

Ministry of Health
Ontario Health Insurance Plan
Laboratories and Genetics Branch

SCHEDULE OF BENEFITS FOR LABORATORY SERVICES

July 1, 2020
(Effective July 1, 2020)

[Commentary:

“The Schedule of Benefits: Laboratory Services is a schedule under Regulation 552 of the Health Insurance Act with the exception of the Numeric Index.”]

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1. GENERAL PREAMBLE

1.1 Introduction

The *Schedule of Benefits for Laboratory Services* (Schedule) provides healthcare providers and patients enrolled in the Ontario Health Insurance Plan (OHIP) with a list of insured community (non-hospital) laboratory services, the fees for those services, and notes that provide details on billing and eligibility criteria to claim fees for those services. These services are provided by community laboratories licensed under the *Laboratory and Specimen Collection Centre Licensing Act* and that meets the requirements under Regulation 552 to provide insured community laboratory services. The Schedule is incorporated as part of Reg. 552 of the *Health Insurance Act*.

Laboratory tests performed by physicians for their own patients are funded separately through the *Schedule of Benefits for Physician Services* under the *Health Insurance Act*.

1.1.1 Ordering Tests / Laboratory Requisition Form

Insured community laboratory services for patients may only be ordered by authorized practitioners (licensed physicians, midwives, or registered nurses in the extended class (Nurse Practitioners)) on the Minister approved Laboratory Requisition form or by ordering tests using Electronic Medical Record (EMR) software that is certified by OntarioMD for use in Ontario. Laboratory tests ordered for OHIP insured patients by physicians located in other provinces may be claimed, provided that the physician is lawfully practicing medicine in that province and the Laboratory Requisition form is properly completed.

- **[Commentary:** For a copy of the Laboratory Requisition, please check the ministry's website: [Ontario Health Insurance \(OHIP\) Forms](#)].

For patient safety, each Laboratory Requisition is only valid for 6 months after the date that it was authorized. Incomplete, unauthorized, or illegible forms cannot be processed by the community laboratory, cannot be claimed, and is not eligible for payment.

1.1.2 Repeat Tests / Standing Orders

1. For repeat tests, the Laboratory Requisition shall state the frequency of the repeat tests (e.g., weekly, monthly, etc.).
2. A test repeated on the same day, by the same community laboratory, shall be billed on the same Laboratory Requisition.
3. A new Laboratory Requisition will be required every six months, if a repeat test is to be continued.

1.1.3 Signature / Delegation of Signing Authority on Laboratory Requisition

A community laboratory shall only accept Laboratory Requisitions that are properly completed and authorized by an authorized practitioner or by a physician's employee (which cannot be an owner or employee of a community laboratory) that has been delegated with signing authority by the physician. Physicians should maintain a record of the delegated person or persons for audit purposes.

A community laboratory may accept Laboratory Requisitions that have been authorized by a wet signature. In these instances, the Laboratory Requisition serves as both the authorization and transmission of the laboratory test order.

A community laboratory may accept Laboratory Requisitions that contain a print-out of a digitized image of an authorized practitioner's signature if generated by certified EMR software. Certified EMR software is required to record the original laboratory order as part of the patient record. In these instances, the EMR software contains the authorization while the Laboratory Requisition is the transmission of the laboratory test order.

A community laboratory may accept Laboratory Requisitions that contain a rubber stamp or a print-out of a digitized image of an authorized practitioner's signature that has not been generated by a certified EMR, but only in conjunction with the initial or signature of the person with signing authority. In these instances, the Laboratory Requisition serves as both the authorization and transmission of the laboratory test order.

A community laboratory can only accept Laboratory Requisitions that meet the stated requirements in this Schedule. If a Laboratory Requisition does not meet the requirements, any tests performed for that order will not be eligible for payment.

1.1.4 Date of Service

The Date of Service for claims submission is defined as the date on which the patient or the specimen arrives at the specimen collection centre or laboratory with the Laboratory Requisition.

1.2 Specific Elements

All services listed in this Schedule include the following specific elements:

- a. Carrying out the laboratory procedure, including collecting and transporting specimens where not separately billable, and processing of specimens.
- b. Interpreting the results of the procedure (regardless if performed by another physician), unless there exists a corresponding L800 code.

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- c. Discussion with and providing advice and information to the patient or patient's representative(s), whether by telephone or otherwise, on matters related to the service.
- d. Providing premises, equipment, supplies and personnel for the specific elements and for any aspect(s) of the specific elements, of any service(s) covered by a corresponding L800 code that is (are) performed at the place in which the laboratory procedure is performed.

1.3 Other Terms and Definitions

1. The patient documentation and specimen handling benefit (see codes L700, L777, L778 and L779 below) is applicable to all insured procedures, except for those listed under anatomical pathology, histology and cytology, the fees for which cover any administrative cost. This benefit is not applicable to referred-in samples, since the collecting laboratory will already have claimed the patient documentation and specimen collection benefit.
2. A laboratory may only claim for those tests which are requested by the authorized practitioner, subject to the following exceptions. If the requested test yields abnormal findings or information which would be incomplete, insufficient or meaningless to the authorized practitioner, the Laboratory Director or the medical director of a laboratory may add further appropriate tests and claim for them, with the knowledge he/she may have to substantiate their justification.
3. A test shall be completed in accordance with the pertinent schedule listing in order to claim for it. The verbatim listing is intended as the definitive benefit for that test alone, unless otherwise specified, e.g., isoenzymes do not include total enzyme estimation; creatine does not include creatinine (as specified). Notwithstanding the foregoing and recognizing that it is impossible to list all variations in techniques of all listed tests, when there is a modification of the usual technique, the listing most closely approximating it should be used.
4. This Schedule lists actual procedures performed. No claim shall be made for calculated values made and reported, or for control tests or for tests repeated on the same patient sample.
5. It is recognized that in all laboratory tests there is a professional component. Where appropriate, and where a professional L800 series code for a test does not already exist, a professional interpretation fee has been included in the price of the test.
6. Fees for laboratory medicine testing are not to be paid (in whole or in part) to the referring practitioner by the laboratory performing the tests.
7. Laboratory tests on specimens sent outside Ontario are not an insured benefit unless prior approval is obtained from the Ministry of Health.

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- **NOTE:** Claims for laboratory services, when referred by anyone other than a physician, midwife or registered nurse in the extended class are not insured services.

1.4 Biochemistry and Immunoassays

8. The biochemistry section has been condensed so that one listing refers to a procedure for any specimen type (e.g., amniotic fluid (A), blood (B), CSF (C), faeces (F), gastrointestinal fluid (G), urine (U)). Exceptions are indicated by B, U, etc., following the test name.
9. Blood glucose by the dipstick method may be claimed only when assessed by an appropriate instrument such as a reflectance meter. It should not be claimed when used only as a check on the fasting blood sample of a glucose tolerance test. The blood glucose of the fasting sample in a glucose tolerance test is allowable only once even if assessed by two methods.
 - **Note:** A standard glucose tolerance test for the diagnosis of diabetes mellitus is performed over 2 hours and may include up to 5 blood glucose (L104) and 1 urine glucose determination (L253). If the patient is pregnant, up to 4 blood glucose specimens (L103) should be taken at hourly intervals). When 5 hour glucose tolerance test is specifically ordered the blood glucose measurements are to be claimed individually (L111).
10. Creatinine is a justifiable addition in the case of tests on 24-hour urine samples, where it is necessary to assess the sample as a complete or incomplete 24-hour collection. If several tests are done on a single sample, only 1 creatinine (L067) can be claimed for that sample. For any test for which the test result is best expressed in terms of creatinine excretion, the performance of a creatinine is mandatory and should be claimed.
11. The carcinoembryonic antigen test (CEA) L690 is an insured service only when carried out in accordance with Cancer Care Ontario guidelines for following established malignancies, and not as a general cancer screen.
12. When a pregnancy test is requested, L655 should be performed. L318 should only be performed, when HCG (human chorionic gonadotropins) or Beta sub-units are specifically requested by the authorized practitioner.
13. The following cannot be claimed when tests are done, either individually or in any combination, for fetal assessment: L311, L318, L350, L351, L691.
14. Code L319 cannot be claimed when done for prenatal assessment.

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15. L022 Newborn Screening Test can only be performed by the laboratory designated to perform this test panel. This test panel cannot be claimed.
16. Paragraph 16 is revoked, effective January 1, 2020.
17. L354 Free PSA (prostate specific antigen) and L358 Total PSA tests are insured services for men who have been diagnosed with, or are receiving treatment for, or are being followed after treatment for prostate cancer, or whose health care practitioner suspects prostate cancer because of their history, race, and/or the results of their physical examination. A Patient Documentation and Specimen Collection Fee/Pick-Up Fee is not applicable and shall not be claimed for L354 and L358.
18. L606 25-hydroxy vitamin D is insured for persons with the following conditions: osteoporosis, rickets, osteopenia, malabsorption syndromes and renal disease, or for persons who are on medications that affect vitamin D metabolism.
19. L222 SGOT (AST) is only insured for persons when ordered by or on the advice of a physician with expertise in hepatic disorders.
 - **[Commentary:**
Physicians must write “uninsured” beside the test name if the test is not an insured service. The patient will be responsible for payment. It is the authorized healthcare practitioner’s responsibility to inform the patient when the service is not an insured service and that the patient is expected to pay for the service].
20. L308 Serum folate is only insured for persons when ordered by or on the advice of a physician with expertise in hematological or gastrointestinal disorders.
 - **[Commentary:**
Physicians must write “uninsured” beside the test name if the test is not an insured service. The patient will be responsible for payment. It is the authorized healthcare practitioner’s responsibility to inform the patient when the service is not an insured service and that the patient is expected to pay for the service].
21. L309 RBC (red blood cell) folate is only insured for persons with the following conditions,
 - a. low hemoglobin levels and a high mean corpuscular volume; or

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- b. suspected gastrointestinal disorders causing malabsorption or suspected malnutrition of any cause.
- **[Commentary:**
Physicians must write “uninsured” beside the test name if the test is not an insured service. The patient will be responsible for payment. It is the authorized healthcare practitioner’s responsibility to inform the patient when the service is not an insured service and that the patient is expected to pay for the service.]

1.5 Immunology

22. For requests for a serologic titre, if a screening test is used and would suffice, the lesser benefit for the screening test should be claimed. If positive and followed by serial titration, both the screening and titre fees should be claimed. If the titration is a micro technique using plates, it is the equivalent of a tube titre, the wells being miniature tubes.
23. The fee for L575 includes a gammopathy screen using antisera to the individual immunoglobulins (IgG, IgA, IgM) as well as both Kappa and Lambda Light Chains. In the event that further antisera are required to type the paraprotein, the fees for these extra antisera are included in the fee for L575. L080/L085/L086 are not justifiable add-ons to code L575. Code L575 should not be used for qualitative determinations of acute phase proteins. Requests of this type should utilize code L085 - Protein Electrophoresis or specific protein determinants as requested, e.g., Transferrin (L554), Ceruloplasmin (L553), Alpha antitrypsin (L555). In appropriate cases when clinically indicated, based on the preliminary data from physician-ordered immunoelectrophoresis or immunofixation tests, the Laboratory Director or medical director may add-on immunoglobulin quantitation(s) (L550).

1.6 Microbiology

24. When a test for trichomonas identification (any method) is carried out in association with L625 or L627, wet preparation (L653) may be claimed in addition. L653 may be claimed when a wet preparation is used for direct examination of a fresh specimen for amoebae or similar parasites. However, the wet preparation used in the faeces concentration technique for parasites and ova is included in L650.
25. Code L623 refers to a specific request for the minimal inhibitory concentration (MIC) of an antimicrobial agent required to inhibit or kill a micro-organism, expressed in units or µg/ml, using multiple/serial dilutions of the antimicrobial agent. L623 shall not be used as a routine antibiotic sensitivity test and does not include breakpoint susceptibility testing using manual kit or automated methodologies.

1.7 Immunohematology

26.

- a. L471 Antibody identification fee is per specimen regardless of method used. Preparation of eluate and/or antibody absorption is included.
- b. L473 Parallel Titration - to be used when two sequential patient serum specimens are tested to detect a change in antibody titre. Includes a repeat antibody identification on the current sample.
- c. L490 Blood Group - ABO and RhD. The subgroups of A and weak RhD phenotype are included where indicated. A direct AHGT is also included in L490; therefore L495 may not be claimed on the same patient when this code is claimed.
- d. L492 Crossmatch. When an initial crossmatch is requested, the appropriate claim is for L490 x 1, L482 x 1 plus L492 for each unit ordered. L490 and L482 may not be claimed more than once on the same day of service. L490 and L493 may not be claimed when these procedures are carried out as a confirmatory test on the units of blood to be transfused.
- e. L493. This code includes L490 [see Preamble, paragraph 26(c)] and Rh phenotype as well as antigens C, D, E, c, e, and weak RhD phenotype when indicated. Any other antigen is to be claimed under L494.
- f. L494 Blood Group per antigen. Antigens stated in L490 and L493 are excluded from this code.
- g. L495 Direct AHGT - can be used when ordered as a single procedure, or in addition to L482 when the latter is requested as a single procedure. L495 may not be claimed when L490 or L493 is claimed with L482 on the same patient, on the same visit.

1.8 Anatomical Pathology, Histology and Cytology

- 27. L720 surgical pathology billable per block of tissue processed to a maximum of 8 per patient per day, regardless of the number of specimens received. The laboratory shall meet the standard of practice that the number of blocks processed is the minimum required. Normally additional blocks would be required only if the amount of tissue exceeds the available space in the cassette or the pieces of tissue shall be separately identified. Additional work required is not billable, e.g., Special Stains, Deeper Sections, Block Rotation, Block Retrieval, Decalcification.
- 28. L750 Non-Invasive Prenatal testing (NIPT) is an insured service only when a patient meets the indications specified by the Provincial Council for Maternal and Child Health (PCMCH) by completing the Prenatal Test Requisition that is provided by the laboratory. L750 can only be claimed by laboratories that have entered into an Agreement with the Ministry under the Provision of Genetic Testing Agreement for Prenatal Screening.

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A Patient Documentation and Specimen Collection / Pick-Up Fee is not applicable and should not be claimed for L750 Non-Invasive Prenatal testing (NIPT).

1.9 Patient Documentation and Specimen Collection / Pick-Up

29. Definition of Geographic Areas

For the purposes of billing the Patient Documentation and Specimen Collection / Pick-up fee codes (L700, L777, L778, and L779) the following definitions should be used.

Urban, Rural, and Northern Rural areas are defined by specific postal codes. These areas are defined using a combination of Statistics Canada's Statistical Area Classification type (SACtype) and Local Health Integration Network (LHIN) boundaries. SACtype is a one-digit code that identifies whether a census subdivision (CSD) is a component of a census metropolitan area (CMA), a census agglomeration (CA), a census metropolitan influenced zone (MIZ) or located in the territories. There are eight classifications in the SACtype methodology (1 to 8).

Urban areas contain postal codes classified under SACtypes 1, 2, and 3. The L700 fee code should be claimed when an employee of the laboratory performs specimen collection on a patient while in an area assigned with those postal codes.

Rural areas contain postal codes classified under SACtypes 4, 5, 6, 7, and 8; and which are also located in LHINs 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12. The L778 fee code should be claimed when an employee of the laboratory performs specimen collection on a patient while in an area assigned with those postal codes.

Northern Rural areas contain postal codes classified under SACtypes 4, 5, 6, 7, and 8; and which are also located in LHINs 13 and 14. The L779 fee code should be claimed when an employee of the laboratory performs specimen collection on a patient while in an area assigned with those postal codes.

- **[Commentary:** For more information, please check the ministry's website: [News for Health Care Professionals.](#)]

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2. FEE TABLES

2.1 Patient Documentation And Specimen Collection / Pick-Up

- See Preamble, paragraphs 1, 16, 17, 28, and 29.

CODE	DESCRIPTION	FEE \$
L700	Patient Documentation and Specimen Collection Fee (Urban)	10.76
L777	Patient Documentation and Specimen Pick-up Fee (Pick-up only)	7.76
L778	Patient Documentation and Specimen Collection Fee (Rural)	12.76
L779	Patient Documentation and Specimen Collection Fee (Northern Rural)	14.26
	<ol style="list-style-type: none">1. The above codes are limited to 1 per patient, per day for any one of the <i>Patient Documentation and Specimen Collection / Pick-Up Fee codes (Only 1 of L700, L777, L778 or L779 can be billed per patient per day).</i>2. Not allowed to the recipient of a referred sample from another laboratory.3. Not applicable to a patient visit solely to receive instructions or collection containers.4. L700, L778, and L779 can only be claimed if an employee of the laboratory had performed the specimen collection on the patient. Otherwise L777 should be claimed.5. When multiple tests are ordered for the same patient, for the same day, only one <i>Patient Documentation and Specimen Collection / Pick-Up Fee code</i> may be claimed even though all specimens may not be available on any one day.6. Patients with multiple Laboratory Requisitions shall be accommodated on the same visit.7. Not applicable to items under anatomical pathology, histology and cytology sections (Fee Codes L701 to L733 inclusive, L800 - L869 inclusive) and codes L354, L358 and L750.	

[**Commentary:** Only one of the L700, L777, L778, or L779 can be billed per patient per day, by any provider.]

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2.2 Biochemistry

- Applicable to all specimens except as denoted by B-blood, U-urine, F-faeces, C-CSF, A-amniotic fluid.

CODE	DESCRIPTION	FEE \$
L059	Acetaminophen	10.34
L001	Acetone, qualitative	1.55
L002	Acetone, quantitative	16.46
L004	Albumin, qualitative	1.55
L005	Albumin, quantitative (excluded if globulin and/or protein electrophoresis done)	1.28
L006	Alcohol, ethyl - quantitative	10.34
L008	Alcohols, fractionation and quantification	23.27
L009	Aldolase	15.51
L013	Amino acids, fractionation and quantitation	103.40
L044	Acid profile - organic (by GC-MS)	103.40
L015	Ammonia	14.22
L016	Amniotic fluid scan	10.34
L017	Amniotic fluid L/S ratio	25.85
L018	Amylase	2.25
L019	Ascorbic acid (ascorbate)	15.78
L026	Barbiturates, quantitative	7.76
L027	Barbiturates, fractionation and quantification (serum) includes other drugs requiring similar methodology, e.g. tricyclic antidepressants	21.45
L029	Bilirubin, qualitative – F	1.55
L030	Bilirubin, total	1.28
L031	Bilirubin, conjugated	1.28
	Blood gases (see listing on page 15)	
L038	Bromides	7.76
L045	Calcium	1.16
L046	Calcium ionized	10.00
L048	Calculus analysis, qualitative and quantitative	9.12
L040	Carbamazepine, quantitative (Tegretol)	10.34
L049	Carotene	15.78
L051	Catecholamines, fractionated	29.16
L041	Chlordiazepoxide, quantitative (Librium)	21.45
L053	Chloride	1.28
L054	Chloride (sweat)	17.06
L055	Cholesterol, total	1.28
L057	Cholinesterase - pseudo or true	4.98

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CODE	DESCRIPTION	FEE \$
L058	Cholinesterase genotyping (includes pseudo, dibucaine and fluoride)	25.85
L060	Carboxyhemoglobin	7.76
L061	CO ₂ content, CO ₂ combining power, bicarbonate (measured, not calculated)	1.28
L063	Copper	14.52
L065	Creatine (see Preamble, paragraph 3)	13.44
L066	Creatine phosphokinase	1.28
L070	Creatine phosphokinase, fractionation	17.58
L067	Creatinine - not with L068 (see Preamble, paragraph 10)	1.28
L068	Creatinine clearance	1.03
L075	Crystal identification (x-ray powder diffraction analysis)	15.51
L069	Cystine screening - U	4.14
L199	Delta-aminolevulinic acid (ALA), quantitative - U	12.93
L074	Diazepam, quantitative (Valium, Vivol)	21.45
L077	Diphenylhydantoin, quantitative (Phenytoin, Dilantin)	10.34
L076	Disopyramide	21.45
L078	Drugs of abuse screen, urine	10.34
L079	Broad spectrum toxicology screen, urine - includes confirmatory testing	28.98
L085	Electrophoresis, serum - including total protein	17.58
L086	Electrophoresis, other than serum - including total protein	25.04
L080	Electrophoresis, serum – alone	13.44
L092	Ethosuximide, quantitative (Zarontin)	10.34
L095	Fat, total - F	37.22
L097	Fat and/or meat fibres (microscopic) - F	3.10
L098	Fat (microscopic) - U	3.10
L099	Fatty acids, free	12.93
L094	Flurazepam, quantitative (Dalmane)	20.68
L105	Galactose (per sample)	8.27
L106	Galactose-1-phosphate uridyl transferase (quantitative)	33.61
L113	Galactose-1-phosphate uridyl transferase (screening)	5.17
L107	Gamma glutamyl transpeptidase	1.28
L110	Globulin (excluded if albumin and/or protein electrophoresis done)	5.17
L111	Glucose, quantitative - not by dipstick (see Preamble, paragraph 9)	1.28
L112	Glucose, semi-quantitative (dipstick if read with reflectance meter)	1.55
L104	Glucose tolerance test (see Preamble, paragraph 9)	15.51
L103	Glucose tolerance test in pregnancy (see Preamble, paragraph 9)	10.34
L114	Glutathione	10.34
L115	Glycoproteins	31.02
L093	Glycosylated hemoglobin - HbA1c	7.25
L116	Gold	20.68

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CODE	DESCRIPTION	FEE \$
L119	Hexosaminidase A	7.76
L132	Hemoglobin A ₂ by chromatography	12.93
L122	5HIAA quantitation - U	18.23
L117	High density lipoprotein cholesterol	2.00
L118	Histamine	46.53
L101	Homovanillic acid (homovanillate), HVA	31.02
L124	Hydroxybutyrate dehydrogenase	5.17
L130	Hydroxyproline, total - U	19.10
L131	Hydroxyproline, total and free - U	77.55
L135	Inulin clearance test	20.68
L143	Intestinal enzymes – quantitative	11.37
L137	Iodine protein bound	10.86
L139	Iron, total - with iron binding capacity and per cent saturation - not to be claimed with L329	1.28
L145	Lactic acid (lactate)	9.84
L146	Lactic dehydrogenase (LDH), total	1.28
L147	Lactic dehydrogenase fractionation	14.99
L148	Lead	11.60
L159	Lidocaine	18.10
L150	Lipase	2.37
L151	Lipid (total)	8.27
L153	Lipoprotein, electrophoresis	10.34
L154	Lipoprotein, ultracentrifugation	25.85
L157	Lithium	10.34
L165	Magnesium	1.28
L168	Mercury	10.89
L169	Metanephrines, total - U	32.81
L170	Metanephrines, fractionated - U	32.81
L171	Methemalbumin	10.86
L172	Methemoglobin	5.22
L160	Methotrexate (amethopterin)	10.34
L175	Methylphenidate, quantitative (Ritalin)	20.68
L173	Mucopolysaccharides - U	12.93
L174	Myoglobin, qualitative - U	15.51
L161	N-acetylprocainamide	20.68
L180	5' – Nucleotidase	12.93
L022	Newborn Screening Test for: Amino acidopathies, Fatty acid oxidation defects, Organic acidemias, Endocrinopathies, Hemoglobinopathies, Biotinidase, Galactosemia, Cystic fibrosis, Severe combined immune deficiency, Permanent	0.00

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CODE	DESCRIPTION	FEE \$
	hearing loss risk, Mucopolysaccharidosis type I, Spinal muscular atrophy (see Preamble, paragraph 15)	
L181	Occult blood	1.28
L183	Osmolality (osmolarity)	2.73
L184	Oxalic acid (oxalate) - U	6.02
L185	PAH clearance	20.68
L035	pCO ₂ , pO ₂ and pH in combination	8.79
L187	Phenothiazines, qualitative - U	3.10
L188	Phenothiazines, quantitative - U	20.68
L189	Phenylalanine	7.76
L190	Phosphatase, acid NOTE: L190 - no additional claim may be made for a repeat test using an Inhibitor (such as for prostatic acid phosphatase determination)	7.76
L191	Phosphatase, alkaline	1.28
L192	Phosphatase, alkaline fractionation	6.02
L194	Phosphorus (inorganic phosphate)	1.16
L196	Plasma hemoglobin	7.76
L198	Porphobilinogen (PBG), quantitative - U	12.93
L200	Porphyrins, screen	5.17
L201	Porphyrins, quantitation (copro, proto, uro) - U	31.02
L202	Porphyrins, quantitation (copro, proto, uro) - B	15.78
L203	Porphyrins, quantitation (copro, proto, uro) - F	46.53
L204	Potassium	1.16
L211	Primidone, quantitative (Mysoline)	10.34
L212	Procainamide	10.34
L213	Propranolol	10.34
L354	Prostate Specific Antigen (PSA), Free (see Preamble, paragraph 17)	0.00
L358	Prostate Specific Antigen (PSA), Total (see Preamble, paragraph 17)	0.00
L208	Protein, total - not to be claimed with L085 or L086	1.16
L210	Pyruvic acid (pyruvate)	13.96
L215	Quinidine	10.34
L216	Reducing substances, identified by chromatography	13.44
L221	Salicylate, quantitative	10.34
L222	SGOT (AST) (see Preamble, paragraph 19)	1.28
L223	SGPT (ALT)	1.28
L226	Sodium	1.16
L228	Sulfhemoglobin	10.86
L229	Sulfonamides	10.34
L073	Target drug testing, urine, qualitative or quantitative	2.59

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CODE	DESCRIPTION	FEE \$
L240	Thiocyanates	7.76
L243	Triglycerides	1.28
L244	Trypsin	11.37
L250	Urea clearance	7.76
L251	Urea nitrogen (BUN)	1.28
L252	Uric acid (urate)	1.16
L253	Urinalysis, routine chemical (any of SG, pH, protein, sugar, hemoglobin, ketones, urobilinogen, bilirubin, leukocyte esterase, nitrate) see Preamble, paragraph 9	2.15
L254	Urinalysis, microscopic examination of centrifuged specimen	1.44
L267	Urobilin, qualitative - U	3.62
L256	Urobilinogen, quantitative - U	7.76
L257	Valproic acid (valproate)	10.34
L260	Vitamin A	15.51
L261	VMA, vanillylmandelic acid (vanillylmandelate)	24.98
L265	Xylose absorption test (per specimen)	3.10
L266	Zinc	9.12

2.3 Immunoassays

- The following listings are to be used if the assay involves the use of a radioisotope, enzyme or fluorescent label.

CODE	DESCRIPTION	FEE \$
L307	ACTH (adrenocorticotrophic hormone)	20.68
L300	Aldosterone	25.85
L691	Alphafetoprotein (see Preamble, paragraph 13)	9.31
L304	Aminoglycosides (e.g., gentamicin, tobramycin)	10.34
L321	Aminophylline (theophylline)	10.34
L305	Androstenedione	15.51
L322	Anti-DNA	23.27
L301	Calcitonin	10.34
L346	C-peptide immunoreactivity	21.87
L690	Carcinoembryonic antigen (CEA) (see Preamble, paragraph 11)	IC
L303	Cortisol	5.87
L347	Dehydroepiandrosterone sulphate (DHEAS)	5.70
L306	Digoxin	10.34
L310	Estradiol	7.08
L311	Estriol (see Preamble, paragraph 13)	5.17

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CODE	DESCRIPTION	FEE \$
L313	Estrone	25.85
L329	Ferritin	2.97
L308	Serum Folate (see Preamble, paragraph 20)	3.11
L309	RBC (red blood cell) folate, to include hematocrit, (see Preamble, paragraph 21)	11.00
L315	FSH (pituitary gonadotrophins)	4.61
L316	Gastrin	25.85
L317	Growth hormone	10.34
L318	HCG (human chorionic gonadotrophins) - (see also Preamble, paragraphs 12 & 13)	3.29
L693	Hormone receptors for carcinoma (to include estrogen and/or progesterone assays)	IC
L334	IgE - not to be billed for RAST test	8.75
L688	Immune complexes by C ₁ q binding	31.02
L350	Inhibin (see Preamble, paragraph 13)	0.00
L325	Insulin	6.14
L326	Insulin antibodies	41.36
L328	LH (luteinizing hormone)	4.71
L330	Parathyroid hormone	9.39
L343	Phenobarbitone	10.34
L351	Pregnancy Associated Plasma Protein type A (PAPP-A) (see Preamble, paragraph 13)	0.00
L348	Proinsulin immunoassay	75.00
L331	Progesterone	8.12
L333	17-OH progesterone	14.48
L332	Prolactin	4.11
L335	Renin	20.68
L336	T-3, total (triiodothyronine)	0.00
L607	T-3, free	3.53
L338	T-4, total (thyroxine)	0.00
L339	T-4, free-absolute (includes T-4 total)	0.00
L340	Testosterone	14.48
L608	Testosterone, free	14.48
L341	TSH (thyroid stimulating hormone)	3.58
L609	Thyroglobulin	11.78

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CODE	DESCRIPTION	FEE \$
L342	Thyroxine binding globulin (TBG)	25.85
L345	Vitamin B ₁₂	3.58
L588	1,25-dihydroxy Vitamin D	12.13
L606	25-hydroxy Vitamin D (see Preamble, paragraph 18)	11.66
L585	Ligand assays - not included above	IC

2.4 Hematology

- The following listings include assays using clotting, chromogenic, radioisotopic or immunologic labels or technique.

CODE	DESCRIPTION	FEE \$
L373	Antithrombin III assay	20.06
L370	Assay of Factors, II, V, VII, VIII, IX, X, XI and XII (each)	28.44
L374	Blood film - buffy coat preparation	9.31
L375	Blood film - special stain	5.70
L378	Bone marrow - film preparation	7.76
L379	Bone marrow - staining (Romanowski and iron)	11.89
L386	Circulating anticoagulant (e.g., lupus anticoagulant)	5.17
L387	Clot observation for lysis	3.62
L390	Clotting time (Lee and White)	4.14
L393	Complete Blood Count includes WBC Differential, Platelet Count, RBC Count, WBC Count, Hematocrit and Hemoglobin	3.98
L391	CSF cell count (to include differential)	3.98
L395	Eosinophil count	0.99
L400	Euglobulin clot lysis	10.34
L403	Factor XIII (urea solubility test)	2.59
L402	Fibrinogen, quantitative	6.81
L405	Fibrin split products, quantitative	6.81
L406	Fibrin split products, latex screening	2.59
L410	G-6-PD screen	5.17
L411	G-6-PD quantitative assay	23.7
L415	Haptoglobin	3.18
L419	Hemoglobin electrophoresis or chromatography to include Hb A ₂ fraction	15.39
L420	Hemoglobin, foetal	10.34
L421	Hemoglobins, unstable	3.10
L422	Hemolysins - Ham's acid serum test	9.31

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CODE	DESCRIPTION	FEE \$
L423	Hemolysins - cold (Donath-Lansteiner)	9.31
L424	Hemosiderin in urine	5.69
L416	Heinz bodies	7.76
L425	Heparin assay	28.44
L431	Kleihauer stain	9.31
L432	Malaria smear or other parasites	10.34
L450	Osmotic fragility	23.27
L462	Partial thromboplastin time	2.66
L433	Plasminogen assay	28.44
L436	Platelet (thrombocyte) function - aggregation, per additive	6.20
L437	Platelet (thrombocyte) function - adhesiveness	12.93
L439	Preparation of cryoprecipitate (per treatment)	8.79
L440	Preparation of platelet (thrombocyte) concentrates (per treatment)	12.93
L441	Preparation of washed red cells	18.10
L445	Prothrombin time	2.66
L412	Pyruvate kinase quantitative assay	33.61
L398	Reticulocyte count	3.30
L447	Reptilase time	5.17
L451	Sedimentation rate	1.79
L452	Sickle cell preparation	7.24
L453	Sickle cell solubility test (screen)	5.17
L455	Special stains for acute leukemia	38.78
L456	Terminal transferase by immunofluorescence	38.78
L460	Thrombin time	2.66

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2.5 Immunohematology

CODE	DESCRIPTION	FEE \$
L471	Antibody identification, per specimen (see Preamble, paragraph 26(a))	2.34
L481	Antibody titre per antibody, per specimen - to be claimed only if L471 yields a positive identification	7.76
L482	Antibody screening (see Preamble, paragraph 26)	8.03
L473	Parallel titration on two specimens to include confirmation of previously detected antibody (see Preamble, paragraph 26b)	23.27
L490	Blood Group - ABO and RhD (see Preamble, paragraph 26)	8.03
L493	Blood Group - ABO and Rh phenotype (see Preamble, paragraph 26)	6.81
L494	Blood Group per antigen (see Preamble, paragraph 26)	4.14
L492	Crossmatch per unit of blood (see Preamble, paragraph 26)	5.17
L495	Direct anti-human globulin test (see Preamble, paragraph 26)	6.81

2.6 Immunology

CODE	DESCRIPTION	FEE \$
L665	C-Reactive protein	3.72
L660	Cold agglutinins - screen	3.10
L661	Cold agglutinins – titre	7.76
L560	Complement proteins - C ₁ q	6.20
L551	Complement proteins - C ₃ (B ₁ C)	5.22
L552	Complement proteins - C ₄ (B ₁ E)	5.22
L557	Complement proteins - C ₅	6.20
L558	Complement proteins - C ₃ proactivator	6.20
L561	Complement proteins - C ₁ esterase inactivator	3.29
L553	Miscellaneous proteins - Ceruloplasmin	5.22
L554	Miscellaneous proteins - Transferrin	5.22
L555	Miscellaneous proteins - Alpha ₁ antitrypsin	5.22
L556	Miscellaneous proteins - Alpha ₂ macroglobulin	4.70
L576	Cryoglobulin characterization	15.51
L568	Double gel diffusion, qualitative (Ouchterlony) per antigen: antibodies to food antigens (milk, wheat proteins) or fungal antigens (allergic alveolitis screening series) - maximum of 4 antisera per patient screen	2.59
L575	Gammopathy Screen by immunoelectrophoresis or immunofixation Serum	25.66

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CODE	DESCRIPTION	FEE \$
	Urine NOTE: Maximum one serum and one urine per patient (see Preamble, paragraph 23)	
L655	Pregnancy test (see Preamble, paragraph 12)	2.78
L550	Single gel diffusion and nephelometric quantitative assays Immunoglobulin G, A, D, M NOTE: fee of \$5.22 applies to each of the listed immunoglobulins	5.22
L500	Screen for miscellaneous agglutination reactions, e.g., rheumatoid factor, anti-thyroid (thyroglobulin or microsomal), streptolysin screen	3.10
L501	Titre - serial tube single antigen	5.48
L596	Sperm antibodies – screen	7.70
L597	Sperm antibodies – titre	20.68

2.6.1 Cellular Assays

CODE	DESCRIPTION	FEE \$
L524	Lymphocyte activation (transformation) by isotope incorporation (limited to 3 mitogens and/or antigens)	103.40
L525	Lymphocyte surface immunoglobulins by immunofluorescence	103.40
L529	Naturally occurring cell cytotoxicity	103.40
L520	Nitroblue tetrazolium test - screen for enzyme deficiency	15.51

2.6.2 Complement - kinetic (activity) assays

CODE	DESCRIPTION	FEE \$
L530	Total hemolytic complement (CH ₅₀ non-kit)	2.34
L531	Complement components (activity assays)	31.02

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2.6.3 Fluorescent Antibody Tests (Immunofluorescent Studies)

- Tests for serum antibodies to tissue and cell components (Codes L535 and L544) should be claimed per type of tissue section examined and per serum dilution used, irrespective of number of antibodies identified, maximum, four slides.

CODE	DESCRIPTION	FEE \$
L544	Antinuclear	6.42
L535	Other antibody tests e.g., <ul style="list-style-type: none">anti-mitochondrialanti-thyroidanti-adrenalanti-smooth muscleanti-parietalanti-skinanti-sperm	6.14
L545	Protein deposition in tissues (per tissue examined, any number of antisera, e.g., Immunoglobulin, complement component, fibrinogen and pathogens, etc.)	27.32

2.6.4 Histocompatibility Testing

CODE	DESCRIPTION	FEE \$
L582	Antibody screening (per panel of 15 antigens)	77.55
L581	Crossmatch	25.85
L583	HLA 27 typing	25.85
L580	Tissue typing	103.40

2.6.5 Microbial Immunology

CODE	DESCRIPTION	FEE \$
L659	Antistreptolysin O, or anti-DNaseB, titre or micro-technique	9.12
L662	Complement fixation, screen	10.34
L663	Complement fixation, titre, single antigen	15.51
L664	Complement fixation, multiple antigens	25.85
L503	Febrile agglutinins, slide or tube agglutination	12.93
L668	Heterophile antibodies-screen (slide or single tube) with or without absorption	3.08
L667	Non-cultural direct bacterial antibody or antigen assays by fluorescence, agglutination or ELISA techniques Not to be claimed with any of the codes listed under cultures and not to include Group A streptococcus or chlamydia	6.20
L682	<ul style="list-style-type: none">Add for each additional antibody for L667	2.07

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CODE	DESCRIPTION	FEE \$
L683	Non-cultural indirect antibody or antigen assays by fluorescence, agglutination or ELISA techniques	11.31
L684	• Add for each additional antibody for L683	0.24
L319	Hepatitis associated antigen or antibody immunoassay - per assay, e.g., hepatitis B surface antigen or antibody, hepatitis B core antibody, hepatitis A antibody (see Preamble, paragraph 14)	10.25
N.C.	Serology HIV Antibody	NAB
L685	Leukocyte phenotyping by monoclonal antibodies - first antibody	71.49
L686	Leukocyte phenotyping by monoclonal antibodies - each additional antibody, to a maximum of 20 antibodies	7.94
L658	Trichinella antibody	3.10
N.C.	VDRL (patient out of the Province)	2.59
L680	Virus antibodies - neutralization test	20.68
L679	Virus antibodies - hemagglutination inhibition or ELISA technique • NOTE: not to be used for AIDS testing	8.79

2.6.6 Miscellaneous

CODE	DESCRIPTION	FEE \$
L599	Cryofibrinogen - qualitative	2.33
L600	Cryoglobulin - qualitative	2.33
L601	Cryoglobulin - quantitative	15.51
L604	Serum viscosity - relative	5.17
L603	Serum viscosity - quantitative	10.34

2.7 Microbiology

CODE	DESCRIPTION	FEE \$
L620	Antibiotic level, serum	14.58
L623	Antibiotic sensitivity - MIC - one antibiotic, tube or agar dilution (see Preamble, paragraph 25)	12.93

2.7.1 Cultures

CODE	DESCRIPTION	FEE \$
L624	Blood (including aerobic, anaerobic, subcultures, smears) per bottle	14.66
L625	Cervical, vaginal, including GC culture, Gram smear, yeast identification (e.g., Germ tube) - not to be charged with L627 (see Preamble, paragraph 24)	11.09
L622	Chlamydia culture isolation or non-cultural assays	16.46
L640	Culture - throat swab	3.10

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CODE	DESCRIPTION	FEE \$
L639	Fluids (CSF, joint, pleural etc, not exudates)	7.25
L626	Fungus, including KOH preparation and smear - not to be charged with L625	10.16
L627	GC culture and smear - not to be charged with L625 (see Preamble, paragraph 24)	12.41
L628	Other swabs or pus - culture and smear (includes screening)	12.93
L629	Sputum - culture and smear	11.09
L630	Stool culture including the necessary agglutinations and culture for campylobacter	17.37
L631	Tuberculosis, including ZN or fluorescent smear	19.95
L641	Urine, screening, actual culture without identification	3.62
L634	Culture - Urine	10.34
L637	Virus isolation	25.85
	<ul style="list-style-type: none"> NOTE: The above fee codes include cultures and antibiotic sensitivity testing when indicated 	
L656	Penicillinase production	4.31
L636	Streptococcus grouping, Lancefield or equivalent with extractions	5.78
L638	Streptococcus grouping, coagglutination method	10.34

2.7.2 Microscopy

CODE	DESCRIPTION	FEE \$
L646	Electron - direct, for viruses	20.68
L647	Electron - immunoelectron microscopy	31.02
L648	Electron - after ultracentrifugation	33.61
L649	Electron - thin section, for virus	67.21
L650	Parasites and ova - faeces concentration (see Preamble, paragraph 24)	9.12
L654	Parasites and ova, smear only, special stain(s)	9.12
L651	Pinworm (Scotch tape prep)	5.12
L643	Smear only, Gram or Papanicolaou stain, as sole procedure (not with L624 to L634)	2.12
L652	Smear only, special stain, e.g., ZN, inclusions, spores, diphtheria	7.24
L653	Wet preparation - for fungus, trichomonas, parasites (see Preamble, paragraph 24)	5.87

2.8 Anatomical Pathology, Histology and Cytology

- Do not claim the Patient Documentation and Specimen Collection/Pick-Up fees in addition to codes L701 to L733, and L750. The items listed in this section include only the technical component of the various items listed. The professional component for each item where applicable is listed in the *Schedule for Benefits for Physician Services*.

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2.8.1 Chromosome Analysis

CODE	DESCRIPTION	FEE \$
L701	Chromosome banding	36.19
L702	Karyotype of blood or bone marrow	155.10
L703	Karyotype of skin or amnion cells	245.58
L750	Non-Invasive Prenatal testing (NIPT) (see Preamble, paragraph 28)	0.00

2.8.2 Cytology and Histology

CODE	DESCRIPTION	FEE \$
L704	Amniotic fluid for fetal maturation	4.14
L726	Analytical electron microscopy - elemental detection, mapping or electron diffraction per specimen	20.68
L705	Aspiration biopsy (lung, breast, thyroid, etc)	12.03
L706	Bronchial washings or brushings, per specimen	12.03
L707	Buccal or vaginal smear for Barr body	4.14
L713	Cervicovaginal specimen (including all types of cellular abnormality, assessment of flora and/or cytohormonal evaluation)	7.52
L733	Cervicovaginal specimen (including all types of cellular abnormality assessment of flora and/or cytohormonal evaluation) using the monolayer cell methodology	13.96
L710	Direct smears - oral, larynx, nipple discharge, vulvar	10.34
L717	Electron microscopy	116.33
L708	Esophageal, gastric or endometrial washings or brushings	12.03
L709	Esophageal and gastric washings (including collection)	17.06
L711	Fluids (pleural, ascitic, cystic, aspirate, pericardial, joint, CSF, and urine)	10.34
L728	Histochemistry of muscle - 1 to 3 enzymes	20.68
L729	Histochemistry of muscle - each additional enzyme, per label	6.72
L731	Immunoperoxidase technique - per label (maximum of 3 per patient)	26.66
L730	Morphometry, e.g., muscle fibre, nerve fascicles, cells	38.78
L727	Nerve teasing for demyelination	25.85
L721	Operative consultation - with or without frozen section (up to three specimens)	7.76
L722	<ul style="list-style-type: none"> Add for each specimen over three for L721 	4.14
L714	Smear for inclusion bodies	4.14
L715	Smear for eosinophils (nasal, sputum, ocular, etc.)	10.34
L718	Seminal fluid examination (complete) is to include sperm count, and the other parameters defined in current guidelines (e.g. volume, liquefaction time, morphology, motility, pH, WBC count, fructose concentration)	15.00
L719	Smear for spermatozoa only (post-operative)	3.17

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CODE	DESCRIPTION	FEE \$
L716	Sputum per specimen for general and/or specified assessment	10.34
L720	Surgical pathology (see Preamble, paragraph 27)	18.75
L725	X-ray diffraction analysis of calculi	38.78

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3. L-CODES NUMERIC LISTING

Code	Fee \$	Page Number
L001	1.55	12
L002	16.46	12
L004	1.55	12
L005	1.28	12
L006	10.34	12
L008	23.27	12
L009	15.51	12
L013	103.40	12
L015	14.22	12
L016	10.34	12
L017	25.85	12
L018	2.25	12
L019	15.78	12
L022	-	7, 14
L026	7.76	12
L027	21.45	12
L029	1.55	12
L030	1.28	12
L031	1.28	12
L035	8.79	15
L038	7.76	12
L040	10.34	12
L041	21.45	12
L044	103.40	12
L045	1.16	12
L046	10.00	12
L048	9.12	12
L049	15.78	12
L051	29.16	12
L053	1.28	12
L054	17.06	12
L055	1.28	12
L057	4.98	12
L058	25.85	13

Code	Fee \$	Page Number
L059	10.34	12
L060	7.76	13
L061	1.28	13
L063	14.52	13
L065	13.44	13
L066	1.28	13
L067	1.28	6, 13
L068	1.03	13
L069	4.14	13
L070	17.58	13
L073	2.59	15
L074	21.45	13
L075	15.51	13
L076	21.45	13
L077	10.34	13
L078	10.34	13
L079	28.98	13
L080	13.44	13
L085	17.58	8, 13, 15
L086	25.04	8, 13, 15
L092	10.34	13
L093	7.25	13
L094	20.68	13
L095	37.22	13
L097	3.10	13
L098	3.10	13
L099	12.93	13
L101	31.02	14
L103	10.34	6, 13
L104	15.51	6, 13
L105	8.27	13
L106	33.61	13
L107	1.28	13
L110	5.17	13

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Code	Fee \$	Page Number
L111	1.28	6, 13
L112	1.55	13
L113	5.17	13
L114	10.34	13
L115	31.02	13
L116	20.68	13
L117	2.00	14
L118	46.53	14
L119	7.76	14
L122	18.23	14
L124	5.17	14
L130	19.10	14
L131	77.55	14
L132	12.93	14
L135	20.68	14
L137	10.86	14
L139	1.28	14
L143	11.37	14
L145	9.84	14
L146	1.28	14
L147	14.99	14
L148	11.60	14
L150	2.37	14
L151	8.27	14
L153	10.34	14
L154	25.85	14
L157	10.34	14
L159	18.10	14
L160	10.34	14
L161	20.68	14
L165	1.28	14
L168	10.89	14
L169	32.81	14
L170	32.81	14
L171	10.86	14

Code	Fee \$	Page Number
L172	5.22	14
L173	12.93	14
L174	15.51	14
L175	20.68	14
L180	12.93	14
L181	1.28	15
L183	2.73	15
L184	6.02	15
L185	20.68	15
L187	3.10	15
L188	20.68	15
L189	7.76	15
L190	7.76	15
L191	1.28	15
L192	6.02	15
L194	1.16	15
L196	7.76	15
L198	12.93	15
L199	12.93	13
L200	5.17	15
L201	31.02	15
L202	15.78	15
L203	46.53	15
L204	1.16	15
L208	1.16	15
L210	13.96	15
L211	10.34	15
L212	10.34	15
L213	10.34	15
L215	10.34	15
L216	13.44	15
L221	10.34	15
L222	1.28	7, 15
L223	1.28	15

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Code	Fee \$	Page Number
L226	1.16	15
L228	10.86	15
L229	10.34	15
L240	7.76	16
L243	1.28	16
L244	11.37	16
L250	7.76	16
L251	1.28	16
L252	1.16	16
L253	2.15	6, 16
L254	1.44	16
L256	7.76	16
L257	10.34	16
L260	15.51	16
L261	24.98	16
L265	3.10	16
L266	9.12	16
L267	3.62	16
L300	25.85	16
L301	10.34	16
L303	5.87	16
L304	10.34	16
L305	15.51	16
L306	10.34	16
L307	20.68	16
L308	3.11	7, 17
L309	11.00	7, 17
L310	7.08	16
L311	5.17	16
L313	25.85	17
L315	4.61	17
L316	25.85	17
L317	10.34	17
L318	3.29	6, 17
L319	10.25	6, 23

Code	Fee \$	Page Number
L321	10.34	16
L322	23.27	16
L325	6.14	17
L326	41.36	17
L328	4.71	17
L329	2.97	14, 17
L330	9.39	17
L331	8.12	17
L332	4.11	17
L333	14.48	17
L334	8.75	17
L335	20.68	17
L336	-	17
L338	-	17
L339	-	17
L340	14.48	17
L341	3.58	17
L342	25.85	18
L343	10.34	17
L345	3.58	18
L346	21.87	16
L347	5.70	16
L348	75.00	17
L350	-	6, 17
L351	-	6, 17
L354	-	7, 11, 15
L358	-	7, 11, 15
L370	28.44	18
L373	20.06	18
L374	9.31	18
L375	5.70	18
L378	7.76	18
L379	11.89	18
L386	5.17	18
L387	3.62	18

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Code	Fee \$	Page Number
L390	4.14	18
L391	3.98	18
L393	3.98	18
L395	0.99	18
L398	3.30	19
L400	10.34	18
L402	6.81	18
L403	2.59	18
L405	6.81	18
L406	2.59	18
L410	5.17	18
L411	23.70	18
L412	33.61	19
L415	3.18	18
L416	7.76	19
L419	15.39	18
L420	10.34	18
L421	3.10	18
L422	9.31	18
L423	9.31	19
L424	5.69	19
L425	28.44	19
L431	9.31	19
L432	10.34	19
L433	28.44	19
L436	6.20	19
L437	12.93	19
L439	8.79	19
L440	12.93	19
L441	18.10	19
L445	2.66	19
L447	5.17	19
L450	23.27	19
L451	1.79	19
L452	7.24	19

Code	Fee \$	Page Number
L453	5.17	19
L455	38.78	19
L456	38.78	19
L460	2.66	19
L462	2.66	19
L471	2.34	9, 20
L473	23.27	9, 20
L481	7.76	20
L482	8.03	9, 20
L490	8.03	9, 20
L492	5.17	9, 20
L493	6.81	9, 20
L494	4.14	9, 20
L495	6.81	9, 20
L500	3.10	21
L501	5.48	21
L503	12.93	22
L520	15.51	21
L524	103.40	21
L525	103.40	21
L529	103.40	21
L530	2.34	21
L531	31.02	21
L535	6.14	22
L544	6.42	22
L545	27.32	22
L550	5.22	8, 21
L551	5.22	20
L552	5.22	20
L553	5.22	20
L554	5.22	20
L555	5.22	20
L556	4.70	20
L557	6.20	20
L558	6.20	20

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L560	6.20	20
L561	3.29	20
L568	2.59	20
L575	25.66	8, 20
L576	15.51	20
L580	103.40	22
L581	25.85	22
L582	77.55	22
L583	25.85	22
L585	-	18
L588	12.13	18
L596	7.70	21
L597	20.68	21
L599	2.33	23
L600	2.33	23
L601	15.51	23
L603	10.34	23
L604	5.17	23
L606	11.66	7, 18
L607	3.53	17
L608	14.48	17
L609	11.78	17
L620	14.58	23
L622	16.46	23
L623	12.93	8, 23
L624	14.66	23, 24
L625	11.09	23
L626	10.16	24
L627	12.41	24
L628	12.93	24
L629	11.09	24
L630	17.37	24
L631	19.95	24
L634	10.34	24
L636	5.78	24

Code	Fee \$	Page Number
L637	25.85	24
L638	10.34	24
L639	7.25	24
L640	3.10	23
L641	3.62	24
L643	2.12	24
L646	20.68	24
L647	31.02	24
L648	33.61	24
L649	67.21	24
L650	9.12	24
L651	5.12	24
L652	7.24	24
L653	5.87	24
L654	9.12	24
L655	2.78	6, 21
L656	4.31	24
L658	3.10	23
L659	9.12	22
L660	3.10	20
L661	7.76	20
L662	10.34	22
L663	15.51	22
L664	25.85	22
L665	3.72	20
L667	6.20	22
L668	3.08	22
L679	8.79	23
L680	20.68	23
L682	2.07	22
L683	11.31	23
L684	0.24	23
L685	71.49	23
L686	7.94	23
L688	31.02	17

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L690	-	6, 16
L691	9.31	6, 16
L693	-	17
L700	10.76	5, 10, 11
L701	36.19	25
L702	155.10	25
L703	245.58	25
L704	4.14	25
L705	12.03	25
L706	12.03	25
L707	4.14	25
L708	12.03	25
L709	17.06	25
L710	10.34	25
L711	10.34	25
L713	7.52	25
L714	4.14	25
L715	10.34	25
L716	10.34	26

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L717	116.33	25
L718	15.00	25
L719	3.17	25
L720	18.75	9, 26
L721	7.76	25
L722	4.14	25
L725	38.78	26
L726	20.68	25
L727	25.85	25
L728	20.68	25
L729	6.72	25
L730	38.78	25
L731	26.66	25
L733	13.96	25
L750	-	9, 10, 11, 24, 25
L777	7.76	5, 10, 11
L778	12.76	5, 10, 11
L779	14.26	5, 10, 11