



**REGISTERED NURSES AND REGISTERED
PSYCHIATRIC NURSES**
**LABORATORY SERVICES REFERRAL RELATING
TO SUBSTANCE USE SCHEDULE**

Effective October 6, 2020

Revised January 11, 2021

Registered Nurses and Registered Psychiatric Nurses may refer beneficiaries for the following prescribed fee-for-service outpatient laboratory medicine services (benefits), provided the service falls within the Registered Nurses' and Registered Psychiatric Nurses' scope of practice.

Registered Nurses and Registered Psychiatric Nurses may also refer for medically required non fee-for-service insured laboratory medicine tests approved within the Registered Nurses' and Registered Psychiatric Nurses' scope of practice.

FEE ITEM DESCRIPTION	FEE CODE
1-AMPHETAMINE	92520
1-METAMPHETAMINE	92521
ALANINE AMINOTRANSFERASE (ALT)	91065
ALBUMIN	91040
AMPHETAMINES	92503
BENZODIAZEPINES	92505
BILIRUBIN, TOTAL – SERUM/PLASMA	91245
COCAINE / COCAINE METABOLITE	92507
CREATININE – SERUM/PLASMA	91421
FENTANYL	92525
FENTANYL, URINE SCREENING IMMUNOASSAY	92518
GLUTAMYL TRANSPEPTIDASE (GTP)	91725
GONORRHEA/CHLAMYDIA TRACHOMATIS(GC/CT) DETECTION BY NAAT – URINE OR SWAB	90648
HEMATOLOGY PROFILE	90205
HEPATITIS A – IGM ANTIBODY (ANTI-HAV-IGM)	90685
HEPATITIS B CORE ANTIBODY (ANTI-HBC)	90690
HEPATITIS B E ANTIGEN	90675
HEPATITIS B SURFACE ANTIBODY (ANTI-HBS)	90700
HEPATITIS B SURFACE ANTIGEN	91765
HYDROCODONE	92527
HYDROMORPHONE	92528
METHADONE METABOLITE	92510
METHYLENEDIOXYAMPHETAMINE	92534
METHYLENEDIOXYMETHAMPHETAMINE	92535
N-ACETYL MORPHINE	92536
OPIATES	92511
OXYCODONE, CONFIRMATION OF A POSITIVE	92538
OXYCODONE, SCREENING ASSAY	92514
OXYMORPHONE	92539
PROTHROMBIN TIME/INR	90440