests that do not require consultation with the requesting physician, please contact the BCMA (EPA Department, Billing Queries) at (604) 736-5551.

Acetone - urine see urinalysis (Ketones)

91020***	Acetylcholine receptor antibodies - qualitative	101.93
91021***	Acetylcholine receptor antibodies - quantitative	167.50
91023**	Acetyl CoA: a-glucosaminide-N-acetyl transferase: white blood cells	93.71

Note: *Restricted to BC Children's Hospital.*

Acetyl hexosaminidase - see hexosaminidases

91025	Acid alpha 1 glycoprotein	20.40
91027**	Acid Lipase, white blood cells.....	51.25

Note: *Restricted to BC Children's Hospital.*

Acid - gastric see Gastric acidity determination.

91030	Acid phosphatase, total	13.66
91031	Acid phosphatase, fractions-each	13.66
91035**	ACTH, plasma	36.57
91036***	ACTH stimulation test.....	45.24
91037**	Acylcarnitine profiling.....	41.28

Note: *Restricted to BC Children's Hospital.*

	Total Fee \$
91040	Albumin - serum/plasma.....1.55
91042	- transudate/exudate.....1.06
91050	Alcohol.....20.79
91055	Aldolase.....14.12
91060**	Aldosterone - plasma.....170.92
91061**	Aldosterone-urine.....170.92
91065	Alanine aminotransferase (ALT).....1.47
91070	Alkaline phosphatase.....1.57
91075*	Allergen specific IGE assay, per antigen.....16.13
	Notes:
	i) <i>The performing laboratory must document that the patient meets the approved indications and supply that information as a billing note record.</i>
	ii) <i>The standard number of allowable allergen specific 1gE antibodies per 12 month period is 5 per patient.</i>
	iii) <i>This number can be increased to 10 when further approved by a laboratory physician. (This will require the addition of the billing number of the approving laboratory physician to the note record.</i>
	iv) <i>If the ordering physician is an allergy specialist (as approved by the Section of Clinical Immunology and Allergy) the number of allowable tests per 12 month period can exceed the allowable number specified in 2 or 3, up to 20. A note record is required beyond 20. (See the Protocol under the Chemistry Guidelines in the Laboratory Medicine Preamble.)</i>
91080	Alpha-1 antitrypsin.....20.06
91090	Alpha fetoglobulin.....13.03
91095	Alpha fetoprotein.....24.79
91096**	Alpha-iduronidase, white blood cells.....51.25
	Note: <i>Restricted to BC Children's Hospital</i>
91097**	Alpha-mannosidase, white blood cells.....51.25
	Note: <i>Restricted to BC Children's Hospital.</i>
91100*	Aluminum.....49.19
91105**	Amino acids, quantitative (chromatography).....78.42
91110**	Amino acids-urine (chromatography).....54.27
91115	Ammonia.....7.41
91120***	Amniotic fluid, bilirubin scan.....55.10
	Amylase:
91125	- cyst.....13.73
91126	- serum/plasma.....5.27
	Notes:
	i) <i>Not payable with 91930 (Lipase).</i>
	ii) <i>Not payable if lipase sent to a referral facility.</i>
91127	- transudate/exudate.....13.66
91128	- urine.....7.53
91135	Androstenedione, plasma.....36.09
91140	Angiotensin converting enzyme (ACE), analysis in serum.....18.72
91142**	Anti-diuretic hormone (ADH), plasma.....113.81
91150*	Anti-endomysium antibodies.....94.39
91155*	Antiglomerular basement membrane antibody.....25.73
P91162	Anti-tissue transglutaminase antibodies (anti-TTG), IgA.....24.18
	Notes:
	i) <i>Fee includes payment for IgA quantitation when instrument readout suggests IgA deficiency or when 91162 is ordered concurrently with 91840 and 91845.</i>
	ii) <i>Not payable with 91800 or 91802.</i>
91165*	Apolipoprotein A-1.....20.40

	Total Fee \$
91170 Apolipoprotein B-100	16.60
<i>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 ordering physician has entered the indication (e.g.: "complex dyslipidemia") in the diagnosis portion of the requisition form.</i>	
91175*** Apolipoprotein E isoforms	33.57
91180*** Apoprotein E genotyping	93.90
91185* Arsenic	43.40
91190** Aryl sulfatase A - fibroblasts	51.38
91191** - white blood cells	51.38
91195** Aryl sulfatase B - fibroblasts	51.38
91196** - white blood cells	51.38
91200** Aryl sulfatase C - fibroblasts	51.38
91201** - white blood cells	51.38
91205 Ascorbic acid (vitamin C)	26.76
91206 Ascorbic acid (vitamin C saturation test)-urine	8.28
91210 Aspartate aminotransferase (AST)	1.73
91215** B-galactosidase - fibroblasts	51.38
91216** - white blood cells	51.38
91220** B-glucosidase - fibroblasts	51.38
91221** - white blood cells	51.38
91225 Barbiturates - qualitative	12.38
91226 - quantitative	35.61
91227 - qualitative - gastric	9.48
91228 - qualitative - urine	9.51
91230 Beta-2 - microglobulin	20.40
91231** Beta-glucuronidase, white blood cells	51.25
<i>Note: Restricted to BC Children's Hospital.</i>	
91232** Beta-mannosidase, white blood cells	51.25
<i>Note: Restricted to BC Children's Hospital.</i>	
91235 Bicarbonate - serum/plasma	2.37
91236 - urine	1.06
91240 Bile pigments and salts, qualitative - urine	2.34
P91241*** Bile acids, total	55.00
Notes:	
i) Maximum six per patient in the third trimester.	
ii) Restricted to BC Children's Hospital.	
91245 Bilirubin, total - serum/plasma	1.61
91246 Bilirubin, total - transudate/exudate	1.05
91250 Bilirubin, direct	1.58
91255 Blood, qualitative-gastric	2.44
<u>- occult - see occult blood</u>	
<u>- volume determination - see Nuclear Medicine</u>	
91260 Bone GLA protein (osteocalcin)	17.76
91265 Bromides, quantitative	16.29
91270 - qualitative-urine	10.48

		Total Fee \$
91275	B-type Natriuretic Peptide (BNP or NT-proBNP).....	42.56
	Notes:	
	<i>Payable for:</i>	
	(a) <i>assessment of symptomatic patients where the diagnosis of heart failure remains in doubt after standard assessment.</i>	
	(b) <i>repeat testing not payable more than once annually unless ordered by the physician for new clinical episode suspicious for heart failure or in the tertiary cardiac care outpatient setting for prognostic stratification of heart failure.</i>	
	(c) <i>not payable for repeat testing for monitoring therapy.</i>	
	<u>BUN - see urea</u>	
91280	C - 1q esterase inhibitors	22.86
91285	C - 3 complement	9.61
91290	C - 4 complement	9.87
91295	C - peptide	47.42
91300	C - reactive protein	10.31
	Note: <i>When ordered concurrently with 90515 (Sedimentation rate), only 91300 is payable.</i>	
91305	CA 15-3	21.25
91310	CA 125	22.72
91315	CA 19-9.....	20.88
91320	Calcitonin	50.63
91325	Calcium - timed urine collection.....	5.48
91326	- total, serum/plasma	1.55
91327	- 24 hr. excretion, feces	19.73
91328	- urine random	1.05
91330	Calculus analysis - urine.....	27.86
91335	Carbamazepine	15.32
	<u>Carbon dioxide - see bicarbonate and pH, etc.</u>	
91340	Carbon monoxide, quantitative.....	17.58
	Notes:	
	i) <i>Payable for carboxyhemoglobin determinations utilizing a blood gas analyzer.</i>	
	ii) <i>Not payable with 92045.</i>	
91345	Carotene	8.90
91350**	Catecholamines	59.27
91352**	Catecholamines - urine.....	46.45
91351**	Catecholamines fractions by separation into various types on same patient, same time with interpretation.....	40.79
91353	Cells, count - examination for feces	5.46
91360	Ceruloplasmin.....	10.15
91365	Chloride - quantitative - CSF and other fluids	7.21
91366	- serum/plasma	1.49
91367	- timed urine collection.....	10.06
91368	- urine random	3.26
91369	- whole blood	1.06
91370**	- by iontophoresis - sweat.....	77.50
91375	Cholesterol, total.....	6.87
91380**	Cholinesterase with dibucaine number	30.26
	* <u>Chromatography, see amino acids</u>	
91386***	- keto acids	36.30
91387***	- reducing substances-urine	31.40
91388***	- thin layer (T.L.C.).....	32.65
91390	Complement assay	19.63

	Total Fee \$
91395 Complement, total haemolytic (CH 100)	43.71
Copper:	
91400 - serum.....	49.19
91401* - tissue	49.77
91402 - 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 ordered by General Internists, Endocrinologists, Pediatricians and General Surgeons.
- iii) The daily maximum is one per patient.

C.P.K.- see creatine kinase

91410 Creatine - timed urine collection	12.73
91415 Creatine kinase (phosphokinase).....	1.88
91420 Creatinine - random urine.....	5.10
Note: Not payable with 91985 (Albumin creatinine ratio (ACR)).	
91421 - serum/plasma	1.52
91422 - timed urine collection.....	5.80
91425 Cryofibrinogen	17.38
91440 Cryoglobulins	41.92
91445 CSF - Albumin	20.16
91450 CSF - Immunoglobulin G	20.40
91430* Culturing skin fibroblasts for biochemical or DNA analysis	603.88
91434 Cyclic A.M.P., plasma.....	44.73
91435 Cyclic A.M.P, urine	45.46
91455 Cyclosporine	23.47
91460 Dehydroepiandrosterone, serum (DHEA)	18.55

Dextrose - see glucose

91465 Digoxin.....	18.97
91470 Disaccharides - intestinal.....	62.40
91475 Dopamine, quantitative.....	61.91

Note: Not payable in addition to 91351.

Drug screening - see chromatography

Drug assay (single):

91480 - Acetazolamide	46.68
91482 - Acetaminophen (quantitative).....	11.47
91484 - Amikacin	45.99
91486 - Amiodarone	46.53
91488 - Amitriptyline	24.64
91490 - Amoxapine.....	46.53
91492 - Chlorpromazine	46.53
91494 - Citrate, urine	24.66
91496 - Clobazam	49.73
91498 - Clomipramine	49.82
91500 - Clonazepam	46.53
91502 - Clozapine.....	27.92
91504 - Cyanide	24.64
91506 - Desipramine	24.35
91508 - Desmethyloclobazam	46.53

	Total Fee \$
91510*	- Diazepam 46.53
91512	- Disopyramide 46.53
91514	- Doxepin 46.53
91516	- Fluoxetine 46.53
91518	- Flupenthixol 46.53
91520	- Fluphenazine 46.53
91522	- Fluvoxamine 46.53
T91523*	- Gabapentin 24.64
91524	- Gentamycin 26.69
91526	- Haloperidol 24.63
91528	- Imipramine 46.53
T91529*	- Lamotrigine 24.64
91530	- Lidocaine 44.73
91532*	- Lorazepam 46.53
91534	- Loxapine 46.53
91536	- Maprotiline 46.53
91538	- Methotrexate 46.53
91540	- Methotrimeprazine 46.53
91542	- Methylphenidate 46.53
91544	- N-Acetyl procainamide 46.53
91546	- Netilmicin 46.53
91548	- Nitrazepam 46.53
91550	- Nortriptyline 24.35
T91551*	- Olanzapine 24.64
91552	- Paroxetine 46.53
91554	- Perphenazine 46.53
91556	- Procainamide 46.53
91558	- Propranolol 46.53
T91559*	- Quetiapine 24.64
T91561*	- Risperidone 26.46
91560*	- Sertraline 52.35
91562	- Thioridazine 48.47
91564	- Tobramycin 26.17
T91565*	- Topiramate 24.64
91566	- Trazodone 46.53
91568	- Trifluoperazine 46.53
91570	- Trimipramine 46.53
91572	- Valproic acid 16.55
91573	- Vancomycin 15.57
T91576*	- Vigabatrin 26.68
T91574	- Zopiclone 24.64
T91575*	- Zuclopenthixol 24.64
91599	Drug assay - multiple (2 or more) 53.46

Drugs of Abuse Testing

T92550	Urine, Drugs of Abuse Screen – per Analyte – single use kit 6.95
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Notes:

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

Drugs of abuse testing:

T92500	Primary Base Fee 10.52
T92501	Split Base Fee (collecting facility) 5.32

	Total Fee \$
T92502 Split Base Fee (referral facility)	5.32
Notes:	
i) 92500 is applicable only when all tests are performed in the same facility or within the same laboratory accessioning system;	
ii) 92501 and 92502 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) These listings are applicable once per specimen for any Screening Assay or Specific Quantitative Assay, or any combination thereof. They are not applicable to Comprehensive Drug Analysis.	
Screening Assays:	
T92503 Amphetamines	9.55
T92504 Barbiturates	13.34
T92505 Benzodiazepines	8.39
T92506 Tetrahydrocannabinoids (THC)	10.92
T92507 Cocaine / Cocaine Metabolite	7.10
T92508 Ethanol	6.92
T92509 LSD	3.53
92510 Methadone Metabolite	6.80
T92511 Opiates	7.16
T92512 Phencyclidine (PCP)	3.50
92513 Methadone	3.50
Note: Not billable if laboratory has capability of performing methadone metabolite screening test.	
P92514 Oxycodone, screening assay	12.82
Notes:	
i) Not paid to facilities that bill 92550.	
ii) Only paid for immunoassays labeled specifically for oxycodone testing.	
iii) Paid for screening with mass spectrometry or comparable method.	
Screening Assay Notes:	
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.	
(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 listed under (2) are payable at the rate of the Comprehensive Drug Analysis. 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.	
T92520* 1-Amphetamine	70.92
T92521* 1-Metamphetamine	70.92
T92522* Anileridine	70.92
T92523* Antihistamines	70.92
T92524* Clonidine	70.92
T92525* Fentanyl	70.92
T92526* Furosemide	70.92

	Total Fee \$
T92527*	Hydrocodone70.92
T92528*	Hydromorphone70.92
T92529*	Meperidine70.92
T92530*	Meprobamate70.92
T92532*	Methaqualone70.92
T92533*	Methocarbamol70.92
T92534*	Methylenedioxyamphetamine70.92
T92535*	Methylenedioxymethamphetamine70.92
T92536*	N-Acetyl Morphine70.92
T92537*	Naloxone70.92
T92538*	Oxycodone, confirmation of a positive screen70.92
T92539*	Oxymorphone70.92
T92540*	Pentazocine70.92
T92541*	Phentermine70.92
T92542*	Phenylpropanolamine70.92
T92543*	Propoxyphene70.92
T92544*	Pseudoephedrine70.92
T92545*	GC/MS Confirmation of Positive Screen67.92
	<i>Note: Payable for confirmatory methods utilizing liquid chromatography mass spectrometry (LC-MS).</i>
T92546	Comprehensive Drug Analysis119.94
	<i>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.</i>
<u>Electrolytes - see protocols, Laboratory Preamble</u>	
91600**	Electrophoresis - protein-qualitative26.54
91601**	- protein, quantitative34.58
	<i>Note: Includes fee item 92148 (Proteins, total, serum or plasma)</i>
91602**	- C.S.F31.21
91603**	- qualitative - urine31.35
91605	Erythrocyte galactose 1 - phosphate transferase70.84
91610	Estradiol22.43
91615	Estrogens - urine51.66
91620	Ethosuximide18.47
<u>E.T.R. - see thyroid gland function tests</u>	
91635	Fecal elastase46.65
	<i>Note: Restricted to BC Children's and Women's Hospital Laboratory</i>
91630	Fecal pH3.92
91631	Fat, microscopic examination - feces5.48
91636	- balance 3 day - feces92.68
91640	Fatty acids, nonesterified (free)22.79
91645	Ferritin, serum10.12
91650	Fibrinogen, quantitative, chemical28.68
	<i>Note: 91650 not chargeable for Fibrindex or other non-quantitative methods.</i>
<u>Free fatty acids - see fatty acids</u>	
91660	Follicle stimulating hormone (FSH)13.13
91665**	Galactocerebrosidase - fibroblasts51.38
91666**	- white blood cells51.38
91670	Galactose, qualitative - urine17.13
<u>Gases blood, see oxygen, pH, etc.</u>	
91675	Gastric acidity determination - acid, total quantitative (per specimen)3.52

	Total Fee \$
91680	Gastric analysis, intubation.....18.15
91681	- acid (per specimen).....0.92
91682	- hollander insulin89.43
91685	Gastrin63.32
<u>Gel diffusion tests (R.I.D.) - see immuno- globulin, etc.</u>	
<u>Globulin - see protein</u>	
91690	Glucose - gestational assessment10.03
	Notes:
	<i>i) T92390, 92395 and 91690 are restricted to Category IIC and Category III laboratories. (T91745 is at present restricted to Category III laboratories).</i>
P91695	Glucose tolerance test - gestational protocol15.84
	Notes:
	<i>i) Not payable with 91707 (Glucose serum plasma).</i>
	<i>ii) Limited to one test per pregnancy.</i>
91700	Glucose- semiquantitative (dipstick analysed visually or by reflectance meter)3.53
	Glucose quantitative
91705	- CSF6.45
91706	- joint fluid6.45
91707	- serum/plasma1.46
	Note: <i>Not payable in addition to 91690 (Glucose, gestational assessment) or 91715 (Glucose tolerance test, 2 – 5 hours or P91695 Glucose tolerance test – gestational protocol).</i>
91708	- transudate/exudate.....6.45
91709	- urine.....1.06
<u>Glucose, qualitative - urine - see urinalysis</u>	
91710	Glucose - timed urine collection7.13
91715***	Glucose tolerance test, 2 to 5 hours12.94
	Notes:
	<i>i) Not payable with 91000 or 91707.</i>
	<i>ii) For chemical profile tests other than 91707 ordered with 91715 or 91690, bill 91005 for the base fee.</i>
91716**	- 6 hr. or more.....39.40
91717**	- intravenous.....38.90
	Note: <i>Fees include all urine and blood specimens.</i>
91720	Glucose phosphate isomerase14.29
<u>Glutamic - oxaloacetic transaminase - see aspartate aminotransferase</u>	
<u>Glutamic - pyruvic transaminase - see alanine aminotransferase</u>	
91725	Glutamyl transpeptidase - (GTP).....1.66
91730	Glutathione peroxidase.....44.32
91735	Gold43.91
<u>Gonadotropins, chorionic - see pregnancy test</u>	

**Total
Fee \$**

Growth hormone - see somatotropin

91740	Haptoglobin.....	19.77
T91745	Hemoglobin, A1C	12.69
	<i>Note: T92390, 92395 and 91690 are restricted to Category IIC and Category III laboratories. (T91745 is at present restricted to Category III laboratories).</i>	
91750	Hemoglobin, qualitative - urine	2.28
T91760	Helicobacter pylori Carbon 13 urea breath test.....	36.50
P91761	Helicobacter pylori stool antigen (HPSA)	35.64
91762**	Heparan sulfamidase, white blood cells	93.71
	<i>Note: Restricted to BC Children's Hospital.</i>	
91770**	Hexosaminidases	51.38
91775**	Hexosaminidase - serum.....	51.38
91777**	Hexosaminidase, white blood cells	99.30
	<i>Note: Restricted to BC Children's Hospital.</i>	
91780	High density lipoproteins cholesterol (HDL cholesterol).....	7.85

Hollander insulin test - see gastric analysis

91785	Homocystine, screening test - urine	2.28
91790**	Homovanillic acid (quantitative) urine.....	38.61
91795	Hydroxyindoleacetic acid (5 H.I.A.A.) - urine.....	9.28
91796	- quantitative - urine	44.28
91800	IgA Anti-gliadin antibodies	32.58
	<i>Note: Applicable only to TTG negative gluten sensitive enteropathy</i>	
91801	I _g A quantitative - secretion	20.31
91802	I _g A quantitative - serum/plasma	9.83
	<i>Note: Not payable with 91162 (Anti-tissue transglutaminase antibodies (anti-TTG), IgA).</i>	
91805	I _g F - I (Somatomedin - C)	55.08
91803	I _g G quantitative - spinal fluid	20.06
91810*	I _g G ¹	24.85
91811*	I _g G ²	24.85
91812*	I _g G ³	24.85
91813*	I _g G ⁴	24.85
91814	I _g G blocking antibody.....	20.40
91840	I _g G - quantitative	9.95
91845	I _g M - quantitative.....	10.05
91815*	Immune complex detection by Clq binding method	44.66

Immunodiffusion (R.I.D.)- see immunoglobulin,etc.

Immuno-electrophoresis - see electrophoresis

91820***	Immunofixation - CSF	105.31
91821***	- serum/plasma	104.12
91822***	- urine.....	104.12
91825	Immunoglobulin D	20.40
91830	Immunoglobulin and specific protein assays.....	20.40
91831	- additional assay, same patient, same specimen, same day	12.53
	<i>Note: Item 91830 should only be billed for immunoglobulin and specific protein assays with no listing, for indicators as agreed by the Tariff Committee and MSC.</i>	
91835	Immunoreactive trypsin	18.80
91850	Inclusion bodies - (cytomegalic) - urine.....	7.77
91855	Insulin, first specimen	27.55
91856	- each additional specimen (same patient and same time).....	19.49

	Total Fee \$
91857 - tolerance test, per specimen	6.29
91858*** Interferon beta, neutralizing antibodies	205.52
Notes:	
i) Performance of this test is limited to the UBC Neuroimmunology Laboratory.	
ii) Payable only when ordered 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 a MS patient may be every three months in specific clearly documented circumstances.	
<u>Gastric - see gastric analysis</u>	
<u>Intestinal disaccharides - see disaccharides</u>	
91860 Ionized calcium	14.02
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.	
91880 Keto acids, chromatography - urine	36.90
91881 - total, chemical - urine	10.99
91882 - screening tests - urine	5.44
91885 Ketogenic steroids - urine	39.47
<u>Ketones - see acetone</u>	
91890 Ketosteroids, total neutral - urine	50.17
91895 Lactate - serum/plasma	7.64
91896 - whole blood	17.89
91900 Lactate dehydrogenase - CSF	1.06
91901 - serum/plasma	1.62
91902 - transudate/exudate	1.05
91905 Lactose, qualitative - urine	9.81
91910 Lead	130.68
91911 - timed urine collection	40.68
91912 - porphyrin screening test - urine	6.22
91915*** Lecithin sphingomyelin ratio	232.26
91920*** LHRH stimulation test - in addition to specific tests billed	46.22
Note: To be charged only when a written consultative report is submitted.	
Requires consultation with laboratory physician and written interpretation.	
Includes all time spent with patient including injections or medications given.	
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
91936*** Lipoprotein (a) isoforms	25.92

	Total Fee \$
91940** Lipoprotein electrophoresis	56.04
<i>Note: Consultation and approval for 91940 must be personally documented by pathologist in cases of genetically related lipid abnormalities.</i>	
91941* Lipoprotein, sizing	25.92
91945 Lithium - serum/plasma	14.94
91946 - whole blood	11.23
91950 Luteinizing hormone (LH)	12.41
91955 Magnesium - fecal	25.15
91956 - red blood cell	29.51
91957 - serum/plasma	6.79
91958 - urine.....	10.06
91959 - whole blood	23.97
91960 Melanin, qualitative - urine.....	2.35
91965* Mercury.....	52.42
91970 Metachromatic granules - urine.....	16.13
91975** Metanephrines, quantitative - 24 hour urine.....	155.77
91985 Albumin creatinine ratio (ACR).....	11.41
<i>Note: Not payable with 91420 (Creatinine – random urine).</i>	
91990 Microscopic examination of feces	5.08
<i>Note: Includes visual analysis of muscle fibres, fat globules, white cells, etc.</i>	
<u>Microscopic of centrifuged deposit - see urinalysis</u>	
91992 Mitochondrial preparation – muscle	90.55
<i>Note: Restricted to BC Children's Hospital.</i>	
91995 Mucopolysaccharides - urine.....	59.55
91997** N-acetyl-Galactosamine-6-sulfate sulfatase, white blood cells.....	93.71
<i>Note: Restricted to BC Children's Hospital.</i>	
92000 Nitrogen, 24 hr. excretion - feces	19.79
92001 - 24 hr. excretion - urine	6.43
<u>Nonesterified fatty acids - see fatty acids</u>	
92005 Occult blood - feces.....	6.02
<i>Note: Applies only to guaiac methods.</i>	
Fecal Immunochemical Test (FIT)	
P92006 For analysis only.....	16.60
P92007 For sample collection only	3.00
Notes:	
i) Not paid with 92005.	
ii) Paid once per screen.	
92010 Organic acids.....	105.41
92015 Osmolar concentration, serum	49.25
92016 - urine.....	49.41
<i>Note: Use this listing for concentration test, dilution test and Mosenthal test in urine. Charge number of osmolar concentrations performed.</i>	
92020 Oxalate, timed urine collection	58.00
92025 Oxygen, capacity or content (direct gas analysis).....	20.06
92026 - saturation (photometric)	10.93
92030 Parathyroid hormone (intact).....	17.52
92031 Parathyroid hormone (mid molecule or carboxyl terminal or amino terminal).....	25.18
92035 Pentagastrin test - gastric.....	67.51

	Total Fee \$
92040	Peptide hormones (by R.I.A.) 25.18
92045	pH, pCO ₂ , and pO ₂ 36.18
92050	Phenothiazine screen 7.24
92055	Phenylalanine - screening test (Guthrie test) 4.04
92056	- quantitative 20.56
	<i>Note: 92056 is not chargeable for Mann kit method</i>
92060	Phenytoin, quantitative 17.13
92065	Phenylpyruvic acid, qualitative - urine 2.35
92070	Phosphates – random urine 2.24
92071	- serum/plasma 1.62
92072	- timed urine collection 3.95
92075	Pigments, abnormal, (spectroscopic) 14.06
92080**	Plasma homocyst(e)ine 22.97
	Polypeptides - see peptide
92085	Porphobilinogen, qualitative (P.B.G.)- urine 9.70
92090	Porphyrins - qualitative, urine 7.62
92091	- quantitative with separation - urine 56.74
92092	- quantitative with separation - feces 132.71
92095**	- quantitative - blood 21.76
92100	Potassium - serum/plasma 1.39
92101	- timed urine collection 5.57
92102	- urine random 2.84
92103	- whole blood 1.05
92105	Pre albumin 20.16
92108	Pregnancy test, immunologic - urine 15.50
	Notes:
	i) Payable for pregnancy testing utilizing pregnancy test devices approved for professional use, or qualitative hCG methods utilizing automated test systems.
	ii) Not payable for quantitative hCG testing utilizing automated test systems.
92110	Pregnancy test - serum 14.74
	Notes:
	i) Payable for pregnancy testing utilizing pregnancy test devices approved for professional use, or qualitative hCG methods utilizing automated test systems.
	ii) Not payable for quantitative hCG testing utilizing automated test systems.
92115*	Pregnanediol - urine 45.07
92120*	Pregnanetriol - urine 53.20
92125	Primidone (mysolene) 18.49
92130	Progesterone, serum/plasma 14.86
T92131	17-OH progesterone, 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:
	i) monitoring established metastatic disease
	ii) detection of early recurrence
	iii) as a diagnostic adjunct in <u>selected</u> cases.
92145	Proteins - total, quantitative - C.S.F. etc 7.14
92146	- timed urine collection 5.95
92147	- total, joint fluid 1.05
92148	- total, serum or plasma 1.60

	Total Fee \$
92149 - total, transudate/exudate.....	1.05
<u>- see also electrophoresis</u>	
92150 Protease inhibitor typing of alpha 1, antitrypsin deficiency	32.95
<u>P.S.P - see phenols, etc.</u>	
P92151*** Purine, pyrimidine and creatine disorder screen.....	63.34
Note: Restricted to BC Children's Hospital.	
92152 Pyridinium Cross Links	24.67
92155 Pyruvates.....	17.98
92156** Pyruvate Carboxylase, fibroblasts.....	93.71
Note: Restricted to BC Children's Hospital.	
92157** Pyruvate Dehydrogenase, fibroblasts	93.71
Note: Restricted to BC Children's Hospital.	
92160 Quantitative beta hCG	16.30
92165 Quantitative hCG (intact).....	25.18
92170 Quantitative I _g E assay (performed in duplicate).....	13.72
92180 Quinidine.....	27.36
<u>Reducing substances - see chromatography</u>	
92185** Renin - single determination.....	63.87
92190** - 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.	
92197*** Retinol binding protein.....	27.82
Notes:	
i) Performance of this test is restricted to BC Children's Hospital.	
ii) The indications for RBP testing are:	
1) renal failure	
2) protein malnutrition	
3) zinc deficiency	
4) acute phase response.	
<u>Resin test - see gastric analysis</u>	
<u>Routine urinalysis - see urinalysis</u>	
92200 Salicylates, qualitative, - serum.....	5.24
92201 - gastric.....	2.88
92202 - urine.....	2.99
92203 Salicylates, quantitative - serum.....	9.26
92204 - urine.....	9.77
92205 SCC	20.40
92210 Secretin-pancreozymin test.....	462.10
92215* Selenium.....	49.77
92220 Seminal fructose.....	7.32
<u>Serotonin - see hydroxyindoleacetic acid</u>	
92225 Serum viscosity	23.17
<u>SGOT - see aspartate aminotransferase</u>	
<u>SGPT - see alanine aminotransferase</u>	
92227 Sirolimus.....	43.01

	Total Fee \$
92230	Sodium - random urine2.72
92231	- serum/plasma 1.38
92232	- timed urine collection.....4.60
92233	- whole blood 1.05
92235*	Somatotropin, one specimen30.38
92236*	- each additional specimen 19.36
92240*	Specific protein analysis following preparative ultra-centrifugation (only after consultation with a pathologist) 141.14
92250**	Sphingomyelinase - fibroblasts.....51.38
92251**	- white blood cells51.38
<u>Sugar - see glucose</u>	
92255	Sulfonamides, quantitative - urine 3.74
92260**	Sweat test (mucoviscidosis), chemical10.20
T92263	Tacrolimus23.47
<u>T3-see thyroid gland</u>	
<u>T4-see thyroid gland</u>	
92266	Testosterone - total..... 15.81
	<i>Note: Testosterone, total (TT) should be the first test performed for the assessment of androgen deficiency. Requisitions for calculated bioavailable testosterone (cBAT) will be substituted with a determination of Testosterone, total (TT) + SHBG (if the TT or clinical situation meets the approved criteria for SHBG addition).</i>
P92267**	Sex hormone binding globulin (SHBG) 13.56
	Notes:
	i) Total testosterone (TT) should be the first test performed for the assessment of androgen deficiency.
	ii) In adult males (>18 yrs.), SHBG should only be done on patients whose TT lies within the upper half of the subnormal range \pm 10% (4-10 nmol/L for current Centaur method).
	iii) SHBG may be requested and measured in females between the ages of 19-49, or in others if approved by the laboratory physician, as clinically warranted.
	iv) For males, the morning specimen should be collected before 11 AM.
92270*	Thallium43.91
92275	Theophylline42.33
<u>Thin layer chromatography (T.L.C.) - see chromatography</u>	
92280	Thyroglobulin27.90
	<i>Note: Primary use is as a tumor marker for thyroid cancer. Non-neoplastic conditions where thyroglobulin measurement may be useful are thyrotoxicosis factitia, congenital hypothyroidism and inflammatory thyroiditis.</i>
92285*	Thyroglobulin antibodies.....20.40
	<i>Note: Thyroglobulin antibodies should only be performed as an adjunct to thyroglobulin measurement for the conditions listed under 92280.</i>
92290	Thyroid binding globulin.....20.40
92305*	Thyroid receptor antibodies - requires consultation with laboratory physician.....22.48

		Total Fee \$
<u>Thyroid gland function tests:</u>		
92310	Total T3.....	12.12
	Notes:	
	i) Total T3 should only be ordered 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.	
T92311	T3 - free	9.35
92315	T4 or total thyroxine.....	12.12
P92320***	Thyroid Releasing Hormone (TRH) Stimulation Test.....	55.91
	Note: Includes all time spent with patient, including injection and medication administered.	
T92325	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 Laboratory Medicine Preamble and/or Guideline: "Thyroid Function Tests in the Diagnosis and Monitoring of Adults with Thyroid Disease" for other situations and additional information.	
T92332	Thyroperoxidase antibodies	20.22
	Note: Payable only for possible autoimmune thyroid disease	
92335*	Tissue iron	43.91
<u>Transaminases - see aminotransferases (alanine-aspartate)</u>		
92340	Transcobalamine II	20.40
92345	Transferrin	7.56
	Notes:	
	i) Includes iron, when transferrin saturation ordered.	
	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	- transudate/exudate.....	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
92361	- quantitative - feces	3.96
92362	- gastric	3.96
92365	Urea - amniotic fluid.....	1.06
92366	- CSF	1.06
92367	- nitrogen quantitative - urine.....	7.42
92368	- serum/plasma	1.57
92369	- urine random	1.76
92370	- whole blood	1.06
92375	Uric acid - random urine	1.06
92376	- serum/plasma	1.70
92377	- synovial fluid.....	1.58

Urinalysis:

92378	- timed urine collection.....	4.56
92385	- Chemical or any part of (screening)	2.05
92382	- Complete diagnostic, semi-quant and micro	5.63
T92390	- Macroscopic, to include any/all of dipstick, specific gravity, visual	7.42
92395	- Microscopic.....	7.17

Note: T92390, 92395 and 91690 are restricted to Category IIC and Category III laboratories. (T91745 is at present restricted to Category III laboratories).

92391	- Microscopic examination of centrifuged deposit	4.19
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T92396	Microalbumin, semiquantitative by urine dipstick	6.68
P92397	Protein creatinine ratio, urine.....	7.67

Note: Not paid with 92146, 91985, 91420 or 91422.

Urinary calculi - see calculus

92400	Urobilin, qualitative - urine	2.35
92405	Urobilinogen, qualitative - urine	4.09
92406	Urobilinogen - timed urine collection	13.58
92420**	Vanillylmandelic acid (V.M.A.).....	38.61
92425*	Very long chain fatty acids.....	91.69
92430***	Vitamin A	47.86
92435*	Vitamin B1	54.30
92440*	Vitamin B2	54.30
92445*	Vitamin B6	54.30
92450	Vitamin B12	14.38

Vitamin C - see ascorbic acid

92455**	Vitamin D (1,25 dihydroxy)	94.49
T92460**	Vitamin D (25 Hydroxy-cholecalciferol)	61.32

Notes:

- i) T92460 is not intended for other metabolites of Vitamin D.
- ii) Payable only for beneficiaries under the age of 19 years or when ordered by a specialist.

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

Anatomical

93010	Crystal identification, synovial fluid.....	40.05
93015***	Cyogenetic analysis of short term blood culture (lymphocytes).....	301.44
93020***	Cytogenetic analysis of bone marrow/malignant effusion	516.59
93025***	Cytogenetic analysis of chorionic villus sampling.....	727.15

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.

	Total Fee \$
P93051	Cytogenetic analysis/fluorescence in situ hybridization, single probe192.68
	Notes:
	i) For investigations in which a single molecular probe reagent is used as an adjunct to standard cytogenetic techniques for the detection or interpretation of specific chromosome abnormalities.
	ii) To a maximum of three services per patient; greater than 3 services requires a note record.
P93052	Cytogenetic analysis/fluorescence in situ hybridization, subtelomeric probe515.49
	Notes:
	i) For sub-microscopic evaluation of the ends of the 24 different chromosomes in patients with unexplained mental and/or physical disorders.
	ii) Restricted to Royal Columbian Hospital.
P93053	Cytogenetic analysis/fluorescence in situ hybridization (FISH), uncultured amniotic fluid.....389.61
	Note:
	For testing amniotic fluids using a probe set designed for rapid testing of more commonly encountered abnormalities in chromosome number.
93055	Special staining (Giemsa II, DAPI/SCE, NOR).....30.78
93060	Special banding (Q-, R-, C-)29.48
93065	Amniotic cell culture grown for biochemical analysis only.....210.20
93070***	Chromosomal breakage studies.....181.80
93075	Investigation of chromosomal mosaicism.....114.52
93080	High resolution chromosome analysis.....123.82
93085	Cytologic preparation and examination of fine needle aspirate94.24
93090	Cytologic preparation and interpretation of pre-screened, non-gynaecological cytology.....65.54
93095	Cytologic preparation and interpretation of unscreened, non-gynaecological cytology.....85.52
93100*	Electron microscopy fee384.40
93105	Hepatic glycogen (tissue)32.52
93110	Hepatic glucose-6 phosphatase49.10
93115	Muscle biopsy enzyme studies.....195.44

Miscellaneous

93120	E.C.G. tracing, without interpretation, (technical fee).....16.26
93160	Semen, Complete Examination including total count, motility count, pH, and morphology82.34
93170	Sperm, seminal examination for presence or absence26.98

Laboratory Procedures (Category I or Short List)

**Total
Fee \$**

The following tests are restricted to laboratories, vested interest laboratories and hospitals:
The collection of specimens billed under these fee codes must conform to the regulatory provisions governing diagnostic facilities.

90000	Venepuncture and dispatch of specimen to laboratory, when no other blood work performed.....	7.65
	Notes:	
	i) <i>This is the only fee applicable for taking blood specimens and is to apply in those situations where a single bloodwork service is provided by an unassociated facility or person.</i>	
	ii) <i>Where a blood specimen is taken by a laboratory and dispatched to another unassociated laboratory, the original laboratory may charge 90000 only when it does not perform another laboratory procedure using blood collected at the same time. (See Preamble Clause C. 21.)</i>	
90640	Candida Culture.....	6.78
90115	Examination for eosinophils in secretions, excretions and other body fluids	54.08
90795	Examination for pinworm ova	43.94
90670	Fungus, direct examination, KOH preparation	13.76
91700	Glucose - semiquantitative	3.53
90225	Hemoglobin cyanmethemoglobin method and/or haematocrit.....	3.22
90235	Hemoglobin - other methods	1.55
	<i>Note: 90225 and 90235 - see Laboratory Medicine Preamble for hematology protocol.</i>	
92005	Occult blood – feces	6.02
	Note: <i>Applies only to guaiac methods.</i>	
92108	Pregnancy test, immunologic - urine	15.50
	Notes:	
	i) <i>Payable for pregnancy testing utilizing pregnancy test devices approved for professional use, or qualitative hCG methods utilizing automated test systems.</i>	
	ii) <i>Not payable for quantitative hCG testing utilizing automated test systems.</i>	
90512	Secretion smear for eosinophils	7.41
90515	Sedimentation rate	10.61
	Notes:	
	i) <i>Not payable if ordered with 91300 (C – Reactive Protein)</i>	
	ii) <i>Not payable unless a written indication is provided on the requisition</i>	
93170	Sperm, Seminal examination for presence or absence	26.98
90740	Stained smear.....	16.71
	Notes:	
	i) <i>Only in exceptional circumstances will a Gram stain be charged for a throat, nose or urine culture specimen.</i>	
	ii) <i>90740 also is applicable to fecal leukocyte smear and acid fast smear of stool for Mycobacterium avium-intracellulare, if specifically ordered.</i>	
90785	Trichomonas and/or Candida, direct examination.....	11.63
92385	Urinalysis - Chemical or any part of (screening)	2.05
92391	Urinalysis - Microscopic examination of centrifuged deposit.....	4.19
92382	Urinalysis - Complete diagnostic, semi-quant and micro	5.63