

**Chart - INFOBulletin # 4515**  
**Amendments to fee codes in the Schedule of Benefits for Physician Services**

Fee Code	Lab Code	Description	Existing Fee Value	Proposed	Type	Schedule Section
<b>Laboratory Medicine in Physician's Office</b>						
<b>Reproductive Medicine</b>						
G015	L315	FSH (pituitary gonadotrophins)	N/A	\$11.37	New Code	J
G016	L341	TSH (thyroid stimulating hormone)	N/A	\$9.82	New Code	J
G017	L332	Prolactin	N/A	\$14.48	New Code	J
G018	L310	Estradiol	N/A	\$28.44	New Code	J
G019	L328	LH (luteinizing hormone)	N/A	\$9.31	New Code	J
G020	L331	Progesterone	N/A	\$14.48	New Code	J
G021	L318	HCG (human chorionic gonadotrophins)	N/A	\$15.51	New Code	J
G022	L340	Testosterone	N/A	\$14.48	New Code	J
G023	L608	Testosterone, free	N/A	\$25.85	New Code	J
G024	L305	Androstenedione	N/A	\$38.78	New Code	J
G025	L347	Dehydroepiandrosterone sulphate (DHEAS)	N/A	\$20.68	New Code	J
G026	L333	17-OH progesterone	N/A	\$31.02	New Code	J
G027	L718	Seminal fluid examination (complete)	N/A	\$11.37	New Code	J
G028	L713	Cervicovaginal mucous specimen for cellular analysis for postcoital testing	N/A	\$10.34	New Code	J
G029	L373	Antithrombin III assay	N/A	\$28.44	New Code	J
G030	L386	Circulating anticoagulant (e.g., lupus anticoagulant)	N/A	\$5.17	New Code	J
G032	L322	Anti-DNA	N/A	\$23.27	New Code	J
G033	L323	Anti-RNA	N/A	\$23.27	New Code	J
G034	L502	Serial tube 4 or more antigens	N/A	\$15.51	New Code	J
G035	L501	Titre - serial tube single antigen	N/A	\$7.76	New Code	J
G036	L596	Sperm antibodies – screen	N/A	\$10.34	New Code	J
G037	L597	Sperm antibodies – titre	N/A	\$20.68	New Code	J
<b>Miscellaneous Test</b>						
G031	L445	Prothrombin time	N/A	\$6.20	New Code	J
<b>Addiction Medicine</b>						
G039	L067	Creatinine - not with G040	N/A	\$2.59	New Code	J
G040	L078	Drugs of abuse screen, urine	N/A	\$35.16	New Code	J
G041	L073	Target drug testing, urine, qualitative or quantitative	N/A	\$8.79	New Code	J
<b>Deleted Codes</b>						
G003		Lactic dehydrogenase (LDH) total	\$4.20	\$0.00	Deletion	GP, J
G006		SGOT	\$4.05	\$0.00	Deletion	GP, J
G007		Urea nitrogen (BUN)	\$2.42	\$0.00	Deletion	GP, J
G008		Uric Acid	\$2.42	\$0.00	Deletion	GP, J

Fee Code	Description	Existing Fee Value	Proposed	Type	Schedule Section
<b><i>Sleep Studies</i></b>					
J898B	Incomplete overnight sleep studies - less than 1 hour	N/A	\$95.05	New Code	J
J899B	Incomplete overnight sleep studies - between 1 and 4 hours	N/A	\$190.15	New Code	J
J990B	Incomplete overnight sleep studies - more than 4 hours	N/A	\$380.25	New Code	J
J896B	Initial Diagnostic Study - H	N/A	\$380.25	New Code	J
J896C	Initial Diagnostic Study - P1	N/A	\$128.30	New Code	J
J696B	Initial Diagnostic Study - H	N/A	\$380.25	New Code	J
J696C	Initial Diagnostic Study - P2	N/A	\$68.85	New Code	J
J897B	Repeat Diagnostic Study - H	N/A	\$380.25	New Code	J
J897C	Repeat Diagnostic Study - P1	N/A	\$128.30	New Code	J
J697B	Repeat Diagnostic Study - H	N/A	\$380.25	New Code	J
J697C	Repeat Diagnostic Study - P2	N/A	\$68.85	New Code	J
J895B	Therapeutic Study for Sleep Related Breathing Disorders (H)	N/A	\$380.25	New Code	J
J895C	Therapeutic Study for Sleep Related Breathing Disorders (P1)	N/A	\$128.30	New Code	J
J695B	Therapeutic Study for Sleep Related Breathing Disorders (H)	N/A	\$380.25	New Code	J
J695C	Therapeutic Study for Sleep Related Breathing Disorders (P2)	N/A	\$68.85	New Code	J
J691B	Level 2 - Overnight sleep study - H	\$237.80	\$0.00	Deletion	J
J691C	Level 2 - Overnight sleep study - P2	\$51.00	\$0.00	Deletion	J
J891B	Level 2 - Overnight sleep study - H	\$237.80	\$0.00	Deletion	J
J891C	Level 2 - Overnight sleep study - P1	\$93.40	\$0.00	Deletion	J
<b><i>Bone Mineral Density</i></b>					
Revision to payment rules and commentary		N/A	x	Revision	D
X142B	Subsequent test - low risk patient - one site - H	N/A	\$43.95	New Code	D
X142C	Subsequent test - low risk patient - one site - P	N/A	\$41.90	New Code	D
X148B	Subsequent test - low risk patient - two or more sites (H)	N/A	\$56.60	New Code	D
X148C	Subsequent test - low risk patient - two or more sites (P)	N/A	\$50.15	New Code	D
<b><i>Pre-Op Cataract Testing</i></b>					
Revision to Diagnostic Radiology Preamble and Diagnostic & Therapeutic Preamble		N/A	x	Revision	D, J