



Department of Health,
P.O. Box 5013,
Wellington.

1 June 1983.

CLINICAL SERVICES LETTER NO. 219

To Medical Practitioners

LABORATORY DIAGNOSTIC SERVICES BENEFIT

During the past year, discussions were held between the New Zealand Society of Pathologists and the Department of Health. These discussions were addressed to 3 areas:

1. The restructuring of the Schedule of Fees.
2. The development of guidelines to assist pathologists in claiming of appropriate fees.
3. The development of a model laboratory request form for national use.

Schedule of Fees

The new schedule of fees is attached and becomes effective from 1 June 1983. This schedule includes some structural changes but does not involve an increase in fees.

Most of the amendments are minor except in the serology and microbiology sections.

In the serology section there is no change in the tests available but the section has been clarified and brought up to date.

The microbiology section has been substantially changed. Fees are now payable on a specimen basis rather than on a procedural basis, e.g., a flat fee of \$9.00 is payable for all throat swabs regardless of the requirements of the particular case. Urines have been set out in a new section H.

As this will be your only copy of the complete list of tests available, practitioners are advised to retain this Clinical Services Letter for future use.

Guidelines to Schedule

The most important guideline from a practitioner's point of view is that normally no payment will be made for a test unless it has been requested by the referring doctor. Only in special circumstances will the pathologist have the right to carry out and claim for any additional test. The effect is that the onus is on the referring doctor to indicate clearly those tests which are required. Vague statements such as "any tests you consider suitable" will not qualify for payment.

Another important guideline states "Tests that are not specifically on the Schedule cannot be claimed and cannot be paid for under any other heading". Tests not on the schedule may, of course, be performed at the expense of the referring doctor.

Model Laboratory Request Form

As current stocks of request forms run out, or at the latest from September 1983, laboratories will commence distributing new request forms. These forms may list only those tests which have been agreed for a model laboratory request form.

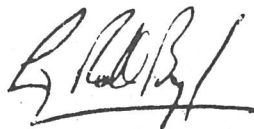
The effect of this ruling is that less commonly used tests will not be listed on the request form. *If they are listed in the Schedule* they may be specifically ordered in writing and will be paid for.

Expenditure

Expenditure on laboratory services continues to run over budget and in the 1982-83 financial year amounted to almost \$28 million. As unnecessary expenditure in any given health service area leads to decreased availability of resources in others, your co-operation is again sought in avoiding all unnecessary laboratory requests.



J. S. Phillips,
Director.



G. R. Boyd,
Deputy Director.

Division of Clinical Services.

SCHEDULE OF TESTS FOR LABORATORY DIAGNOSTIC SERVICES IN RELATION TO THE SOCIAL SECURITY (LABORATORY DIAGNOSTIC) REGULATIONS 1946

Code Ref.	Type	Fee \$
<i>Haematology</i>		
A.1	Complete blood count (red and white cells, haemoglobin, PCV, differential leucocyte count, and/or blood film) ...	5.50
A.2	Blood sedimentation rate ...	1.10
A.3	Platelet count ...	2.00
A.4	Bleeding time ...	0.55
A.5	(a) Thrombin clotting time ...	1.10
A.5	(b) Clot retraction (semi-quantitative) ...	0.55
A.6	Blood prothrombin test ...	3.30
A.7	(a) Red cell fragility ...	2.20
A.7	(b) Red cell autohaemolysis ...	4.40
A.8	Reticulocytes, siderocytes, Heinz bodies, etc. ...	2.00
A.9	L.E. cell test ...	2.20
A.10	Bone marrow examination ...	21.95
A.11	Coagulation factor (individual assay) ...	2.20
A.12	Partial thromboplastin time or kaolin clotting time ...	2.75
A.13	Red cell or white cell enzymes ...	2.20
A.14	Chromosome analysis (for Philadelphia chromosome or similar abnormality) ...	3.30

Code Ref.	Type	Fee \$
<i>Blood Grouping</i>		
B.1	A.B.O. series	0.55
B.2	Rhesus group... ..	0.55
B.3	Coombs test	1.10
B.4	Rhesus titre	2.20
B.5	Rhesus phenotyping	2.20
B.6	Serum screening of antibodies—antenatal	2.20
B.7	Donath Landsteiner test	1.10

Clinical Chemistry

C.1	Urea	2.00
C.2	Creatinine	2.00
C.3	Glucose or other sugar (quantitative) other than urine	2.00
C.4	Bicarbonate or total CO ₂ (one fee only)	2.20
C.5	Bile pigments:	
	(a) Bilirubin total	2.00
	(b) Bilirubin conjugated and unconjugated and total	4.00
	(c) Bile pigments in urine	1.00
C.6	(a) Cholesterol	2.20
C.6	(b) Serum triglycerides	2.20
C.6	(c) HDL cholesterol	2.20
C.7	Uric acid	2.20
C.8	Calcium	2.20
C.9	Phosphorus	2.20
C.10	Iron and iron binding capacity	4.40
C.11	Ferritin	5.00
C.12	Chloride	1.65
C.13	Sodium	2.20
C.14	Potassium	2.20
C.15	Acid phosphatase	2.20
C.16	Alkaline phosphatase	2.20
C.17	Amylase	2.00
C.18	Transaminase:	
	(a) AST	2.20
	(b) ALT	2.20
C.19	Other enzymes (as per specific request)	2.20
C.20	(a) Total proteins (quantitative) other than urine	1.10
C.20	(b) Serum albumin	1.10
C.20	(c) 24 hour urine proteins	1.10
C.21	Electrophoretic pattern of serum proteins or lipoproteins	2.20
C.22	Immunoglobulins (quantitative) per fraction	1.65
	Maximum	4.95
C.23	Haemoglobin pigments:	
	(a) Qualitative (including Hams' acid serum test, Schumm's test)	1.10
	(b) Quantitative (including chemical methods of estimating abnormal haemoglobins and haptoglobins)	2.20
C.24	Magnesium	2.20

Code	Ref.	Type	Fee \$
C.25	Serum vitamin B12	...	4.40
C.26	Folate level (one fee only)	...	4.40
C.27	(a) Fibrinogen (semi-quantitative)	...	2.20
C.27	(b) Fibrinogen screening	...	1.10
C.28	Thyroxine (T4)	...	4.40
C.29	T ₃ I ¹³¹ , resin uptake or equivalent measure of thyroid-binding protein (one fee only)	...	2.20
C.30	TSH	...	5.00
C.31	Serum carotene	...	2.20
C.32	Cryoglobulins (semi-quantitative)	...	2.20
C.33	Lithium	...	2.20
C.34	Blood or urine alcohol for diagnostic purposes (one fee only)	...	4.40
C.35	Porphyrins (quantitative)	...	4.40
C.36	Digoxin	...	5.50
C.37	Anti-epileptic agents	...	5.50
C.38	Theophylline	...	5.00
C.39	Serum cortisol (maximum 2)	...	4.40
C.40	Urine Cortico-steroids (one fee only)	...	4.40
C.41	Bence-Jones protein in urine	...	1.10
C.42	Catecholamines (quantitative)	...	4.40
C.43	Vanillylmandelic acid	...	4.40
C.44	Chorionic gonadotrophin (including pregnancy tests):		
	(a) Screen	...	4.40
	(b) Titre for tumour monitoring	...	4.40
C.45	Urinary amino acid chromatography	...	2.20
C.46	Hydroxy indolacetic acid	...	4.40
C.47	Oestriol, plasma/urine (one fee only)	...	4.40
C.48	Urinary calculus analysis	...	2.20
C.49	Faeces fat:		
	(a) Qualitative	...	0.55
	(b) Quantitative	...	4.40
C.50	Faeces occult blood	...	0.55
C.51	Faeces trypsin	...	1.65

Biochemical Function Tests

C.52	Urine concentration and dilution tests	...	1.10
C.53	Creatinine clearance test	...	4.00
C.54	Xylose absorption test	...	4.40
C.55	Glucose tolerance test	...	15.00

Microbiology

D.1	Skin/wound/pus swab	...	13.00
D.2	Skin—mycology	...	9.00
D.3	Throat swab	...	9.00
D.4	Ear swab	...	13.00
D.5	Nasal swab	...	10.00

Code	Ref.	Type	Fee \$
D.6	Sputum (excluding TB)	...	14.00
D.7	Sputum for TB	...	12.00
D.8	Other sites for TB—specify	...	12.00
D.9	Gastric aspirate for TB	...	12.00
D.10	Faeces or Rectal swab for enteric pathogens	...	20.00
D.11	Rectal swab for STD	...	14.00
D.12	Peri-anal swab	...	14.00
D.13	Vaginal swab...	...	14.00
D.14	Cervical swab	...	14.00
D.15	Urethral swab	...	14.00
D.16	Blood culture	...	16.00
D.17	Seminal fluid—fertility	...	4.00
D.18	Seminal fluid—post vas	...	3.00
D.19	Eye swab	...	11.00
D.20	Aspirates	...	14.00
D.21	Ova and cysts	...	2.00
D.22	Other	...	13.00
D.23	Film examination for malaria, filaria or gonococci	...	1.10
D.24	Concentrated film examination for filaria...	...	2.20

Serology and Immunology

E.1	(a) Tuberculin test	...	1.65
E.1	(b) Other skin tests for cell mediated immunity	...	1.65
E.2	Skin tests (immediate hypersensitivity tests) (maximum 10)	...	2.20
E.3	Auto-immune disease:		
	(a) Anti-nuclear antibody (one only)	...	3.30
	(b) Titre only if (a) is positive	...	3.30
	(c) Thyroid (Maximum 2)	...	2.20
	(d) Rheumatoid factors (Maximum 2)	...	2.20
E.4	Anti-streptococcal antibodies (Maximum 3)	...	2.20
E.5	C-reactive protein test screen	...	0.55
E.6	Infectious mononucleosis:		
	(a) Screen test	...	1.10
	(b) Paul Bunnell or equivalent	...	3.30
	NOTE: If the screen test has been charged and is negative then a charge for the Paul Bunnell will not be allowed		
E.7	Syphilis:		
	(a) VDRL or other reagin test (1 only)	...	1.10
	(b) Specific antibody test (one only)	...	1.10
	(c) Confirmatory specific antibody test (only if (a) or (b) were positive or equivocal or there are special clinical indications)	...	3.30
E.8	Hydatids antibody (Maximum 2)	...	2.20
E.9	Salmonella agglutination tests (Maximum 5 per specimen)	...	1.10
E.10	Leptospira agglutination:		
	(a) Screen test	...	4.40
	(b) Specific antibody tests (Maximum 8)	...	2.20

Code Ref.	Type	Fee \$
E.11	Toxoplasma antibodies:	
	(a) Screen	2.20
	(b) IgG antibody titre	2.20
	(c) IgM antibody titre	2.20
	(b) and (c) cannot be claimed if the screen test is negative	
E.12	Hepatitis Bs antigen	1.10
E.13	Rubella antibody test:	
	(a) Screen Test	2.20
	(b) Titre	2.20
	(b) cannot be claimed if the screen test is negative.	
E.14	CM Virus:	
	(a) Screen	1.10
	(b) Specific antibody (Maximum 2)	2.20
E.15	Brucella antibodies (Maximum 3)	2.20

Morbid Histology and Cytology

F.1	Histological examination per case:	
	(a) Single specimen (minor)	11.00
	(b) Two specimens (intermediate)	21.95
	(c) Three or more specimens (major)	32.95
	(d) Frozen section (extra)	11.00
F.2	Cytological examination:	
	(a) Cervical smears (per case)	4.40
	(b) Other cytological examinations	8.80
F.3	Frozen section and/or smear during surgery (including fine needle aspirates)	32.95

Group Tests

G.1	Liver function tests:	
	(a) Bilirubin	
	(b) Alkaline phosphatase	
	(c) AST	
	(d) ALT	
	(e) Protein + electrophoresis	
	(f) GGT	10.50
G.2	Myocardial enzymes:	
	(a) AST	
	(b) LDH	
	(c) CPK	5.25
G.3	Electrolytes:	
	(a) Sodium	
	(b) Potassium	4.00
G.4	Lipid tests:	
	(a) Cholesterol	
	(b) Triglycerides	3.50
G.5	Thyroid function tests:	
	(a) Thyroxine (T4) and T ₃ resin uptake	
or	(b) Free thyroxine	5.25

Code	Ref.	Type	Fee \$
G.6	Antenatal group:		
	(a) Hb		
	(b) PCV		
	(c) Blood film		
	(d) Antibodies		
	(e) ABO		
	(f) Rh blood group		
	(g) Screening test for syphilis	... ..	7.75
G.7	Neonatal group:		
	(a) Hb		
	(b) PCV		
	(c) Blood film		
	(d) Coombs		
	(e) Bilirubin		
	(f) ABO		
	(g) Rh blood group	... ..	6.85
G.8	Coagulation screen:		
	(a) Complete blood count		
	(b) Platelets		
	(c) Prothrombin estimation		
	(d) PTTK		
	(e) Bleeding time and thrombin clotting time	... ..	10.90
G.9	Blood gases:		
	(a) pH		
	(b) pO ₂		
	(c) pCO ₂	... ..	9.00

NEW ADDITION TO SCHEDULE

Urines

H.1	Microscopy, glucose and protein, culture, bacterial count and antibacterial substances	... ..	9.50
H.2	Urine for TB ...	... ..	12.00