Benefit Description	Benefit Code	Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments	
IME and IME Tests										
0293CI		1-Apr-19					1 / LT	\$179.44	See NOTE 4	
Immigration Medical Exam (IME)	NOTE 4 - The	service can only l	pe performed by a	Panel Physici	an.					
0293V IME Venipuncture		1-Apr-16					1 / LT	\$9.60		
0293CX IME Chest X-Ray		5-Nov-14						\$42.10		
0293L IME Lab Exam (urinalysis)		1-Apr-16					1/LT	\$2.90		
0293VDRL IME Venereal Disease Research Lab (VDRL)		5-Nov-14						\$15.75		
0293HLT IME HIV Lab testing		5-Nov-14						\$21.00		
		5-Nov-14						\$7.76	See NOTE 3	
0293LD IME Laboratory Documentation	(b) I (c) 1	Billed by Laborate Not applicable to	mentation and spe ories only. a patient visit as th sts are ordered for	ne service is so	lely to receive in	structions or col	lection container	s.		



Benefit Description	Benefit Code	Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments			
0293FPHD		1-Apr-19						\$70.68	See NOTE 4			
Furtherance – Panel Physician	NOTE 4 - The service can only be performed by a Panel Physician.											
0293FPHM		5-Nov-14				Panel Physicians		\$150.00	See NOTE 5			
Furtherance - MD / Specialist			be claimed by MD y additional visits.		nly. Referral fron	n a Panel Physic	cian is required. F	Fee includes reviev	v of history, laboratory, x-ray findings,			
0293F		5-Nov-14				Panel Physicians		\$211.00	See NOTE 5			
Furtherance - MD / psychiatrist (Public safety concerns only)	NOTE 5 - Furtherance fee can be claimed by MD or specialist only. Referral from a Panel Physician is required. Fee includes review of history, laboratory, x-ray findings, written report and any additional visits.											
0293TB Sputum Culture and Smear (TB)		5-Nov-14						\$28.00				
0293SCT		5-Nov-14						\$118.00	See NOTE 2			
IME Syphilis Confirmation Tests	NOTE 2 - Syp	hilis confirmation	test may include t	he following te	sts: TP-PA, FTA	-Abs, INNO-LIA						
0293PH IME Post Test Counselling for HIV		5-Nov-14						\$119.95				
0293HIV		5-Nov-14						\$156.00	See NOTE 1			
IME HIV Confirmation Tests	NOTE 1 - HIV	NOTE 1 - HIV confirmation test may include Western Blot, Immunoblot, Radioimmunoprecipitation or Immunofluorescence.										



Benefit Description	Benefit Code	Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
0293HVR		5-Nov-14						\$147.00	See NOTE 8
HIV RNA concentration (viral load)	NOTE 8 - May include polymerase chain reaction (PCR), nucleic acid sequence-based amplification (NASBA) or by Branched DNA (bDNA) methods.								
0293LS Lymphocyte Subset Enumeration (CD4 count)		5-Nov-14						\$255.71	
0293HCV HCV Serology (Anti HCV IgM/ IgG)		5-Nov-14						\$66.45	
0293HB Hepatitis B-surface Antigen		5-Nov-14						\$14.76	
0293LDH Lactate Dehydrogenase (LD, LDH)		5-Nov-14						\$5.40	
0293AST Aspartate Aminotransferase (AST)		5-Nov-14						\$2.59	
0293ALT Alanine Aminotransferase (ALT)		5-Nov-14						\$2.59	



Benefit Description	Benefit Code	Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
0293GGT GGT (Gamma Glutamyl Transferase)		5-Nov-14						\$2.59	
0293CR Creatinine, Serum		5-Nov-14						\$2.59	
0293ACR Albumin / Creatinine Ratio (ACR)		5-Nov-14						\$11.00	
0293CC Creatinine clearance		5-Nov-14						\$12.00	
0293FPG Fasting plasma (blood) glucose (FPG/FBG)		5-Nov-14						\$5.25	
0293HGB Glycosylated hemoglobin - HgbA1		5-Nov-14						\$11.00	
0293IGRA Interferon Gamma Release Essay (IGRA)		6-May-2019						\$90.00	
0293TST Tuberculin Skin Test (TST)		6-May-2019						\$45.00	



Benefit Description	Benefit Code	Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments		
0293ELC Electrocardiogram		5-Nov-14						\$31.70			
0293CST Cardiac Stress Test		5-Nov-14						\$99.13			
0293ECH Echocardiogram		1-Apr-19						\$169.02			
0293EU		1-Apr-19					1 / LT	\$189.29	See NOTES 4 & 6		
- (IIVIL LXAIII X	- (IME Exam & NOTE 4 - The service can only be performed by a Panel Physician.										
0293EVU		1-Apr-19					1 / LT	\$200.04	See NOTES 4 & 7		
IME Combination Code - (IME Exam, Venipuncture & Urinalysis)	NOTE 4 - The service can only be performed by a Panel Physician. NOTE 7 - Combined code includes IME Exam, IME Venipuncture and IME Lab Exam Urinalysis. Not payable if claimed together with 0293CI, 0293V or 0293L.										

