

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
0001M	INFECTIOUS DISEASE, HCV, SIX BIOCHEMICAL ASSAYS (ALT, A2-MACROGLOBULIN, APOLIPOP	\$66.41	10/01/2018
0002M	LIVER DISEASE, TEN BIOCHEMICAL ASSAYS (ALT, A2-MACROGLOBULIN, APOLIPOPROTEIN A-1	\$463.13	10/01/2018
0003M	LIVER DISEASE, TEN BIOCHEMICAL ASSAYS (ALT, A2-MACROGLOBULIN, APOLIPOPROTEIN A-1	\$463.13	10/01/2018
0004M	SCOLIOSIS, DNA ANALYSIS OF 53 SINGLE NUCLEOTIDE POLYMORPHISMS (SNPS), USING SALI	BR	01/01/2015
0006M	ONCOLOGY (HEPATIC), MRNA EXPRESSION LEVELS OF 161 GENES, UTILIZING FRESH HEPATOC	BR	01/01/2015
0007M	ONCOLOGY (GASTROINTESTINAL NEUROENDOCRINE TUMORS), REAL-TIME PCR EXPRESSION ANAL	BR	01/01/2015
0008M	ONCOLOGY (BREAST), MRNA ANALYSIS OF 58 GENES USING HYBRID CAPTURE, ON FORMALIN-F	\$2,967.83	10/01/2017
0009M	FETAL ANEUPLOIDY (TRISOMY 21, AND 18) DNA SEQUENCE ANALYSIS OF SELECTED REGIONS	\$518.95	10/01/2017
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$2.76	10/01/2018
78267	UREA BREATH TEST, C-14 (ISOTOPIC); ACQUISITION FOR ANALYSIS	\$10.18	10/01/2018
78268	UREA BREATH TEST, C-14 (ISOTOPIC); ANALYSIS	\$86.86	10/01/2018
80047	BLOOD TEST, BASIC GROUP OF BLOOD CHEMICALS	\$12.63	10/01/2018
80048	BLOOD TEST, BASIC GROUP OF BLOOD CHEMICALS	\$9.60	10/01/2018
80050	GENERAL HEALTH PANEL	\$39.17	10/01/2012
80051	BLOOD TEST PANEL FOR ELECTROLYTES (SODIUM POTASSIUM, CHLORIDE, CARBON DIOXIDE)	\$7.97	10/01/2018
80053	BLOOD TEST, COMPREHENSIVE GROUP OF BLOOD CHEMICALS	\$12.00	10/01/2018
80055	OBSTETRIC BLOOD TEST PANEL	\$54.30	10/01/2018
80061	BLOOD TEST, LIPIDS (CHOLESTEROL AND TRIGLYCERIDES)	\$15.21	10/01/2018
80069	KIDNEY FUNCTION BLOOD TEST PANEL	\$9.86	10/01/2018
80074	ACUTE HEPATITIS PANEL	\$54.11	10/01/2018
80076	LIVER FUNCTION BLOOD TEST PANEL	\$9.28	10/01/2018
80081	OBSTETRIC PANEL (INCLUDES HIV TESTING)	\$85.03	10/01/2018
80150	AMIKACIN	\$17.12	10/01/2018
80155	CAFFEINE	\$35.48	10/01/2018
80156	CARBAMAZEPINE; TOTAL	\$16.54	10/01/2018
80157	CARBAMAZEPINE; FREE	\$15.05	10/01/2018
80158	CYCLOSPORINE	\$20.50	10/01/2018
80159	CLOZAPINE	\$21.00	10/01/2018
80162	DIGOXIN	\$15.08	10/01/2018
80163	DIGOXIN; FREE	\$15.08	10/01/2018
80164	VALPROIC ACID LEVEL	\$15.38	10/01/2018
80165	VALPROIC ACID (IDIPROPYLACETIC ACID); FREE	\$15.38	10/01/2018
80168	ETHOSUXIMIDE	\$18.56	10/01/2018
80169	EVEROLIMUS	\$15.60	10/01/2018
80170	GENTAMICIN	\$18.60	10/01/2018
80171	GABAPENTIN	\$19.94	10/01/2018
80173	HALOPERIDOL	\$16.54	10/01/2018
80175	LAMOTRIGINE	\$15.05	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
80176	LIDOCAINE	\$16.69	10/01/2018
80177	LEVETIRACETAM	\$15.05	10/01/2018
80178	LITHIUM	\$7.51	10/01/2018
80180	MYCOPHENOLATE (MYCOPHENOLIC ACID)	\$20.50	10/01/2018
80183	OXCARBAZEPINE	\$15.05	10/01/2018
80184	PHENOBARBITAL	\$14.08	10/01/2018
80185	PHENYTOIN; TOTAL	\$15.05	10/01/2018
80186	PHENYTOIN; FREE	\$15.63	10/01/2018
80188	PRIMIDONE	\$18.84	10/01/2018
80190	PROCAINAMIDE;	\$55.20	10/01/2018
80192	PROCAINAMIDE; WITH METABOLITES (EG, N-ACETYL PROCAINAMIDE)	\$19.03	10/01/2018
80194	QUINIDINE	\$16.59	10/01/2018
80195	SIROLIMUS	\$15.60	10/01/2018
80197	TACROLIMUS	\$15.60	10/01/2018
80198	THEOPHYLLINE	\$16.06	10/01/2018
80199	TIAGABINE	\$24.94	10/01/2018
80200	TOBRAMYCIN	\$18.32	10/01/2018
80201	TOPIRAMATE	\$13.54	10/01/2018
80202	VANCOMYCIN	\$15.38	10/01/2018
80203	ZONISAMIDE	\$15.05	10/01/2018
80299	QUANTITATION OF THERAPEUTIC DRUG	\$17.15	10/01/2018
80305	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR	\$12.38	10/01/2018
80306	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR	\$16.52	10/01/2018
80307	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR	\$66.08	10/01/2018
80320	ALCOHOLS	\$3.66	01/01/2017
80321	ALCOHOL BIOMARKERS; 1 OR 2	\$4.19	01/01/2017
80322	ALCOHOL BIOMARKERS; 3 OR MORE	\$3.51	01/01/2017
80323	ALKALOIDS, NOT OTHERWISE SPECIFIED	\$4.11	01/01/2017
80324	AMPHETAMINES; 1 OR 2	\$4.19	01/01/2017
80325	AMPHETAMINES; 3 OR 4	\$1.54	01/01/2017
80326	AMPHETAMINES; 5 OR MORE	\$4.11	01/01/2017
80327	ANABOLIC STEROIDS; 1 OR 2	\$1.54	01/01/2017
80328	ANABOLIC STEROIDS; 3 OR MORE	\$1.54	01/01/2017
80329	ANALGESICS, NON-OPIOID; 1 OR 2	\$3.66	01/01/2017
80330	ANALGESICS, NON-OPIOID; 3-5	\$4.79	01/01/2017
80331	ANALGESICS, NON-OPIOID, 6 OR MORE	\$3.51	01/01/2017
80332	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 1 OR 2	\$3.66	01/01/2017
80333	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 3-5	\$4.79	01/01/2017

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
80334	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 6 OR MORE	\$3.51	01/01/2017
80335	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICATE; 1 OR 2	\$1.54	01/01/2017
80336	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICATE; 3-5	\$1.54	01/01/2017
80337	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICATE; 6 OR MORE	\$3.66	01/01/2017
80338	ANTIDEPRESSANTS, NOT OTHERWISE SPECIFIED	\$3.66	01/01/2017
80339	ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 1-3	\$3.29	01/01/2017
80340	ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 4-6	\$4.79	01/01/2017
80341	ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 7 OR MORE	\$3.51	01/01/2017
80342	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 1-3	\$3.66	01/01/2017
80343	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 4-6	\$3.51	01/01/2017
80344	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 7 OR MORE	\$4.79	01/01/2017
80345	BARBITURATES	\$4.11	01/01/2017
80346	BENZODIAZEPINES; 1-12	\$4.19	01/01/2017
80347	BENZODIAZEPINES; 13 OR MORE	\$1.54	01/01/2017
80348	BUPRENORPHINE	\$4.19	01/01/2017
80349	CANNABINOIDS, NATURAL	\$4.19	01/01/2017
80350	CANNABINOIDS, SYNTHETIC; 1-3	\$3.51	01/01/2017
80351	CANNABINOIDS, SYNTHETIC; 4-6	\$1.54	01/01/2017
80352	CANNABINOIDS, SYNTHETIC; 7 OR MORE	\$1.54	01/01/2017
80353	COCAINE	\$4.19	01/01/2017
80354	FENTANYL	\$4.19	01/01/2017
80355	GABAPENTIN, NON-BLOOD	\$4.79	01/01/2017
80356	HEROIN METABOLITE	\$3.61	01/01/2017
80357	KETAMINE AND NORKETAMINE	\$3.17	01/01/2017
80358	METHADONE	\$4.11	01/01/2017
80359	METHYLENEDIOXYAMPHETAMINES (MDA, MDEA, MDMA)	\$4.19	01/01/2017
80360	METHYLPHENIDATE	\$3.17	01/01/2017
80361	OPIATES, 1 OR MORE	\$4.19	01/01/2017
80362	OPIOIDS AND OPIATE ANALOGS; 1 OR 2	\$4.19	01/01/2017
80363	OPIOIDS AND OPIATE ANALOGS; 3 OR 4	\$3.29	01/01/2017
80364	OPIOIDS AND OPIATE ANALOGS; 5 OR MORE	\$4.79	01/01/2017
80365	OXYCODONE	\$4.11	01/01/2017
80366	PREGABALIN	\$3.17	01/01/2017
80367	PROPOXYPHENE	\$4.19	01/01/2017
80368	SEDATIVE HYPNOTICS (NON-BENZODIAZEPINES)	\$3.66	01/01/2017
80369	SKELETAL MUSCLE RELAXANTS; 1 OR 2	\$3.66	01/01/2017
80370	SKELETAL MUSCLE RELAXANTS; 3 OR MORE	\$3.66	01/01/2017
80371	STIMULANTS, SYNTHETIC	\$1.54	01/01/2017

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
80372	TAPENTADOL	\$4.19	01/01/2017
80373	TRAMADOL	\$4.19	01/01/2017
80374	STEREISOIMER (ENANTIOMER) ANALYSIS, SINGLE DRUG CLASS	\$1.54	01/01/2017
80375	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUALITATIVE OR QUANTITATIVE, NOT OTHERWISE	\$3.66	01/01/2017
80376	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUALITATIVE OR QUANTITATIVE, NOT OTHERWISE	\$3.51	01/01/2017
80377	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUALITATIVE OR QUANTITATIVE, NOT OTHERWISE	\$3.66	01/01/2017
80400	HORMONAL PANEL FOR ADRENAL GLAND ASSESSMENT (ADRENAL GLAND INSUFFICIENCY)	\$37.05	10/01/2018
80402	HORMONE PANEL FOR ADRENAL GLAND ASSESSMENT (21 HYDROXYLASE DEFICIENCY)	\$98.76	10/01/2018
80406	HORMONE PANEL ADRENAL GLAND ASSESSMENT (3 BETA-HYDROXYDEHYDROGENASE DEFICIENCY)	\$88.89	10/01/2018
80408	ALDOSTERONE SUPPRESSION EVALUATION PANEL	\$142.54	10/01/2018
80410	CALCITONIN STIMULATION PANEL	\$91.30	10/01/2018
80412	ADRENAL GLAND STIMULATION PANEL	\$737.49	10/01/2018
80414	REPRODUCTIVE HORMONE PANEL (TESTOSTERONE)	\$58.65	10/01/2018
80415	REPRODUCTIVE HORMONE PANEL (ESTRADIOL)	\$63.47	10/01/2018
80416	RENAL VEIN RENIN (KIDNEY ENZYME) STIMULATION PANEL	\$192.57	10/01/2018
80417	PERIPHERAL VEIN RENIN (KIDNEY ENZYME) STIMULATION PANEL	\$49.97	10/01/2018
80418	ANTERIOR PITUITARY GLAND EVALUATION PANEL	\$658.20	10/01/2018
80420	DEXAMETHASONE (STEROID) SUPPRESSION EVALUATION PANEL, 48 HOUR	\$148.93	10/01/2018
80422	GLUCAGON (HORMONE) TOLERANCE PANEL TO EVALUATE FOR INSULINOMA (PANCREATIC TUMOR)	\$52.33	10/01/2018
80424	GLUCAGON (HORMONE) TOLERANCE PANEL TO EVALUATE FOR PHEOCHROMOCYTOMA (ADRENAL GLA	\$57.35	10/01/2018
80426	GONADOTROPIN RELEASING HORMONE (REPRODUCTIVE HORMONE) PANEL	\$168.56	10/01/2018
80428	GROWTH HORMONE STIMULATION PANEL	\$75.76	10/01/2018
80430	GROWTH HORMONE SUPPRESSION PANEL	\$118.98	10/01/2018
80432	INSULIN-INDUCED C-PEPTIDE (PROTEIN) SUPPRESSION PANEL	\$153.45	10/01/2018
80434	INSULIN TOLERANCE PANEL FOR ACTH (ADRENAL GLAND HORMONE) INSUFFICIENCY	\$262.23	10/01/2018
80435	INSULIN TOLERANCE PANEL FOR GROWTH HORMONE DEFICIENCY	\$117.01	10/01/2018
80436	METYRAPONE (HORMONE ANTIBODY) PANEL	\$103.55	10/01/2018
80438	THYROTROPIN RELEASING HORMONE (TRH) (HYPOTHALAMUS HORMONE) STIMULATION PANEL, 1	\$57.26	10/01/2018
80439	THYROTROPIN RELEASING HORMONE (TRH) (HYPOTHALAMUS HORMONE) STIMULATION PANEL, 2	\$76.34	10/01/2018
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, K	\$3.70	10/01/2018
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN,	\$3.61	10/01/2018
81002	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN,	\$3.20	10/01/2018
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN,	\$2.55	10/01/2018
81005	URINALYSIS; QUALITATIVE OR SEMIQUANTITATIVE, EXCEPT IMMUNOASSAYS	\$2.46	10/01/2018
81007	URINALYSIS; BACTERIURIA SCREEN, EXCEPT BY CULTURE OR DIPSTICK	\$27.58	10/01/2018
81015	URINALYSIS; MICROSCOPIC ONLY	\$3.46	10/01/2018
81020	URINALYSIS; TWO OR THREE GLASS TEST	\$4.32	10/01/2018
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	\$7.92	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
81050	VOLUME MEASUREMENT FOR TIMED COLLECTION, EACH	\$3.41	10/01/2018
81099	UNLISTED URINALYSIS PROCEDURE	BR	10/01/1982
81105	HUMAN PLATELET ANTIGEN 1 GENOTYPING (HPA-1), ITGB3 (INTEGRIN, BETA 3 [PLATELET G	\$138.82	10/01/2018
81106	HUMAN PLATELET ANTIGEN 2 GENOTYPING (HPA-2), GP1BA (GLYCOPROTEIN IB [PLATELET],	\$138.82	10/01/2018
81107	HUMAN PLATELET ANTIGEN 3 GENOTYPING (HPA-3), ITGA2B (INTEGRIN, ALPHA 2B [PLATELE	\$138.82	10/01/2018
81108	HUMAN PLATELET ANTIGEN 4 GENOTYPING (HPA-4), ITGB3 (INTEGRIN, BETA 3 [PLATELET G	\$138.82	10/01/2018
81109	HUMAN PLATELET ANTIGEN 5 GENOTYPING (HPA-5), ITGA2 (INTEGRIN, ALPHA 2 [CD49B, AL	\$138.82	10/01/2018
81110	HUMAN PLATELET ANTIGEN 6 GENOTYPING (HPA-6W), ITGB3 (INTEGRIN, BETA 3 [PLATELET	\$138.82	10/01/2018
81111	HUMAN PLATELET ANTIGEN 9 GENOTYPING (HPA-9W), ITGA2B (INTEGRIN, ALPHA 2B [PLATEL	\$138.82	10/01/2018
81112	HUMAN PLATELET ANTIGEN 15 GENOTYPING (HPA-15), CD109 (CD109 MOLECULE) (EG, NEONA	\$138.82	10/01/2018
81120	IDH1 (ISOCITRATE DEHYDROGENASE 1 [NADP+], SOLUBLE) (EG, GLIOMA), COMMON VARIANTS	\$177.79	10/01/2018
81121	IDH2 (ISOCITRATE DEHYDROGENASE 2 [NADP+], MITOCHONDRIAL) (EG, GLIOMA), COMMON VA	\$272.13	10/01/2018
81161	DMD (DYSTROPHIN) (EG, DUCHENE/BECKER MUSCULAR DYSTROPHY) DELETION ANALYSIS, AND	\$256.68	10/01/2018
81162	GENE ANALYSIS (BREAST CANCER 1 AND 2) FULL SEQUENCE AND DUPLICATION OR DELETION	\$2,072.70	10/01/2018
81170	GENE ANALYSIS (ABL PROTO-ONCOGENE 1, NON-RECEPTOR TYROSINE KINASE)	\$276.00	10/01/2018
81175	ASXL1 (ADDITIONAL SEX COMBS LIKE 1, TRANSCRIPTIONAL REGULATOR) (EG, MYELODYSPLAS	\$650.46	10/01/2018
81176	ASXL1 (ADDITIONAL SEX COMBS LIKE 1, TRANSCRIPTIONAL REGULATOR) (EG, MYELODYSPLAS	\$274.75	10/01/2018
81200	ASPA (ASPARTOACYLASE) (EG, CANAVAN DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG,	\$43.47	10/01/2018
81201	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATT	\$717.60	10/01/2018
81202	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATT	\$257.60	10/01/2018
81203	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATT	\$184.00	10/01/2018
81205	BCKDHB (BRANCHED-CHAIN KETO ACID DEHYDROGENASE E1, BETA POLYPEPTIDE) (EG, MAPLE	\$87.39	10/01/2018
81206	BCR/ABL1 (T(9;22) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MAJ	\$186.23	10/01/2018
81207	BCR/ABL1 (T(9;22) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MIN	\$164.51	10/01/2018
81208	BCR/ABL1 (T(9;22) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; OTH	\$197.45	10/01/2018
81209	BLM (BLOOM SYNDROME, RECQ HELICASE-LIKE) (EG, BLOOM SYNDROME) GENE ANALYSIS, 228	\$36.17	10/01/2018
81210	BRAF-(V-RAF MURINE SARCOMA VIRAL ONCOGENE HOMOLOG B1) (EG, COLON CANCER), GENE A	\$161.37	10/01/2018
81211	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER)	\$2,204.17	10/01/2018
81212	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER)	\$404.80	10/01/2018
81213	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER)	\$508.76	10/01/2018
81214	BRCA1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS	\$1,197.31	10/01/2018
81215	BRCA1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS	\$345.23	10/01/2018
81216	BRCA2 (BREAST CANCER 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS	\$170.31	10/01/2018
81217	BRCA2 (BREAST CANCER 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS	\$345.23	10/01/2018
81218	GENE ANALYSIS (CCAAT/ENHANCER BINDING PROTEIN [C/EBP], ALPHA) FULL GENE SEQUENCE	\$274.75	10/01/2018
81219	GENE ANALYSIS (CALRETICULIN), COMMON VARIANTS	\$138.15	10/01/2018
81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS)	\$512.07	10/01/2018
81221	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS)	\$89.44	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
81222	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS)	\$400.26	10/01/2018
81223	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS)	\$459.08	10/01/2018
81224	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS)	\$155.25	10/01/2018
81225	CYP2C19 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) (EG, DRUG METAB	\$268.05	10/01/2018
81226	CYPD6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLI	\$414.84	10/01/2018
81227	CYP2C9 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 9) (EG, DRUG METABOL	\$160.83	10/01/2018
81228	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF G	\$828.00	10/01/2018
81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF G	\$1,067.20	10/01/2018
81230	CYP3A4 (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 4) (EG, DRUG METABOLISM), GE	\$160.83	10/01/2018
81231	CYP3A5 (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 5) (EG, DRUG METABOLISM), GE	\$160.83	10/01/2018
81232	DPYD (DIHYDROPYRIMIDINE DEHYDROGENASE) (EG, 5-FLUOROURACIL/5-FU AND CAPECITABINE	\$160.83	10/01/2018
81235	EGFR (EPIDERMAL GROWTH FACTOR RECEPTOR) (EG, NON-SMALL CELL LUNG CANCER) GENE AN	\$298.61	10/01/2018
81238	F9 (COAGULATION FACTOR IX) (EG, HEMOPHILIA B), FULL GENE SEQUENCE	\$552.00	10/01/2018
81240	F2 (PROTHROMBIN, COAGULATION FACTOR II) (EG, HEREDITARY HYPERCOAGULABILITY) GENE	\$60.43	10/01/2018
81241	F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEI	\$69.40	10/01/2018
81242	FANCC (FANCONI ANEMIA, COMPLEMENTATION GROUP C) (EG, FANCONI ANEMIA, TYPE C) GEN	\$33.69	10/01/2018
81243	FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL RETARDATION) GENE AN	\$52.48	10/01/2018
81244	FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL RETARDATION) GENE AN	\$41.30	10/01/2018
81245	FLT3 (FMS-RELATED TYROSINE KINASE 3) (EG, ACUTE MYELOID LEUKEMIA), GENE ANALYSIS	\$152.27	10/01/2018
81246	FLT3 (FMS-RELATED TYROSINE KINASE 3) (EG, ACUTE MYELOID LEUKEMIA), GENE ANALYSIS	\$76.36	10/01/2018
81247	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG, HEMOLYTIC ANEMIA, JAUNDICE), GENE	\$160.83	10/01/2018
81248	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG, HEMOLYTIC ANEMIA, JAUNDICE), GENE	\$345.23	10/01/2018
81249	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG, HEMOLYTIC ANEMIA, JAUNDICE), GENE	\$552.00	10/01/2018
81250	G6PC (GLUCOSE-6-PHOSPHATASE, CATALYTIC SUBUNIT) (EG, GLYCOGEN STORAGE DISEASE, T	\$53.81	10/01/2018
81251	GBA (GLUCOSIDASE, BETA, ACID) (EG, GAUCHER DISEASE) GENE ANALYSIS, COMMON VARIAN	\$43.47	10/01/2018
81252	GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26), FULL GENE SEQU	\$93.03	10/01/2018
81253	GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26), KNOWN FAMILIAL	\$56.60	10/01/2018
81254	GJB6 (GAP JUNCTION PROTEIN, BETA 6, 30KDA, CONNEXIN 30) (EG, NONSYNDROMIC HEARIN	\$32.20	10/01/2018
81255	HEXA (HEXOSAMINIDASE A [ALPHA POLYPEPTIDE]) (EG, TAY-SACHS DISEASE) GENE ANALYSI	\$47.33	10/01/2018
81256	HFE (HEMOCHROMATOSIS) (EG, HEREDITARY HEMOCHROMATOSIS) GENE ANALYSIS, COMMON VAR	\$74.23	10/01/2018
81257	GENE ANALYSIS (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) FOR COMMON DELETIONS OR VARIAN	\$94.08	10/01/2018
81258	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HY	\$345.23	10/01/2018
81259	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HY	\$552.00	10/01/2018
81260	IKBKAP (INHIBITOR OF KAPPA LIGHT POLYPEPTIDE GENE ENHANCER IN B-CELLS, KINASE CO	\$36.17	10/01/2018
81261	IGH (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), GE	\$224.88	10/01/2018
81262	IGH (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), GE	\$63.07	10/01/2018
81263	IGH (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL), VARI	\$334.51	10/01/2018
81264	IGK (IMMUNOGLOBULIN KAPPA LIGHT CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL)	\$169.60	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
81265	COMP ANALYSIS USING SHORT TANDEM REPEAT(STR MARKERS; PATIENT AND COMPARATIVE SPE	\$244.25	10/01/2018
81266	COMP ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; EA ADD'L SPECIMEN (EG, AD	\$280.43	10/01/2018
81267	CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN)EG, HEMATOPOIET	\$235.63	10/01/2018
81268	CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN)EG, HEMATOPOIET	\$296.20	10/01/2018
81269	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HY	\$186.21	10/01/2018
81270	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, P.VAI617P	\$104.12	10/01/2018
81272	GENE ANALYSIS (V-KIT HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLOG), T	\$303.15	10/01/2018
81273	GENE ANALYSIS (V-KIT HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLOG), D	\$114.88	10/01/2018
81275	KRAS (V-KI-RAS2 KIRSTEN RAT SARCOMA VIRAL ONCOGENE) (EG, CARCINOMA) GENE ANALYSI	\$177.79	10/01/2018
81276	GENE ANALYSIS (KIRSTEN RAT SARCOMA VIRAL ONCOGENE HOMOLOG), ADDITIONAL VARIANTS	\$177.79	10/01/2018
81283	IFNL3 (INTERFERON, LAMBDA 3) (EG, DRUG RESPONSE), GENE ANALYSIS, RS12979860 VARI	\$69.40	10/01/2018
81287	MGMT (O-6 METHYLGUANINE-DNA METHYLTRANSFERASE) (EG, GLIOBLASTOMA MULTIFORME), ME	\$114.67	10/01/2018
81288	MLH1 (MUTL. HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2)(EG, HEREDITARY NON-POL	\$176.93	10/01/2018
81290	MCOLN1 (MUCOLIPIN 1) (EG, MUCOLIPIDOSIS, TYPE IV) GENE ANALYSIS, COMMON VARIANTS	\$36.17	10/01/2018
81291	MTHFR (5, 10-METHYLENETETRAHYDROFOLATE REDUCTASE) (EG, HEREDITARY HYPERSOAGULABI	\$60.11	10/01/2018
81292	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POL	\$621.37	10/01/2018
81293	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POL	\$304.52	10/01/2018
81294	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POL	\$186.21	10/01/2018
81295	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NONPOLY	\$351.16	10/01/2018
81296	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NONPOLY	\$310.71	10/01/2018
81297	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NONPOLY	\$196.24	10/01/2018
81298	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER,	\$590.50	10/01/2018
81299	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER,	\$283.36	10/01/2018
81300	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER,	\$218.96	10/01/2018
81301	MICROSATELLITE INSTABILITY ANALYSIS (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CAN	\$328.88	10/01/2018
81302	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; FULL SEQ	\$485.64	10/01/2018
81303	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; KNOWN FA	\$110.40	10/01/2018
81304	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; DUPLICAT	\$138.00	10/01/2018
81310	NPM1 (NUCLEOPHOSMIN) (EG, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, EXON 12 VARIANT	\$226.80	10/01/2018
81311	GENE ANALYSIS FOR CANCER (NEUROBLASTOMA)	\$272.13	10/01/2018
81314	GENE ANALYSIS ((PLATELET-DERIVED GROWTH FACTOR RECEPTOR, ALPHA POLYPEPTIDE) TARG	\$303.15	10/01/2018
81315	PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA)	\$235.46	10/01/2018
81316	PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA)	\$235.46	10/01/2018
81317	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S.CEREVISIAE]) (EG, HEREDITARY NON-PO	\$650.46	10/01/2018
81318	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S.CEREVISIAE]) (EG, HEREDITARY NON-PO	\$304.52	10/01/2018
81319	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S.CEREVISIAE]) (EG, HEREDITARY NON-PO	\$187.22	10/01/2018
81321	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR	\$552.00	10/01/2018
81322	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR	\$48.62	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
81323	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR	\$276.00	10/01/2018
81324	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEURO	\$697.69	10/01/2018
81325	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEURO	\$708.01	10/01/2018
81326	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEURO	\$48.62	10/01/2018
81328	SLCO1B1 (SOLUTE CARRIER ORGANIC ANION TRANSPORTER FAMILY, MEMBER 1B1) (EG, ADVER	\$160.83	10/01/2018
81330	SMPD1 (SPHINGOMYELIN PHOSPHODIESTERASE 1, ACID LYSOSOMAL) (EG, NIEMANN-PICK DISE	\$43.24	10/01/2018
81331	SNRPN/UBE3A (SMALL NUCLEAR RIBONUCLEOPROTEIN POLYPEPTIDE N AND UBIQUITIN PROTEIN	\$46.98	10/01/2018
81332	SERPINA1 9SERPIN PEPTIDASE INHIBITOR, CLADE A, ALPHA-1 ANTIPROTEINASE, ANTITRYPS	\$49.58	10/01/2018
81334	RUNX1 (RUNT RELATED TRANSCRIPTION FACTOR 1) (EG, ACUTE MYELOID LEUKEMIA, FAMILIA	\$303.15	10/01/2018
81335	TPMT (THIOPURINE S-METHYLTRANSFERASE) (EG, DRUG METABOLISM), GENE ANALYSIS, COMM	\$160.83	10/01/2018
81340	TRB (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEM	\$237.29	10/01/2018
81341	TRB (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEM	\$56.32	10/01/2018
81342	TRG (T CELL ANTIGEN RECEPTOR, GAMMA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGE	\$228.86	10/01/2018
81346	TYMS (THYMIDYLATE SYNTHETASE) (EG, 5-FLUOROURACIL/5-FU DRUG METABOLISM), GENE AN	\$160.83	10/01/2018
81350	UGT1A1 (UDP GLUCURONOSY/TRANSFERASE 1 FAMILY, POLYPEPTIDE A1) (EG, IRINOTECAN ME	\$215.28	10/01/2018
81355	GENE ANALYSIS (VITAMIN K EPOXIDE REDUCTASE COMPLEX SUBUNIT 1) COMMON VARIANTS	\$81.14	10/01/2018
81361	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGL	\$160.83	10/01/2018
81362	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGL	\$345.23	10/01/2018
81363	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGL	\$186.21	10/01/2018
81364	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGL	\$298.61	10/01/2018
81370	HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A, -B,	\$456.73	10/01/2018
81371	HLA CLASS I AND II TYPING, LOW RESOLUTION HLA-A, -B, AND -DRB1	\$372.16	10/01/2018
81372	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); COMPLETE (IE, HLA-	\$371.30	10/01/2018
81373	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE LOCUS (EG, HLA	\$126.48	10/01/2018
81374	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN EQUIVA	\$82.63	10/01/2018
81375	HLS CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-DRB1/3/4/5 AN	\$250.72	10/01/2018
81376	HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS	\$138.82	10/01/2018
81377	HLS CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN EQUIV	\$104.28	10/01/2018
81378	HLA CLASS I AND II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS), HLA-A	\$392.50	10/01/2018
81379	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); COMPLETE (IE	\$380.93	10/01/2018
81380	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE LOCUS (E	\$201.32	10/01/2018
81381	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE O	\$156.31	10/01/2018
81382	HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS	\$140.47	10/01/2018
81383	HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE	\$123.95	10/01/2018
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	\$58.84	10/01/2018
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	\$126.04	10/01/2018
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	\$138.30	10/01/2018
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	\$170.38	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	\$252.84	10/01/2018
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	\$277.24	10/01/2018
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	\$260.25	10/01/2018
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	\$778.57	10/01/2018
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	\$1,840.00	10/01/2018
81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUEN	\$4,397.60	10/01/2018
81430	HEARING LOSS (EG, NONSYNDROMIC HEARING LOSS, USHER SYNDROME, PENDRED SYNDROME);	\$1,495.00	10/01/2018
81431	HEARING LOSS (EG, NONSYNDROMIC HEARING LOSS, USHER SYNDROME, PENDRED SYNDROME);	\$625.20	10/01/2018
81432	TEST FOR DETECTING GENES ASSOCIATED WITH INHERITED BREAST CANCER-RELATED DISORDE	\$771.26	10/01/2018
81433	GENE ANALYSIS (BREAST AND RELATED CANCERS), DUPLICATION OR DELETION VARIANTS	\$498.54	10/01/2018
81434	GENE ANALYSIS (RETINAL DISORDERS), GENOMIC SEQUENCE	\$550.08	10/01/2018
81445	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, DNA ANALYSIS, 5-	\$550.08	10/01/2018
81448	HEREDITARY PERIPHERAL NEUROPATHIES (EG, CHARCOT-MARIE-TOOTH, SPASTIC PARAPLEGIA)	\$664.33	10/01/2018
81450	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, HEMATOLYMPHOID NEOPLASM OR DISORDER, D	\$698.77	10/01/2018
81471	TEST FOR DETECTING GENES ASSOCIATED WITH INTELLECTUAL DISABILITY	BR	01/01/2015
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	BR	01/01/2013
81510	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF THREE ANALYTES (AFP, UE3,	\$51.10	10/01/2018
81519	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 21 GEN	\$3,563.16	10/01/2018
81520	ONCOLOGY (BREAST), MRNA GENE EXPRESSION PROFILING BY HYBRID CAPTURE OF 58 GENES	\$2,851.10	10/01/2018
81521	ONCOLOGY (BREAST), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 70 CONTENT GENE	\$3,563.16	10/01/2018
81528	ONCOLOGY (COLORECTAL) SCREENING, QUANTITATIVE REAL-TIME TARGET AND SIGNAL AMPLIF	\$468.16	10/01/2018
81541	ONCOLOGY (PROSTATE), MRNA GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 46 GE	\$3,563.16	10/01/2018
81551	ONCOLOGY (PROSTATE), PROMOTER METHYLATION PROFILING BY REAL-TIME PCR OF 3 GENES	BR	01/01/2018
81599	UNLISTED MULTIANALYTE ASSAY WITH ALGORITHMIC ANALYSIS	BR	01/01/2013
82009	KETONE BODY(S) (EG, ACETONE, ACETOACETIC ACID, BETA-HYDROXYBUTYRATE); QUALITATIV	\$5.13	10/01/2018
82010	KETONE BODY(S) (EG, ACETONE, ACETOACETIC ACID, BETA-HYDROXYBUTYRATE); QUANTITATI	\$9.28	10/01/2018
82013	ACETYLCHOLINESTERASE	\$12.69	10/01/2018
82016	ACYLCARNITINES; QUALITATIVE, EACH SPECIMEN	\$15.76	10/01/2018
82017	ACYLCARNITINES; QUANTITATIVE, EACH SPECIMEN	\$19.16	10/01/2018
82024	ADRENOCORTICOTROPIC HORMONE (ACTH)	\$43.87	10/01/2018
82030	ADENOSINE, 5-MONOPHOSPHATE, CYCLIC (CYCLIC AMP)	\$29.30	10/01/2018
82040	ALBUMIN; SERUM, PLASMA OR WHOLE BLOOD	\$5.62	10/01/2018
82042	CEREBROSPINAL FLUID, OR AMNIOTIC FLUID ALBUMIN (PROTEIN) LEVEL	\$7.16	10/01/2018
82043	ALBUMIN; URINE, MICROALBUMIN, QUANTITATIVE	\$6.57	10/01/2018
82044	ALBUMIN; URINE, MICROALBUMIN, SEMIQUANTITATIVE (EG, REAGENT STRIP ASSAY)	\$5.73	10/01/2018
82045	ALBUMIN; ISCHEMIA MODIFIED	\$38.55	10/01/2018
82075	ALCOHOL (ETHANOL); BREATH	\$27.60	10/01/2018
82085	ALDOLASE	\$11.03	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
82088	ALDOSTERONE	\$46.29	10/01/2018
82103	ALPHA-1-ANTITRYPSIN; TOTAL	\$15.26	10/01/2018
82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE	\$16.43	10/01/2018
82105	ALPHA-FETOPROTEIN (AFP) LEVEL, SERUM	\$19.05	10/01/2018
82106	ALPHA-FETOPROTEIN; AMNIOTIC FLUID	\$19.05	10/01/2018
82107	ALPHA-FETOPROTEIN (AFP); AFP-L3 FRACTION ISOFORM AND TOTAL AFP (INCLUDING RATIO)	\$73.16	10/01/2018
82108	ALUMINUM	\$28.94	10/01/2018
82120	AMINES, VAGINAL FLUID, QUALITATIVE	\$5.51	10/01/2018
82127	AMINO ACIDS; SINGLE, QUALITATIVE, EACH SPECIMEN	\$15.76	10/01/2018
82128	AMINO ACIDS; MULTIPLE, QUALITATIVE, EACH SPECIMEN	\$15.76	10/01/2018
82131	AMINO ACIDS; SINGLE, QUANTITATIVE, EACH SPECIMEN	\$21.14	10/01/2018
82135	AMINOLEVULINIC ACID, DELTA (ALA)	\$18.69	10/01/2018
82136	AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	\$19.16	10/01/2018
82139	AMINO ACIDS, 6 OR MORE AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	\$19.16	10/01/2018
82140	AMMONIA	\$16.55	10/01/2018
82143	AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC)	\$8.60	10/01/2018
82150	AMYLASE	\$7.36	10/01/2018
82154	ANDROSTANEDIOL GLUCURONIDE	\$32.75	10/01/2018
82157	ANDROSTENEDIONE	\$33.25	10/01/2018
82160	ANDROSTERONE	\$28.40	10/01/2018
82163	ANGIOTENSIN II	\$23.31	10/01/2018
82164	ANGIOTENSIN I - CONVERTING ENZYME (ACE)	\$16.59	10/01/2018
82172	APOLIPOPROTEIN, EACH	\$19.40	10/01/2018
82175	ARSENIC	\$21.55	10/01/2018
82180	ASCORBIC ACID (VITAMIN C), BLOOD	\$11.22	10/01/2018
82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH ANALYTE	\$16.94	10/01/2018
82232	BETA-2 MICROGLOBULIN	\$18.37	10/01/2018
82239	BILE ACIDS; TOTAL	\$19.45	10/01/2018
82240	BILE ACIDS; CHOLYLGLYCINE	\$30.19	10/01/2018
82247	BILIRUBIN; TOTAL	\$5.69	10/01/2018
82248	BILIRUBIN; DIRECT	\$5.69	10/01/2018
82252	BILIRUBIN; FECES, QUALITATIVE	\$5.18	10/01/2018
82261	BIOTINIDASE, EACH SPECIMEN	\$19.16	10/01/2018
82270	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE; FECES, CONSECUT	\$4.03	10/01/2018
82271	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE; OTHER SOURCES	\$4.89	10/01/2018
82272	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE, FECES, 1-3 SIMU	\$3.89	10/01/2018
82274	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY, QUALITATIVE,	\$18.07	10/01/2018
82286	BRADYKININ	\$5.86	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
82300	CADMIUM	\$26.29	10/01/2018
82306	VITAMIN D; 25 HYDROXY, INCLUDES FRACTION(S), IF PERFORMED	\$33.63	10/01/2018
82308	CALCITONIN	\$30.43	10/01/2018
82310	CALCIUM; TOTAL	\$5.86	10/01/2018
82330	CALCIUM; IONIZED	\$15.53	10/01/2018
82331	CALCIUM; AFTER CALCIUM INFUSION TEST	\$12.27	10/01/2018
82340	CALCIUM; URINE QUANTITATIVE, TIMED SPECIMEN	\$6.84	10/01/2018
82355	CALCULUS; QUALITATIVE ANALYSIS	\$13.15	10/01/2018
82360	CALCULUS; QUANTITATIVE ANALYSIS, CHEMICAL	\$14.62	10/01/2018
82365	CALCULUS; INFRARED SPECTROSCOPY	\$14.65	10/01/2018
82370	CALCULUS; X-RAY DIFFRACTION	\$14.22	10/01/2018
82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	\$20.51	10/01/2018
82374	CARBON DIOXIDE (BICARBONATE)	\$5.55	10/01/2018
82375	CARBOXYHEMOGLOBIN; QUANTITATIVE	\$13.99	10/01/2018
82376	CARBOXYHEMOGLOBIN; QUALITATIVE	\$12.94	10/01/2018
82378	CARCINOEMBRYONIC ANTIGEN (CEA)	\$21.54	10/01/2018
82379	CARNITINE (TOTAL AND FREE), QUANTITATIVE, EACH SPECIMEN	\$19.16	10/01/2018
82380	CAROTENE	\$10.48	10/01/2018
82382	CATECHOLAMINES; TOTAL URINE	\$25.12	10/01/2018
82383	CATECHOLAMINES; BLOOD	\$28.46	10/01/2018
82384	CATECHOLAMINES; FRACTIONATED	\$28.69	10/01/2018
82387	CATHEPSIN-D	\$20.51	10/01/2018
82390	CERULOPLASMIN	\$12.20	10/01/2018
82397	CHEMILUMINESCENT ASSAY	\$16.04	10/01/2018
82415	CHLORAMPHENICOL	\$14.39	10/01/2018
82435	CHLORIDE; BLOOD	\$5.23	10/01/2018
82436	CHLORIDE; URINE	\$5.71	10/01/2018
82438	CHLORIDE; OTHER SOURCE	\$5.55	10/01/2018
82441	CHLORINATED HYDROCARBONS, SCREEN	\$6.83	10/01/2018
82465	CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL	\$4.94	10/01/2018
82480	CHOLINESTERASE; SERUM	\$8.94	10/01/2018
82482	CHOLINESTERASE; RBC	\$9.03	10/01/2018
82485	CHONDROITIN B SULFATE, QUANTITATIVE	\$23.46	10/01/2018
82495	CHROMIUM	\$23.04	10/01/2018
82507	CITRATE	\$31.58	10/01/2018
82523	COLLAGEN CROSS LINKS, ANY METHOD	\$21.22	10/01/2018
82525	COPPER	\$14.09	10/01/2018
82528	CORTICOSTERONE	\$25.58	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
82530	CORTISOL; FREE	\$18.98	10/01/2018
82533	CORTISOL; TOTAL	\$18.51	10/01/2018
82540	CREATINE	\$5.26	10/01/2018
82542	CHEMICAL ANALYSIS USING CHROMATOGRAPHY TECHNIQUE	\$22.16	10/01/2018
82550	CREATINE KINASE (CK), (CPK); TOTAL	\$7.40	10/01/2018
82552	CREATINE KINASE (CK), (CPK); ISOENZYMES	\$15.21	10/01/2018
82553	CREATINE KINASE (CK), (CPK); MB FRACTION ONLY	\$13.12	10/01/2018
82554	CREATINE KINASE (CK), (CPK); ISOFORMS	\$13.48	10/01/2018
82565	CREATININE; BLOOD	\$5.82	10/01/2018
82570	CREATININE; OTHER SOURCE	\$5.88	10/01/2018
82575	CREATININE; CLEARANCE	\$10.74	10/01/2018
82585	CRYOFIBRINOGEN	\$13.01	10/01/2018
82595	CRYOGLOBULIN, QUALITATIVE OR SEMI-QUANTITATIVE (EG, CRYOCRIT)	\$7.34	10/01/2018
82600	CYANIDE	\$22.03	10/01/2018
82607	CYANOCOBALAMIN (VITAMIN B-12);	\$17.12	10/01/2018
82608	CYANOCOBALAMIN (VITAMIN B-12); UNSATURATED BINDING CAPACITY	\$16.27	10/01/2018
82610	CYSTATIN C	\$17.04	10/01/2018
82615	CYSTINE AND HOMOCYSTINE, URINE, QUALITATIVE	\$9.27	10/01/2018
82626	DEHYDROEPIANDROSTERONE (DHEA)	\$28.70	10/01/2018
82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	\$25.25	10/01/2018
82633	DESOXYCORTICOSTERONE, 11-	\$35.19	10/01/2018
82634	DEOXYCORTISOL, 11-	\$33.25	10/01/2018
82638	DIBUCAINE NUMBER	\$13.91	10/01/2018
82652	DIHYDROTESTOSTERONE (DHT) 1, 25 DIHYDROXY, INCLUDES FRACTION(S), IF PERFORMED	\$43.73	10/01/2018
82656	ELASTASE, PANCREATIC (EL-1), FECAL, QUALITATIVE OR SEMI-QUANTITATIVE	\$13.10	10/01/2018
82657	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT ELSEWHERE	\$20.51	10/01/2018
82658	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT ELSEWHERE	\$40.51	10/01/2018
82664	ELECTROPHORETIC TECHNIQUE, NOT ELSEWHERE SPECIFIED	\$56.58	10/01/2018
82668	ERYTHROPOIETIN	\$21.34	10/01/2018
82670	ESTRADIOL	\$31.73	10/01/2018
82671	ESTROGENS; FRACTIONATED	\$36.69	10/01/2018
82672	ESTROGENS; TOTAL	\$24.64	10/01/2018
82677	ESTRIOL	\$27.46	10/01/2018
82679	ESTRONE	\$28.35	10/01/2018
82693	ETHYLENE GLYCOL	\$16.93	10/01/2018
82696	ETIOCHOLANOLONE	\$26.79	10/01/2018
82705	FAT OR LIPIDS, FECES; QUALITATIVE	\$5.79	10/01/2018
82710	FAT OR LIPIDS, FECES; QUANTITATIVE	\$19.09	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
82715	FAT DIFFERENTIAL, FECES, QUANTITATIVE	\$21.13	10/01/2018
82725	FATTY ACIDS, NONESTERIFIED	\$17.27	10/01/2018
82726	VERY LONG CHAIN FATTY ACIDS	\$20.51	10/01/2018
82728	FERRITIN	\$15.48	10/01/2018
82731	FETAL FIBRONECTIN, CERVICOVAGINAL SECRETIONS, SEMI-QUANTITATIVE	\$73.16	10/01/2018
82735	FLUORIDE	\$21.06	10/01/2018
82746	FOLIC ACID; SERUM	\$16.70	10/01/2018
82747	FOLIC ACID; RBC	\$19.67	10/01/2018
82757	FRUCTOSE, SEMEN	\$19.69	10/01/2018
82759	GALACTOKINASE, RBC	\$24.40	10/01/2018
82760	GALACTOSE	\$12.71	10/01/2018
82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; QUANTITATIVE	\$23.93	10/01/2018
82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; SCREEN	\$10.80	10/01/2018
82777	GALECTIN-3	\$40.71	10/01/2018
82784	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGA, IGD, IGG, IGM, EACH	\$10.56	10/01/2018
82785	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGE	\$18.69	10/01/2018
82787	GAMMAGLOBULIN (IMMUNOGLOBULIN); IMMUNOGLOBULIN SUBCLASSES (EG, IGG1, 2, 3, OR 4)	\$9.11	10/01/2018
82800	GASES, BLOOD, PH ONLY	\$10.12	10/01/2018
82803	GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO3 (INCLUDING CALCULATED	\$23.98	10/01/2018
82805	GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO3 (INCLUDING CALCULATED	\$72.47	10/01/2018
82810	GASES, BLOOD, O2 SATURATION ONLY, BY DIRECT MEASUREMENT, EXCEPT PULSE OXIMETRY	\$9.91	10/01/2018
82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATURATION WITH OXYGEN)	\$12.27	10/01/2018
82930	GASTRIC ACID ANALYSIS, INCLUDES PH IF PERFORMED, EACH SPECIMEN	\$6.18	10/01/2018
82938	GASTRIN AFTER SECRETIN STIMULATION	\$20.09	10/01/2018
82941	GASTRIN	\$20.03	10/01/2018
82943	GLUCAGON	\$16.23	10/01/2018
82945	GLUCOSE, BODY FLUID, OTHER THAN BLOOD	\$4.46	10/01/2018
82946	GLUCAGON TOLERANCE TEST	\$17.12	10/01/2018
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	\$4.46	10/01/2018
82948	GLUCOSE; BLOOD, REAGENT STRIP	\$4.64	10/01/2018
82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)	\$5.39	10/01/2018
82951	GLUCOSE; TOLERANCE TEST (GTT), THREE SPECIMENS (INCLUDES GLUCOSE)	\$14.62	10/01/2018
82952	GLUCOSE; TOLERANCE TEST, EACH ADDITIONAL BEYOND 3 SPECIMENS (LIST SEPARATELY IN	\$4.45	10/01/2018
82955	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); QUANTITATIVE	\$11.01	10/01/2018
82960	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); SCREEN	\$6.87	10/01/2018
82962	GLUCOSE, BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED BY THE FDA SPECIFICALLY	\$3.02	10/01/2018
82963	GLUCOSIDASE, BETA	\$24.40	10/01/2018
82965	GLUTAMATE DEHYDROGENASE	\$12.10	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	\$8.18	10/01/2018
82978	GLUTATHIONE	\$16.19	10/01/2018
82979	GLUTATHIONE REDUCTASE, RBC	\$10.73	10/01/2018
82985	GLYCATED PROTEIN	\$17.12	10/01/2018
83001	GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)	\$21.10	10/01/2018
83002	GONADOTROPIN; LUTEINIZING HORMONE (LH)	\$21.03	10/01/2018
83003	GROWTH HORMONE, HUMAN (HGH) (SOMATOTROPIN)	\$18.93	10/01/2018
83006	GROWTH STIMULATION EXPRESSED GENE 2 (ST2, INTERLEUKIN 1 RECEPTOR LIKE-1)	\$69.55	10/01/2018
83009	HELICOBACTER PYLORI, BLOOD TEST ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACTIVE	\$76.51	10/01/2018
83010	HAPTOGLOBIN; QUANTITATIVE	\$14.29	10/01/2018
83012	HAPTOGLOBIN; PHENOTYPES	\$24.74	10/01/2018
83013	HELICOBACTER PYLORI; BREATH TEST ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACTIVE	\$76.51	10/01/2018
83014	HELICOBACTER PYLORI; DRUG ADMINISTRATION	\$8.92	10/01/2018
83015	HEAVY METAL (EG, ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY, MERCURY); SCREEN	\$21.39	10/01/2018
83018	HEAVY METAL (EG, ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY, MERCURY);	\$24.95	10/01/2018
83020	HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTROPHORESIS (EG, A2, S, C,	\$14.62	10/01/2018
83021	HEMOGLOBIN FRACTIONATION AND QUANTITATION; CHROMATOGRAPHY (EG, A2, S, C, AND/OR	\$20.51	10/01/2018
83026	HEMOGLOBIN; BY COPPER SULFATE METHOD, NON-AUTOMATED	\$3.69	10/01/2018
83030	HEMOGLOBIN; F (FETAL), CHEMICAL	\$9.88	10/01/2018
83033	HEMOGLOBIN; F (FETAL), QUALITATIVE	\$7.36	10/01/2018
83036	HEMOGLOBIN; GLYCOSYLATED (A1C)	\$11.03	10/01/2018
83037	HEMOGLOBIN; GLYCOSYLATED (A1C) BY DEVICE CLEARED BY FDA FOR HOME USE	\$11.03	10/01/2018
83045	HEMOGLOBIN; METHEMOGLOBIN, QUALITATIVE	\$5.97	10/01/2018
83050	HEMOGLOBIN; METHEMOGLOBIN, QUANTITATIVE	\$8.33	10/01/2018
83051	HEMOGLOBIN; PLASMA	\$8.31	10/01/2018
83060	HEMOGLOBIN; SULFHEMOGLOBIN, QUANTITATIVE	\$9.39	10/01/2018
83065	HEMOGLOBIN; THERMOLABILE	\$8.28	10/01/2018
83068	HEMOGLOBIN; UNSTABLE, SCREEN	\$9.61	10/01/2018
83069	HEMOGLOBIN; URINE	\$4.49	10/01/2018
83070	HEMOSIDERIN; QUALITATIVE	\$5.39	10/01/2018
83080	B-HEXOSAMINIDASE, EACH ASSAY	\$19.16	10/01/2018
83088	HISTAMINE	\$33.54	10/01/2018
83090	HOMOCYSTINE	\$19.16	10/01/2018
83150	HOMOVANILLIC ACID (HVA)	\$21.98	10/01/2018
83491	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS)	\$19.91	10/01/2018
83497	HYDROXYINDOLACETIC ACID, 5-(HIAA)	\$14.65	10/01/2018
83498	HYDROXYPROGESTERONE, 17-D	\$30.86	10/01/2018
83500	HYDROXYPROLINE; FREE	\$25.72	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
83505	HYDROXYPROLINE; TOTAL	\$27.61	10/01/2018
83516	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT	\$13.10	10/01/2018
83518	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT	\$9.63	10/01/2018
83519	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT	\$16.93	10/01/2018
83520	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT	\$15.89	10/01/2018
83525	INSULIN; TOTAL	\$12.98	10/01/2018
83527	INSULIN; FREE	\$14.70	10/01/2018
83528	INTRINSIC FACTOR	\$18.23	10/01/2018
83540	IRON	\$7.35	10/01/2018
83550	IRON BINDING CAPACITY	\$9.93	10/01/2018
83570	ISOCITRIC DEHYDROGENASE (IDH)	\$10.06	10/01/2018
83582	KETOGENIC STEROIDS, FRACTIONATION	\$16.10	10/01/2018
83586	KETOSTEROIDS, 17- (17-KS); TOTAL	\$14.54	10/01/2018
83593	KETOSTEROIDS, 17- (17-KS); FRACTIONATION	\$29.87	10/01/2018
83605	LACTATE (LACTIC ACID)	\$12.13	10/01/2018
83615	LACTATE DEHYDROGENASE (LD), (LDH);	\$6.85	10/01/2018
83625	LACTATE DEHYDROGENASE (LD), (LDH); ISOENZYMES, SEPARATION AND QUANTITATION	\$14.54	10/01/2018
83630	LACTOFERRIN, FECAL; QUALITATIVE	\$22.30	10/01/2018
83631	LACTOFERRIN, FECAL; QUANTITATIVE	\$22.30	10/01/2018
83632	LACTOGEN, HUMAN PLACENTAL (HPL) HUMAN CHORIONIC SOMATOMAMMOTROPIN	\$22.97	10/01/2018
83633	LACTOSE, URINE; QUALITATIVE	\$10.35	10/01/2018
83655	LEAD	\$13.75	10/01/2018
83661	FETAL LUNG MATURITY ASSESSMENT; LECITHIN SPHINGOMYELIN (L/S) RATIO	\$24.97	10/01/2018
83662	FETAL LUNG MATURITY ASSESSMENT; FOAM STABILITY TEST	\$21.48	10/01/2018
83663	FETAL LUNG MATURITY ASSESSMENT; FLUORESCENCE POLARIZATION	\$21.48	10/01/2018
83664	FETAL LUNG MATURITY ASSESSMENT; LAMELLAR BODY DENSITY	\$21.48	10/01/2018
83670	LEUCINE AMINOPEPTIDASE (LAP)	\$10.41	10/01/2018
83690	LIPASE	\$7.83	10/01/2018
83695	LIPOPROTEIN (A)	\$14.70	10/01/2018
83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2, (LP-PLA2)	\$42.61	10/01/2018
83700	LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPARATION AND QUANTITATION	\$12.79	10/01/2018
83701	LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF LIPOPROTEI	\$31.15	10/01/2018
83704	LIPOPROTEIN LEVEL	\$35.83	10/01/2018
83718	LIPOPROTEIN, DIRECT MEASUREMENT; HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL)	\$9.31	10/01/2018
83719	LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT, VLDL CHOLESTEROL	\$13.21	10/01/2018
83721	LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT, LDL CHOLESTEROL	\$10.84	10/01/2018
83727	LUTEINIZING RELEASING FACTOR (LRH)	\$19.52	10/01/2018
83735	MAGNESIUM	\$7.61	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
83775	MALATE DEHYDROGENASE	\$8.37	10/01/2018
83785	MANGANESE	\$27.94	10/01/2018
83789	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY (MS, MS/MS), ANALYTE NOT	\$22.18	10/01/2018
83825	MERCURY, QUANTITATIVE	\$18.46	10/01/2018
83835	METANEPHRINES	\$19.25	10/01/2018
83857	METHEMALBUMIN	\$12.20	10/01/2018
83861	MICROFLUIDIC ANALYSIS UTILIZING AN INTEGRATED COLLECTION AND ANALYSIS DEVICE, TE	\$20.68	10/01/2018
83864	MUCOPOLYSACCHARIDES, ACID; QUANTITATIVE	\$26.22	10/01/2018
83872	MUCIN, SYNOVIAL FLUID (ROPES TEST)	\$6.66	10/01/2018
83873	MYELIN BASIC PROTEIN, CEREBROSPINAL FLUID	\$19.54	10/01/2018
83874	MYOGLOBIN	\$14.67	10/01/2018
83876	MYELOPEROXIDASE (MPO)	\$46.79	10/01/2018
83880	NATRIURETIC PEPTIDE	\$38.55	10/01/2018
83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEWHERE SPECIFIED	\$15.45	10/01/2018
83885	NICKEL	\$27.84	10/01/2018
83915	NUCLEOTIDASE 5' (ENZYME) LEVEL	\$12.67	10/01/2018
83916	OLIGOCLONAL IMMUNE (OLIGOCLONAL BANDS)	\$25.20	10/01/2018
83918	ORGANIC ACIDS; TOTAL, QUANTITATIVE, EACH SPECIMEN	\$21.71	10/01/2018
83919	ORGANIC ACIDS; QUALITATIVE, EACH SPECIMEN	\$18.69	10/01/2018
83921	ORGANIC ACID, SINGLE, QUANTITATIVE	\$19.51	10/01/2018
83930	OSMOLALITY; BLOOD	\$7.51	10/01/2018
83935	OSMOLALITY; URINE	\$7.75	10/01/2018
83937	OSTEOCALCIN (BONE G1A PROTEIN)	\$33.90	10/01/2018
83945	OXALATE	\$14.62	10/01/2018
83950	ONCOPROTEIN; HER-2/NEU	\$73.16	10/01/2018
83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTHROMBIN (DCP)	\$73.16	10/01/2018
83970	PARATHORMONE (PARATHYROID HORMONE)	\$46.88	10/01/2018
83986	PH; BODY FLUID, NOT OTHERWISE SPECIFIED	\$4.07	10/01/2018
83987	PH; EXHALED BREATH CONDENSATE	\$4.07	10/01/2018
83992	PHENCYCLIDINE (PCP)	\$11.21	10/01/2017
83993	CALPROTECTIN, FECAL	\$22.30	10/01/2018
84030	PHENYLALANINE (PKU), BLOOD	\$6.25	10/01/2018
84035	PHENYLKETONES, QUALITATIVE	\$4.16	10/01/2018
84060	PHOSPHATASE, ACID; TOTAL	\$8.39	10/01/2018
84066	PHOSPHATASE, ACID; PROSTATIC	\$10.98	10/01/2018
84075	PHOSPHATASE, ALKALINE;	\$5.88	10/01/2018
84078	PHOSPHATASE, ALKALINE; HEAT STABLE (TOTAL NOT INCLUDED)	\$8.29	10/01/2018
84080	PHOSPHATASE, ALKALINE; ISOENZYMES	\$16.79	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
84081	PHOSPHATIDYLGLYCEROL	\$18.76	10/01/2018
84085	PHOSPHOGLUCONATE, 6-, DEHYDROGENASE, RBC	\$10.73	10/01/2018
84087	PHOSPHOHEXOSE ISOMERASE	\$11.72	10/01/2018
84100	PHOSPHORUS INORGANIC (PHOSPHATE);	\$5.38	10/01/2018
84105	PHOSPHORUS INORGANIC (PHOSPHATE); URINE	\$5.88	10/01/2018
84106	PORPHOBILINOGEN, URINE; QUALITATIVE	\$5.35	10/01/2018
84110	PORPHOBILINOGEN, URINE; QUANTITATIVE	\$9.59	10/01/2018
84112	CERVICOVAGINAL SECRETION OF PLACENTA PROTEIN	\$90.26	10/01/2018
84119	PORPHYRINS, URINE; QUALITATIVE	\$12.29	10/01/2018
84120	PORPHYRINS, URINE; QUANTITATION AND FRACTIONATION	\$16.71	10/01/2018
84126	PORPHYRINS, FECES; QUANTITATIVE	\$35.98	10/01/2018
84132	POTASSIUM; SERUM, PLASMA OR WHOLE BLOOD	\$5.23	10/01/2018
84133	POTASSIUM; URINE	\$4.89	10/01/2018
84134	PREALBUMIN	\$16.57	10/01/2018
84135	PREGNANEDIOL	\$21.74	10/01/2018
84138	PREGNANETRIOL	\$21.50	10/01/2018
84140	PREGNENOLONE	\$23.48	10/01/2018
84143	17-HYDROXYPREGNENOLONE	\$25.91	10/01/2018
84144	PROGESTERONE	\$23.70	10/01/2018
84145	PROCALCITONIN (PCT)	\$30.43	10/01/2018
84146	PROLACTIN	\$22.01	10/01/2018
84150	PROSTAGLANDIN, EACH	\$38.43	10/01/2018
84152	PROSTATE SPECIFIC ANTIGEN (PSA); COMPLEXED (DIRECT MEASUREMENT)	\$20.89	10/01/2018
84153	PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	\$20.89	10/01/2018
84154	PROSTATE SPECIFIC ANTIGEN (PSA); FREE	\$20.89	10/01/2018
84155	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM, PLASMA OR WHOLE BLOOD	\$4.17	10/01/2018
84156	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; URINE	\$4.17	10/01/2018
84157	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; OTHER SOURCE (EG, SYNOVIAL FLUID,	\$4.17	10/01/2018
84160	PROTEIN, TOTAL, BY REFRACTOMETRY, ANY SOURCE	\$5.88	10/01/2018
84163	PREGNANCY-ASSOCIATED PLASMA PROTEIN-A (PAPP-A)	\$17.10	10/01/2018
84165	PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, SERUM	\$12.20	10/01/2018
84166	PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, OTHER FLUIDS WITH	\$20.25	10/01/2018
84181	PROTEIN; WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER BODY FLUID	\$19.34	10/01/2018
84182	PROTEIN; WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER BODY	\$26.87	10/01/2018
84202	PROTOPORPHYRIN, RBC; QUANTITATIVE	\$16.29	10/01/2018
84203	PROTOPORPHYRIN, RBC; SCREEN	\$9.78	10/01/2018
84206	PROINSULIN	\$24.55	10/01/2018
84207	PYRIDOXAL PHOSPHATE (VITAMIN B-6)	\$31.91	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
84210	PYRUVATE	\$13.32	10/01/2018
84220	PYRUVATE KINASE	\$10.73	10/01/2018
84228	QUININE	\$13.21	10/01/2018
84233	RECEPTOR ASSAY; ESTROGEN	\$80.85	10/01/2018
84234	RECEPTOR ASSAY; PROGESTERONE	\$73.69	10/01/2018
84235	RECEPTOR ASSAY; ENDOCRINE, OTHER THAN ESTROGEN OR PROGESTERONE (SPECIFY HORMONE)	\$65.53	10/01/2018
84238	RECEPTOR ASSAY; NON-ENDOCRINE (SPECIFY RECEPTOR)	\$41.53	10/01/2018
84244	RENIN	\$24.98	10/01/2018
84252	RIBOFLAVIN (VITAMIN B-2)	\$22.98	10/01/2018
84255	SELENIUM	\$29.00	10/01/2018
84260	SEROTONIN	\$35.19	10/01/2018
84270	SEX HORMONE BINDING GLOBULIN (SHBG)	\$24.68	10/01/2018
84275	SIALIC ACID	\$15.26	10/01/2018
84285	SILICA	\$26.74	10/01/2018
84295	SODIUM; SERUM, PLASMA OR WHOLE BLOOD	\$5.46	10/01/2018
84300	SODIUM; URINE	\$5.52	10/01/2018
84302	SODIUM; OTHER SOURCE	\$5.52	10/01/2018
84305	SOMATOMEDIN	\$24.15	10/01/2018
84307	SOMATOSTATIN	\$20.76	10/01/2018
84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEWHERE SPECIFIED	\$7.94	10/01/2018
84315	SPECIFIC GRAVITY (EXCEPT URINE)	\$3.02	10/01/2018
84375	SUGARS, CHROMATOGRAPHIC, TLC OR PAPER CHROMATOGRAPHY	\$35.88	10/01/2018
84376	SUGARS (MONO-, DI-, AND OLIGOSACCHARIDES); SINGLE QUALITATIVE, EACH SPECIMEN	\$6.25	10/01/2018
84377	SUGARS (MONO-, DI-, AND OLIGOSACCHARIDES); MULTIPLE QUALITATIVE, EACH SPECIMEN	\$6.25	10/01/2018
84378	SUGARS (MONO-, DI-, AND OLIGOSACCHARIDES); SINGLE QUANTITATIVE, EACH SPECIMEN	\$13.09	10/01/2018
84379	SUGARS (MONO-, DI-, AND OLIGOSACCHARIDES); MULTIPLE QUANTITATIVE, EACH SPECIMEN	\$13.09	10/01/2018
84392	SULFATE, URINE	\$5.39	10/01/2018
84402	TESTOSTERONE; FREE	\$28.93	10/01/2018
84403	TESTOSTERONE; TOTAL	\$29.32	10/01/2018
84410	TESTOSTERONE; BIOAVAILABLE, DIRECT MEASUREMENT (EG, DIFFERENTIAL PRECIPITATION)	\$58.25	10/01/2018
84425	THIAMINE (VITAMIN B-1)	\$24.11	10/01/2018
84430	THIOCYANATE	\$13.21	10/01/2018
84431	THROMBOXANE METABOLITE(S), INCLUDING THROMBOXANE IF PERFORMED, URINE	\$32.30	10/01/2018
84432	THYROGLOBULIN	\$18.24	10/01/2018
84436	THYROXINE; TOTAL	\$7.80	10/01/2018
84437	THYROXINE; REQUIRING ELUTION (EG, NEONATAL)	\$7.34	10/01/2018
84439	THYROXINE; FREE	\$10.24	10/01/2018
84442	THYROXINE BINDING GLOBULIN (TBG)	\$16.79	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
84443	THYROID STIMULATING HORMONE (TSH)	\$19.09	10/01/2018
84445	THYROID STIMULATING IMMUNE GLOBULINS (TSI)	\$57.76	10/01/2018
84446	TOCOPHEROL ALPHA (VITAMIN E)	\$16.11	10/01/2018
84449	TRANSCORTIN (CORTISOL BINDING GLOBULIN)	\$20.44	10/01/2018
84450	TRANSFERASE; ASPARTATE AMINO (AST) (SGOT)	\$5.88	10/01/2018
84460	TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	\$6.02	10/01/2018
84466	TRANSFERRIN	\$14.50	10/01/2018
84478	TRIGLYCERIDES	\$6.52	10/01/2018
84479	THYROID HORMONE (T3 OR T4) UPTAKE OR THYROID HORMONE BINDING RATIO (THBR)	\$7.34	10/01/2018
84480	TRIIODOTHYRONINE T3; TOTAL (TT-3)	\$16.11	10/01/2018
84481	TRIIODOTHYRONINE T3; FREE	\$19.25	10/01/2018
84482	TRIIODOTHYRONINE T3; REVERSE	\$17.90	10/01/2018
84484	TROPONIN, QUANTITATIVE	\$11.47	10/01/2018
84485	TRYPSIN; DUODENAL FLUID	\$8.18	10/01/2018
84488	TRYPSIN; FECES, QUALITATIVE	\$8.29	10/01/2018
84490	TRYPSIN; FECES, QUANTITATIVE, 24-HOUR COLLECTION	\$9.14	10/01/2018
84510	TYROSINE	\$11.81	10/01/2018
84512	TROPONIN, QUALITATIVE	\$9.28	10/01/2018
84520	UREA NITROGEN; QUANTITATIVE	\$4.49	10/01/2018
84525	UREA NITROGEN; SEMIQUANTITATIVE (EG, REAGENT STRIP TEST)	\$4.72	10/01/2018
84540	UREA NITROGEN, URINE	\$5.39	10/01/2018
84545	UREA NITROGEN, CLEARANCE	\$7.51	10/01/2018
84550	URIC ACID; BLOOD	\$5.13	10/01/2018
84560	URIC ACID; OTHER SOURCE	\$5.39	10/01/2018
84577	UROBILINOGEN, FECES, QUANTITATIVE	\$19.09	10/01/2018
84578	UROBILINOGEN, URINE; QUALITATIVE	\$4.11	10/01/2018
84580	UROBILINOGEN, URINE; QUANTITATIVE, TIMED SPECIMEN	\$9.27	10/01/2018
84583	UROBILINOGEN, URINE; SEMIQUANTITATIVE	\$5.71	10/01/2018
84585	VANILLYLMANDELIC ACID (VMA), URINE	\$17.60	10/01/2018
84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	\$40.13	10/01/2018
84588	VASOPRESSIN (ANTIDIURETIC HORMONE, ADH)	\$38.55	10/01/2018
84590	VITAMIN A	\$13.18	10/01/2018
84591	VITAMIN, NOT OTHERWISE SPECIFIED	\$15.70	10/01/2018
84597	VITAMIN K	\$15.58	10/01/2018
84600	VOLATILES (EG, ACETIC ANHYDRIDE, CARBON TETRACHLORIDE, DICHLOROETHANE,	\$18.26	10/01/2018
84620	XYLOSE ABSORPTION TEST, BLOOD AND/OR URINE	\$13.46	10/01/2018
84630	ZINC	\$12.94	10/01/2018
84681	C-PEPTIDE	\$23.64	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
84702	GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE	\$17.10	10/01/2018
84703	GONADOTROPIN, CHORIONIC (HCG); QUALITATIVE	\$8.55	10/01/2018
84704	GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN	\$17.10	10/01/2018
84999	UNLISTED CHEMISTRY PROCEDURE	BR	10/01/1982
85002	BLEEDING TIME	\$5.12	10/01/2018
85004	BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT	\$7.34	10/01/2018
85007	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC	\$3.90	10/01/2018
85008	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITHOUT MANUAL DIFFERENTIAL	\$3.90	10/01/2018
85009	BLOOD COUNT; MANUAL DIFFERENTIAL WBC COUNT, BUFFY COAT	\$4.66	10/01/2018
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT	\$6.44	10/01/2018
85014	BLOOD COUNT; HEMATOCRIT (HCT)	\$2.70	10/01/2018
85018	BLOOD COUNT; HEMOGLOBIN (HGB)	\$2.70	10/01/2018
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT)	\$8.82	10/01/2018
85027	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT)	\$7.34	10/01/2018
85032	BLOOD COUNT; MANUAL CELL COUNT (ERYTHROCYTE, LEUKOCYTE, OR PLATELET) EACH	\$4.89	10/01/2018
85041	BLOOD COUNT; RED BLOOD CELL (RBC), AUTOMATED	\$3.43	10/01/2018
85044	BLOOD COUNT; RETICULOCYTE, MANUAL	\$4.89	10/01/2018
85045	BLOOD COUNT; RETICULOCYTE, AUTOMATED	\$4.54	10/01/2018
85046	BLOOD COUNT; RETICULOCYTES, AUTOMATED, INCLUDING ONE OR MORE CELLULAR	\$6.33	10/01/2018
85048	BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED	\$2.88	10/01/2018
85049	BLOOD COUNT; PLATELET, AUTOMATED	\$5.09	10/01/2018
85055	RETICULATED PLATELET ASSAY	\$32.88	10/01/2018
85130	CHROMOGENIC SUBSTRATE ASSAY	\$13.51	10/01/2018
85170	CLOT RETRACTION	\$15.00	10/01/2018
85175	CLOT LYSIS TIME, WHOLE BLOOD DILUTION	\$18.74	10/01/2018
85210	CLOTTING; FACTOR II, PROTHROMBIN, SPECIFIC	\$14.75	10/01/2018
85220	CLOTTING FACTOR V (ACG OR PROACCELERIN) MEASUREMENT	\$20.05	10/01/2018
85230	CLOTTING; FACTOR VII (PROCONVERTIN, STABLE FACTOR)	\$20.33	10/01/2018
85240	CLOTTING; FACTOR VIII (AHG), ONE STAGE	\$20.33	10/01/2018
85244	CLOTTING; FACTOR VIII RELATED ANTIGEN	\$23.19	10/01/2018
85245	CLOTTING; FACTOR VIII, VW FACTOR, RISTOCETIN COFACTOR	\$26.05	10/01/2018
85246	CLOTTING; FACTOR VIII, VW FACTOR ANTIGEN	\$26.05	10/01/2018
85247	CLOTTING; FACTOR VIII, VON WILLEBRAND FACTOR, MULTIMETRIC ANALYSIS	\$26.05	10/01/2018
85250	CLOTTING; FACTOR IX (PTC OR CHRISTMAS)	\$21.63	10/01/2018
85260	CLOTTING; FACTOR X (STUART-PROWER)	\$20.33	10/01/2018
85270	CLOTTING; FACTOR XI (PTA)	\$20.33	10/01/2018
85280	CLOTTING; FACTOR XII (HAGEMAN)	\$21.98	10/01/2018
85290	CLOTTING; FACTOR XIII (FIBRIN STABILIZING)	\$18.56	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
85291	CLOTTING; FACTOR XIII (FIBRIN STABILIZING), SCREEN SOLUBILITY	\$10.10	10/01/2018
85292	CLOTTING; PREKALLIKREIN ASSAY (FLETCHER FACTOR ASSAY)	\$21.50	10/01/2018
85293	CLOTTING; HIGH MOLECULAR WEIGHT KININOGEN ASSAY (FITZGERALD FACTOR ASSAY)	\$21.50	10/01/2018
85300	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III, ACTIVITY	\$13.46	10/01/2018
85301	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III, ANTIGEN ASSAY	\$12.28	10/01/2018
85302	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ANTIGEN	\$13.64	10/01/2018
85303	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ACTIVITY	\$15.71	10/01/2018
85305	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, TOTAL	\$13.18	10/01/2018
85306	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, FREE	\$17.41	10/01/2018
85307	ACTIVATED PROTEIN C (APC) RESISTANCE ASSAY	\$17.41	10/01/2018
85335	FACTOR INHIBITOR TEST	\$14.62	10/01/2018
85337	THROMBOMODULIN	\$15.89	10/01/2018
85345	COAGULATION TIME; LEE AND WHITE	\$4.89	10/01/2018
85347	COAGULATION TIME; ACTIVATED	\$4.84	10/01/2018
85348	COAGULATION TIME; OTHER METHODS	\$4.23	10/01/2018
85360	EUGLOBULIN LYSIS	\$9.55	10/01/2018
85362	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); AGGLUTINATION SLIDE,	\$7.83	10/01/2018
85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); PARACOAGULATION	\$74.02	10/01/2018
85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); QUANTITATIVE	\$12.90	10/01/2018
85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER; QUALITATIVE OR SEMIQUANTITATIVE	\$8.94	10/01/2018
85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER; QUANTITATIVE	\$11.56	10/01/2018
85380	FIBRIN DEGRADATION PRODUCTS, D-DIMER; ULTRASENSITIVE (EG, FOR EVALUATION FOR	\$11.56	10/01/2018
85384	FIBRINOGEN; ACTIVITY	\$9.65	10/01/2018
85385	FIBRINOGEN; ANTIGEN	\$13.30	10/01/2018
85390	FIBRINOLYSINS OR COAGULOPATHY SCREEN, INTERPRETATION AND REPORT	\$14.24	10/01/2018
85397	COAGULATION AND FIBRINOLYSIS, FUNCTIONAL ACTIVITY, NOT OTHERWISE SPECIFIED (EG,	\$28.39	10/01/2018
85400	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMIN	\$8.75	10/01/2018
85410	FIBRINOLYTIC FACTORS AND INHIBITORS; ALPHA-2 ANTIPLASMIN	\$8.75	10/01/2018
85415	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN ACTIVATOR	\$19.52	10/01/2018
85420	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN, EXCEPT ANTIGENIC ASSAY	\$7.42	10/01/2018
85421	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN, ANTIGENIC ASSAY	\$11.56	10/01/2018
85441	HEINZ BODIES; DIRECT	\$4.77	10/01/2018
85445	HEINZ BODIES; INDUCED, ACETYL PHENYLHYDRAZINE	\$7.75	10/01/2018
85460	HEMOGLOBIN OR RBCS, FETAL, FOR FETOMATERNAL HEMORRHAGE; DIFFERENTIAL LYSIS	\$8.79	10/01/2018
85461	HEMOGLOBIN OR RBCS, FETAL, FOR FETOMATERNAL HEMORRHAGE; ROSETTE	\$8.61	10/01/2018
85475	HEMOLYSIN, ACID	\$10.07	10/01/2018
85520	HEPARIN ASSAY	\$14.87	10/01/2018
85525	HEPARIN NEUTRALIZATION	\$13.45	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
85530	HEPARIN-PROTAMINE TOLERANCE TEST	\$14.87	10/01/2018
85536	IRON STAIN, PERIPHERAL BLOOD	\$7.34	10/01/2018
85540	LEUKOCYTE ALKALINE PHOSPHATASE WITH COUNT	\$9.77	10/01/2018
85547	MECHANICAL FRAGILITY, RBC	\$9.77	10/01/2018
85549	MURAMIDASE	\$21.30	10/01/2018
85555	OSMOTIC FRAGILITY, RBC; UNINCUBATED	\$7.59	10/01/2018
85557	OSMOTIC FRAGILITY, RBC; INCUBATED	\$15.17	10/01/2018
85576	PLATELET, AGGREGATION (IN VITRO), EACH AGENT	\$24.40	10/01/2018
85597	PHOSPHOLIPID NEUTRALIZATION; PLATELET	\$20.41	10/01/2018
85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGONAL PHOSPHOLIPID	\$20.41	10/01/2018
85610	PROTHROMBIN TIME;	\$4.46	10/01/2018
85611	PROTHROMBIN TIME; SUBSTITUTION, PLASMA FRACTIONS, EACH	\$4.48	10/01/2018
85612	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); UNDILUTED	\$16.09	10/01/2018
85613	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); DILUTED	\$10.88	10/01/2018
85635	REPTILASE TEST	\$11.19	10/01/2018
85651	SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED	\$4.03	10/01/2018
85652	SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED	\$3.06	10/01/2018
85660	SICKLING OF RBC, REDUCTION	\$6.26	10/01/2018
85670	THROMBIN TIME; PLASMA	\$6.55	10/01/2018
85675	THROMBIN TIME; TITER	\$7.77	10/01/2018
85705	THROMBOPLASTIN INHIBITION, TISSUE	\$10.94	10/01/2018
85730	THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOLE BLOOD	\$6.83	10/01/2018
85732	THROMBOPLASTIN TIME, PARTIAL (PTT); SUBSTITUTION, PLASMA FRACTIONS, EACH	\$7.34	10/01/2018
85810	VISCOSITY	\$13.26	10/01/2018
85999	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE	BR	10/01/1982
86000	AGGLUTININS, FEBRILE (EG, BRUCELLA, FRANCISELLA, MURINE TYPHUS, Q FEVER, ROCKY M	\$7.93	10/01/2018
86001	ALLERGEN SPECIFIC IGG QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALLERGEN	\$7.19	10/01/2018
86003	ALLERGEN SPECIFIC IGE; QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALLERGEN	\$5.92	10/01/2018
86005	MEASUREMENT OF ANTIBODY (IGE) TO ALLERGIC SUBSTANCE	\$9.05	10/01/2018
86008	ALLERGEN SPECIFIC IGE; QUANTITATIVE OR SEMIQUANTITATIVE, RECOMBINANT OR PURIFIED	\$20.37	10/01/2018
86021	ANTIBODY IDENTIFICATION; LEUKOCYTE ANTIBODIES	\$17.10	10/01/2018
86022	ANTIBODY IDENTIFICATION; PLATELET ANTIBODIES	\$20.87	10/01/2018
86023	ANTIBODY IDENTIFICATION; PLATELET ASSOCIATED IMMUNOGLOBULIN ASSAY	\$14.15	10/01/2018
86038	ANTINUCLEAR ANTIBODIES (ANA);	\$13.73	10/01/2018
86039	ANTINUCLEAR ANTIBODIES (ANA); TITER	\$12.68	10/01/2018
86060	ANTISTREPTOLYSIN O; TITER	\$8.29	10/01/2018
86063	ANTISTREPTOLYSIN O; SCREEN	\$6.55	10/01/2018
86140	C-REACTIVE PROTEIN;	\$5.88	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
86141	C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCR)	\$14.70	10/01/2018
86146	BETA 2 GLYCOPROTEIN I ANTIBODY, EACH	\$28.91	10/01/2018
86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY, EACH IG CLASS	\$28.91	10/01/2018
86148	ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID) ANTIBODY	\$18.25	10/01/2018
86155	CHEMOTAXIS ASSAY, SPECIFY METHOD	\$18.16	10/01/2018
86156	COLD AGGLUTININ; SCREEN	\$7.61	10/01/2018
86157	COLD AGGLUTININ; TITER	\$9.15	10/01/2018
86160	COMPLEMENT; ANTIGEN, EACH COMPONENT	\$13.63	10/01/2018
86161	COMPLEMENT; FUNCTIONAL ACTIVITY, EACH COMPONENT	\$13.63	10/01/2018
86162	COMPLEMENT; TOTAL HEMOLYTIC (CH50)	\$23.08	10/01/2018
86171	COMPLEMENT FIXATION TESTS, EACH ANTIGEN	\$11.37	10/01/2018
86200	CYCLIC CITRULLINATED PEPTIDE (CCP), ANTIBODY	\$14.70	10/01/2018
86215	DEOXYRIBONUCLEASE, ANTIBODY	\$15.04	10/01/2018
86225	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NATIVE OR DOUBLE STRANDED	\$15.61	10/01/2018
86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; SINGLE STRANDED	\$13.75	10/01/2018
86235	EXTRACTABLE NUCLEAR ANTIGEN, ANTIBODY TO, ANY METHOD (EG, NRNP, SS-A, SS-B, SM,	\$20.37	10/01/2018
86255	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; SCREEN, EACH ANTIBODY	\$13.69	10/01/2018
86256	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; TITER, EACH ANTIBODY	\$13.69	10/01/2018
86277	GROWTH HORMONE, HUMAN (HGH), ANTIBODY	\$17.88	10/01/2018
86280	HEMAGGLUTINATION INHIBITION TEST (HAI)	\$9.31	10/01/2018
86294	IMMUNOASSAY FOR TUMOR ANTIGEN, QUALITATIVE OR SEMIQUANTITATIVE (EG, BLADDER	\$23.52	10/01/2018
86300	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 15-3 (27.29)	\$23.64	10/01/2018
86301	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 19-9	\$23.64	10/01/2018
86304	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 125	\$23.64	10/01/2018
86308	HETEROPHILE ANTIBODIES; SCREENING	\$5.88	10/01/2018
86309	HETEROPHILE ANTIBODIES; TITER	\$7.34	10/01/2018
86310	HETEROPHILE ANTIBODIES; TITERS AFTER ABSORPTION WITH BEEF CELLS AND GUINEA PIG	\$8.37	10/01/2018
86316	IMMUNOASSAY FOR TUMOR ANTIGEN, OTHER ANTIGEN, QUANTITATIVE (EG, CA 50, 72-4,	\$23.64	10/01/2018
86317	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUANTITATIVE, NOT OTHERWISE SPECIFIED	\$17.02	10/01/2018
86318	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE,	\$16.64	10/01/2018
86320	IMMUNOELECTROPHORESIS; SERUM	\$27.53	10/01/2018
86325	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE, CEREBROSPINAL FLUID) WITH	\$25.40	10/01/2018
86327	IMMUNOELECTROPHORESIS; CROSSED (2-DIMENSIONAL ASSAY)	\$27.53	10/01/2018
86329	IMMUNODIFFUSION; NOT ELSEWHERE SPECIFIED	\$15.95	10/01/2018
86331	IMMUNODIFFUSION; GEL DIFFUSION, QUALITATIVE (OUCHTERLONY), EACH ANTIGEN OR	\$13.61	10/01/2018
86332	IMMUNE COMPLEX ASSAY	\$27.68	10/01/2018
86334	IMMUNOFIXATION ELECTROPHORESIS; SERUM	\$25.38	10/01/2018
86335	IMMUNOFIXATION ELECTROPHORESIS; OTHER FLUIDS WITH CONCENTRATION (EG, URINE, CSF)	\$33.33	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
86336	INHIBIN A	\$17.70	10/01/2018
86337	INSULIN ANTIBODIES	\$24.32	10/01/2018
86340	INTRINSIC FACTOR ANTIBODIES	\$17.12	10/01/2018
86341	ISLET CELL ANTIBODY	\$22.48	10/01/2018
86343	LEUKOCYTE HISTAMINE RELEASE TEST (LHR)	\$14.15	10/01/2018
86344	LEUKOCYTE PHAGOCYTOSIS	\$9.56	10/01/2018
86352	CELLULAR FUNCTION ASSAY INVOLVING STIMULATION (EG, MITOGEN OR ANTIGEN) AND DETEC	\$154.31	10/01/2018
86353	LYMPHOCYTE TRANSFORMATION, MITOGEN (PHYTOMITOGEN) OR ANTIGEN INDUCED	\$55.69	10/01/2018
86355	B CELLS, TOTAL COUNT	\$42.85	10/01/2018
86356	MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (EG, FLOW CYTOMETRY), NOT OTHERWISE SPECI	\$30.42	10/01/2018
86357	NATURAL KILLER (NK) CELLS, TOTAL COUNT	\$42.85	10/01/2018
86359	T CELLS; TOTAL COUNT	\$42.85	10/01/2018
86360	T CELLS; ABSOLUTE CD4 AND CD8 COUNT, INCLUDING RATIO	\$53.37	10/01/2018
86361	T CELLS; ABSOLUTE CD4 COUNT	\$30.42	10/01/2018
86367	STEM CELLS (IE, CD34), TOTAL COUNT	\$71.56	10/01/2018
86376	MICROSOMAL ANTIBODIES (EG, THYROID OR LIVER-KIDNEY), EACH	\$16.52	10/01/2018
86382	NEUTRALIZATION TEST, VIRAL	\$19.21	10/01/2018
86384	NITROBLUE TETRAZOLIUM DYE TEST (NTD)	\$12.94	10/01/2018
86386	NUCLEAR MATRIX PROTEIN 22 (NMP22), QUALITATIVE	\$20.04	10/01/2018
86403	PARTICLE AGGLUTINATION; SCREEN, EACH ANTIBODY	\$11.57	10/01/2018
86406	PARTICLE AGGLUTINATION; TITER, EACH ANTIBODY	\$12.08	10/01/2018
86430	RHEUMATOID FACTOR; QUALITATIVE	\$6.44	10/01/2018
86431	RHEUMATOID FACTOR; QUANTITATIVE	\$6.44	10/01/2018
86480	TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY ANTIGEN RESPONSE MEASUREMENT; GAMMA IN	\$70.40	10/01/2018
86481	TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY ANTIGEN RESPONSE MEASUREMENT; ENUMERAT	\$92.00	10/01/2018
86590	STREPTOKINASE, ANTIBODY	\$12.55	10/01/2018
86592	SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUALITATIVE (EG, VDRL, RPR, ART)	\$4.85	10/01/2018
86593	SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUANTITATIVE	\$5.00	10/01/2018
86602	ANTIBODY; ACTINOMYCES	\$11.56	10/01/2018
86603	ANTIBODY; ADENOVIRUS	\$14.62	10/01/2018
86606	ANTIBODY; ASPERGILLUS	\$17.10	10/01/2018
86609	ANTIBODY; BACTERIUM, NOT ELSEWHERE SPECIFIED	\$14.63	10/01/2018
86611	ANTIBODY; BARTONELLA	\$11.56	10/01/2018
86612	ANTIBODY; BLASTOMYCES	\$14.66	10/01/2018
86615	ANTIBODY; BORDETELLA	\$14.98	10/01/2018
86617	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE) CONFIRMATORY TEST (EG, WESTERN	\$17.60	10/01/2018
86618	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE)	\$19.34	10/01/2018
86619	ANTIBODY; BORRELIA (RELAPSING FEVER)	\$15.20	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
86622	ANTIBODY; BRUCELLA	\$10.15	10/01/2018
86625	ANTIBODY; CAMPYLOBACTER	\$14.90	10/01/2018
86628	ANTIBODY; CANDIDA	\$13.63	10/01/2018
86631	ANTIBODY; CHLAMYDIA	\$13.43	10/01/2018
86632	ANTIBODY; CHLAMYDIA, IGM	\$14.41	10/01/2018
86635	ANTIBODY; COCCIDIOIDES	\$13.04	10/01/2018
86638	ANTIBODY; COXIELLA BURNETII (Q FEVER)	\$13.77	10/01/2018
86641	ANTIBODY; CRYPTOCOCCUS	\$16.37	10/01/2018
86644	ANTIBODY; CYTOMEGALOVIRUS (CMV)	\$16.35	10/01/2018
86645	ANTIBODY; CYTOMEGALOVIRUS (CMV), IGM	\$19.14	10/01/2018
86648	ANTIBODY; DIPHTHERIA	\$17.27	10/01/2018
86651	ANTIBODY; ENCEPHALITIS, CALIFORNIA (LA CROSSE)	\$14.98	10/01/2018
86652	ANTIBODY; ENCEPHALITIS, EASTERN EQUINE	\$14.98	10/01/2018
86653	ANTIBODY; ENCEPHALITIS, ST. LOUIS	\$14.98	10/01/2018
86654	ANTIBODY; ENCEPHALITIS, WESTERN EQUINE	\$14.98	10/01/2018
86658	ANTIBODY; ENTEROVIRUS (EG, COXSACKIE, ECHO, POLIO)	\$14.79	10/01/2018
86663	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, EARLY ANTIGEN (EA)	\$14.90	10/01/2018
86664	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, NUCLEAR ANTIGEN (EBNA)	\$17.37	10/01/2018
86665	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, VIRAL CAPSID (VCA)	\$20.61	10/01/2018
86666	ANTIBODY; EHRLICHIA	\$11.56	10/01/2018
86668	ANTIBODY; FRANCISELLA TULARENSIS	\$13.03	10/01/2018
86671	ANTIBODY; FUNGUS, NOT ELSEWHERE SPECIFIED	\$13.92	10/01/2018
86674	ANTIBODY; GIARDIA LAMBLIA	\$16.72	10/01/2018
86677	ANTIBODY; HELICOBACTER PYLORI	\$16.48	10/01/2018
86682	ANTIBODY; HELMINTH, NOT ELSEWHERE SPECIFIED	\$14.78	10/01/2018
86684	ANTIBODY; HAEMOPHILUS INFLUENZA	\$18.00	10/01/2018
86687	ANALYSIS FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS, TYPE 1 (HTLV-1)	\$9.53	10/01/2018
86688	ANALYSIS FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS, TYPE 2 (HTLV-2)	\$15.91	10/01/2018
86689	CONFIRMATION TEST FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS (HTLV) OR HIV	\$21.99	10/01/2018
86692	ANTIBODY; HEPATITIS, DELTA AGENT	\$19.49	10/01/2018
86694	ANTIBODY; HERPES SIMPLEX, NON-SPECIFIC TYPE TEST	\$16.35	10/01/2018
86695	ANTIBODY; HERPES SIMPLEX, TYPE 1	\$14.98	10/01/2018
86696	ANTIBODY; HERPES SIMPLEX, TYPE 2	\$21.99	10/01/2018
86698	ANTIBODY; HISTOPLASMA	\$14.20	10/01/2018
86701	ANTIBODY; HIV-1	\$10.09	10/01/2018
86702	ANTIBODY; HIV-2	\$15.35	10/01/2018
86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE RESULT	\$15.57	10/01/2018
86704	HEPATITIS B CORE ANTIBODY (HBCAB); TOTAL	\$13.69	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
86705	HEPATITIS B CORE ANTIBODY (HBCAB); IGM ANTIBODY	\$13.38	10/01/2018
86706	HEPATITIS B SURFACE ANTIBODY (HBSAB)	\$12.20	10/01/2018
86707	HEPATITIS BE ANTIBODY (HBEAB)	\$13.14	10/01/2018
86708	HEPATITIS A ANTIBODY (HAAB); TOTAL	\$14.07	10/01/2018
86709	HEPATITIS A ANTIBODY (HAAB); IGM ANTIBODY	\$12.79	10/01/2018
86710	ANTIBODY; INFLUENZA VIRUS	\$15.39	10/01/2018
86711	ANALYSIS FOR ANTIBODY TO JOHN CUNNINGHAM VIRUS	\$16.35	10/01/2018
86713	ANTIBODY; LEGIONELLA	\$17.38	10/01/2018
86717	ANTIBODY; LEISHMANIA	\$13.91	10/01/2018
86720	ANTIBODY; LEPTOSPIRA	\$14.98	10/01/2018
86723	ANTIBODY; LISTERIA MONOCYTOGENES	\$14.98	10/01/2018
86727	ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS	\$14.62	10/01/2018
86732	ANTIBODY; MUCORMYCOSIS	\$14.98	10/01/2018
86735	ANTIBODY; MUMPS	\$14.82	10/01/2018
86738	ANTIBODY; MYCOPLASMA	\$15.03	10/01/2018
86741	ANTIBODY; NEISSERIA MENINGITIDIS	\$14.98	10/01/2018
86744	ANTIBODY; NOCARDIA	\$14.98	10/01/2018
86747	ANTIBODY; PARVOVIRUS	\$17.08	10/01/2018
86750	ANTIBODY; PLASMODIUM (MALARIA)	\$14.98	10/01/2018
86753	ANTIBODY; PROTOZOA, NOT ELSEWHERE SPECIFIED	\$14.07	10/01/2018
86756	ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	\$14.64	10/01/2018
86757	ANTIBODY; RICKETTSIA	\$21.99	10/01/2018
86759	ANTIBODY; ROTAVIRUS	\$16.77	10/01/2018
86762	ANTIBODY; RUBELLA	\$16.35	10/01/2018
86765	ANTIBODY; RUBEOLA	\$14.63	10/01/2018
86768	ANTIBODY; SALMONELLA	\$14.98	10/01/2018
86771	ANTIBODY; SHIGELLA	\$22.52	10/01/2018
86774	ANTIBODY; TETANUS	\$16.81	10/01/2018
86777	ANTIBODY; TOXOPLASMA	\$16.35	10/01/2018
86778	ANTIBODY; TOXOPLASMA, IGM	\$16.36	10/01/2018
86780	ANTIBODY; TREPONEMA PALLIDUM	\$15.03	10/01/2018
86784	ANTIBODY; TRICHINELLA	\$14.27	10/01/2018
86787	ANTIBODY; VARICELLA-ZOSTER	\$14.63	10/01/2018
86788	ANTIBODY; WEST NILE VIRUS, IGM	\$19.14	10/01/2018
86789	ANTIBODY; WEST NILE VIRUS	\$16.35	10/01/2018
86790	ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED	\$14.63	10/01/2018
86793	ANTIBODY; YERSINIA	\$14.98	10/01/2018
86794	ANTIBODY; ZIKA VIRUS, IGM	\$19.14	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
86800	THYROGLOBULIN ANTIBODY	\$18.07	10/01/2018
86803	HEPATITIS C ANTIBODY;	\$16.20	10/01/2018
86804	HEPATITIS C ANTIBODY; CONFIRMATORY TEST (EG, IMMUNOBLOT)	\$17.60	10/01/2018
86805	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH; WITH TITRATION	\$174.35	10/01/2018
86806	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH; WITHOUT TITRATION	\$54.05	10/01/2018
86807	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA); STANDARD METHOD	\$72.36	10/01/2018
86808	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA); QUICK METHOD	\$33.71	10/01/2018
86812	HLA TYPING; A, B, OR C (EG, A10, B7, B27), SINGLE ANTIGEN	\$29.31	10/01/2018
86813	HLA TYPING; A, B, OR C, MULTIPLE ANTIGENS	\$65.87	10/01/2018
86816	HLA TYPING; DR/DQ, SINGLE ANTIGEN	\$31.64	10/01/2018
86817	HLA TYPING; DR/DQ, MULTIPLE ANTIGENS	\$97.65	10/01/2018
86821	HLA TYPING; LYMPHOCYTE CULTURE, MIXED (MLC)	\$41.53	10/01/2018
86825	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC (EG, USING FLOW CYTOMETR	\$100.73	10/01/2018
86826	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC (EG, USING FLOW CYTOMETR	\$33.61	10/01/2018
86828	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES	\$59.05	10/01/2018
86829	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES	\$59.05	10/01/2018
86830	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES	\$91.71	10/01/2018
86831	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES	\$78.60	10/01/2018
86832	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES	\$297.85	10/01/2018
86833	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES	\$299.74	10/01/2018
86834	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES	\$406.12	10/01/2018
86835	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES	\$366.82	10/01/2018
86849	UNLISTED IMMUNOLOGY PROCEDURE	BR	01/01/1993
86850	ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	\$8.99	10/01/2018
86860	ANTIBODY ELUTION (RBC), EACH ELUTION	\$28.37	10/01/2012
86870	ANTIBODY IDENTIFICATION, RBC ANTIBODIES, EACH PANEL FOR EACH SERUM TECHNIQUE	\$56.29	10/01/2012
86880	ANTI HUMAN GLOBULIN TEST (COOMBS TEST); DIRECT, EACH ANTISERUM	\$6.12	10/01/2018
86885	ANTI HUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, QUALITATIVE, EACH REAGENT RED C	\$6.50	10/01/2018
86886	ANTI HUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, EACH ANTIBODY TITER	\$5.88	10/01/2018
86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLECTION PROCESSING AND STORAGE; PREDEPOSITED	\$23.43	10/01/2012
86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLECTION PROCESSING AND STORAGE; INTRA- OR	BR	01/01/1993
86900	BLOOD TYPING; ABO	\$3.39	10/01/2018
86901	BLOOD TYPING; RH (D)	\$3.39	10/01/2018
86902	BLOOD TYPING; ANTIGEN TESTING OF DONOR BLOOD USING REAGENT SERUM, EACH ANTIGEN T	\$5.84	10/01/2018
86904	BLOOD TYPING; ANTIGEN SCREENING FOR COMPATIBLE UNIT USING PATIENT SERUM, PER	\$15.03	10/01/2018
86905	BLOOD TYPING; RBC ANTIGENS, OTHER THAN ABO OR RH (D), EACH	\$4.35	10/01/2018
86906	BLOOD TYPING; RH PHENOTYPING, COMPLETE	\$8.80	10/01/2018
86920	COMPATIBILITY TEST EACH UNIT; IMMEDIATE SPIN TECHNIQUE	\$51.42	10/01/2012

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
86921	COMPATIBILITY TEST EACH UNIT; INCUBATION TECHNIQUE	\$15.19	10/01/2012
86922	COMPATIBILITY TEST EACH UNIT; ANTIGLOBULIN TECHNIQUE	\$26.42	10/01/2012
86923	COMPATIBILITY TEST EACH UNIT; ELECTRONIC	BR	01/01/2006
86927	FRESH FROZEN PLASMA, THAWING, EACH UNIT	\$4.41	10/01/2012
86930	FROZEN BLOOD, EACH UNIT; FREEZING (INCLUDES PREPARATION)	BR	01/01/1993
86931	FROZEN BLOOD, EACH UNIT; THAWING	BR	01/01/1993
86932	FROZEN BLOOD, EACH UNIT; FREEZING (INCLUDES PREPARATION) AND THAWING	BR	01/01/1993
86940	HEMOLYSINS AND AGGLUTININS; AUTO, SCREEN, EACH	\$9.32	10/01/2018
86941	HEMOLYSINS AND AGGLUTININS; INCUBATED	\$13.75	10/01/2018
86945	IRRADIATION OF BLOOD PRODUCT, EACH UNIT	BR	01/01/1993
86950	LEUKOCYTE TRANSFUSION	BR	01/01/1993
86960	VOLUME REDUCTION OF BLOOD OR BLOOD PRODUCT (EG, RED BLOOD CELLS OR PLATELETS), E	BR	01/01/2006
86965	POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS	\$24.82	10/01/2012
86970	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR	BR	01/01/1993
86971	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR	BR	01/01/1993
86972	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR	BR	01/01/1993
86975	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATION WITH	BR	01/01/1993
86976	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY DILUTION	BR	01/01/1993
86977	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATION WITH	BR	01/01/1993
86978	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY DIFFERENTIAL	\$19.32	10/01/2012
86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS, EACH UNIT	BR	01/01/1993
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	BR	10/01/1982
87003	ANIMAL INOCULATION, SMALL ANIMAL; WITH OBSERVATION AND DISSECTION	\$19.13	10/01/2018
87015	CONCENTRATION (ANY TYPE), FOR INFECTIOUS AGENTS	\$7.58	10/01/2018
87040	CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH ISOLATION AND PRESUMPTIVE	\$11.72	10/01/2018
87045	CULTURE, BACTERIAL; STOOL, AEROBIC, WITH ISOLATION AND PRELIMINARY EXAMINATION	\$10.73	10/01/2018
87046	CULTURE, BACTERIAL; STOOL, AEROBIC, ADDITIONAL PATHOGENS, ISOLATION AND	\$10.73	10/01/2018
87070	CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOOD OR STOOL, AEROBIC,	\$9.79	10/01/2018
87071	CULTURE, BACTERIAL; QUANTITATIVE, AEROBIC WITH ISOLATION AND PRESUMPTIVE	\$10.73	10/01/2018
87073	CULTURE, BACTERIAL; QUANTITATIVE, ANAEROBIC WITH ISOLATION AND PRESUMPTIVE	\$10.73	10/01/2018
87075	CULTURE, BACTERIAL; ANY SOURCE, EXCEPT BLOOD, ANAEROBIC WITH ISOLATION AND	\$10.75	10/01/2018
87076	CULTURE, BACTERIAL; ANAEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR	\$9.17	10/01/2018
87077	CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE	\$9.17	10/01/2018
87081	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY;	\$7.53	10/01/2018
87084	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY; WITH COLONY	\$24.90	10/01/2018
87086	CULTURE, BACTERIAL; QUANTITATIVE COLONY COUNT, URINE	\$9.16	10/01/2018
87088	CULTURE, BACTERIAL; WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF EACH ISOLAT	\$9.19	10/01/2018
87101	CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICATION OF	\$8.75	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
87102	CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICATION OF	\$9.55	10/01/2018
87103	CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICATION OF	\$18.82	10/01/2018
87106	CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; YEAST	\$11.72	10/01/2018
87107	CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; MOLD	\$11.72	10/01/2018
87109	CULTURE, MYCOPLASMA, ANY SOURCE	\$17.48	10/01/2018
87110	CULTURE, CHLAMYDIA, ANY SOURCE	\$22.25	10/01/2018
87116	CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, AFB, MYCOBACTERIA) ANY	\$12.27	10/01/2018
87118	CULTURE, MYCOBACTERIAL, DEFINITIVE IDENTIFICATION, EACH ISOLATE	\$13.44	10/01/2018
87140	CULTURE, TYPING; IMMUNOFLUORESCENT METHOD, EACH ANTISERUM	\$6.33	10/01/2018
87143	CULTURE, TYPING; GAS LIQUID CHROMATOGRAPHY (GLC) OR HIGH PRESSURE LIQUID	\$14.22	10/01/2018
87147	CULTURE, TYPING; IMMUNOLOGIC METHOD, OTHER THAN IMMUNOFLUORESCENCE (EG,	\$5.88	10/01/2018
87149	CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID (DNA OR RNA) PROBE, DIRECT PROBE	\$22.78	10/01/2018
87150	CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID (DNA OR RNA) PROBE, AMPLIFIED PR	\$39.86	10/01/2018
87152	CULTURE, TYPING; IDENTIFICATION BY PULSE FIELD GEL TYPING	\$7.12	10/01/2018
87158	CULTURE, TYPING; OTHER METHODS	\$7.12	10/01/2018
87164	DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL, ORAL, SKIN); INCLUDES	\$12.20	10/01/2018
87166	DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL, ORAL, SKIN); WITHOUT	\$12.83	10/01/2018
87168	MACROSCOPIC EXAMINATION; ARTHROPOD	\$4.85	10/01/2018
87169	MACROSCOPIC EXAMINATION; PARASITE	\$4.85	10/01/2018
87172	PINWORM EXAM (EG, CELLOPHANE TAPE PREP)	\$4.85	10/01/2018
87176	HOMOGENIZATION, TISSUE, FOR CULTURE	\$6.68	10/01/2018
87177	OVA AND PARASITES, DIRECT SMEARS, CONCENTRATION AND IDENTIFICATION	\$10.11	10/01/2018
87181	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; AGAR DILUTION METHOD, PER AGENT	\$5.39	10/01/2018
87184	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; DISK METHOD, PER PLATE (12 OR	\$7.83	10/01/2018
87185	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; ENZYME DETECTION (EG, BETA	\$5.39	10/01/2018
87186	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AGAR DILUTION	\$9.82	10/01/2018
87187	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AGAR DILUTION,	\$36.96	10/01/2018
87188	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MACROBROTH DILUTION METHOD, EACH	\$7.54	10/01/2018
87190	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MYCOBACTERIA, PROPORTION METHOD,	\$6.73	10/01/2018
87197	SERUM BACTERICIDAL TITER (SCHLICHTER TEST)	\$17.07	10/01/2018
87205	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEMSA STAIN FOR BACTERIA,	\$4.85	10/01/2018
87206	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; FLUORESCENT AND/OR ACID FAST STAIN	\$6.12	10/01/2018
87207	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; SPECIAL STAIN FOR INCLUSION BODIES	\$6.81	10/01/2018
87209	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; COMPLEX SPECIAL STAIN (EG, TRICHROME,	\$20.41	10/01/2018
87210	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS AGENTS (EG,	\$5.35	10/01/2018
87220	TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR NAILS FOR FUNGI	\$4.85	10/01/2018
87230	TOXIN OR ANTITOXIN ASSAY, TISSUE CULTURE (EG, CLOSTRIDIUM DIFFICILE TOXIN)	\$22.42	10/01/2018
87250	VIRUS ISOLATION; INOCULATION OF EMBRYONATED EGGS, OR SMALL ANIMAL, INCLUDES	\$22.22	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
87252	VIRUS ISOLATION; TISSUE CULTURE INOCULATION, OBSERVATION, AND PRESUMPTIVE	\$29.61	10/01/2018
87253	VIRUS ISOLATION; TISSUE CULTURE, ADDITIONAL STUDIES OR DEFINITIVE	\$22.94	10/01/2018
87254	VIRUS ISOLATION; CENTRIFUGE ENHANCED (SHELL VIAL) TECHNIQUE, INCLUDES	\$22.22	10/01/2018
87255	VIRUS ISOLATION; INCLUDING IDENTIFICATION BY NON-IMMUNOLOGIC METHOD, OTHER THAN	\$38.47	10/01/2018
87260	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; ADENOVIRUS	\$13.62	10/01/2018
87265	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; BORDETELLA	\$13.62	10/01/2018
87267	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; ENTEROVIRUS,	\$13.62	10/01/2018
87269	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; GIARDIA	\$13.62	10/01/2018
87270	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; CHLAMYDIA	\$13.62	10/01/2018
87271	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE;	\$13.62	10/01/2018
87272	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE;	\$13.62	10/01/2018
87273	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; HERPES	\$13.62	10/01/2018
87274	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; HERPES	\$13.62	10/01/2018
87275	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; INFLUENZA B	\$13.62	10/01/2018
87276	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; INFLUENZA A	\$14.78	10/01/2018
87278	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; LEGIONELLA	\$14.35	10/01/2018
87279	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE;	\$15.12	10/01/2018
87280	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; RESPIRATORY	\$13.62	10/01/2018
87281	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; PNEUMOCYSTIS	\$13.62	10/01/2018
87283	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; RUBEOLA	\$55.94	10/01/2018
87285	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; TREPONEMA	\$13.62	10/01/2018
87290	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; VARICELLA	\$13.62	10/01/2018
87299	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; NOT	\$14.81	10/01/2018
87300	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE, POLYVALENT	\$13.62	10/01/2018
87301	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$13.62	10/01/2018
87305	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$13.62	10/01/2018
87320	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$13.80	10/01/2018
87324	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$13.62	10/01/2018
87327	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$13.62	10/01/2018
87328	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$13.62	10/01/2018
87329	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$13.62	10/01/2018
87332	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$13.62	10/01/2018
87335	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$13.62	10/01/2018
87336	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$14.72	10/01/2018
87337	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$13.62	10/01/2018
87338	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.34	10/01/2018
87339	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$14.72	10/01/2018
87340	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$11.73	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
87341	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$11.73	10/01/2018
87350	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$13.09	10/01/2018
87380	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$18.64	10/01/2018
87385	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$13.62	10/01/2018
87389	HIV-1 ANTIGEN(S), WITH HIV-1 AND HIV-2 ANTIBODIES, SINGLE RESULT	\$27.35	10/01/2018
87390	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$22.14	10/01/2018
87391	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$20.15	10/01/2018
87400	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$13.62	10/01/2018
87420	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$13.62	10/01/2018
87425	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$13.62	10/01/2018
87427	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$13.62	10/01/2018
87430	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$15.47	10/01/2018
87449	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE QUALITATIVE	\$13.62	10/01/2018
87450	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE QUALITATIVE	\$10.89	10/01/2018
87451	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE QUALITATIVE	\$10.89	10/01/2018
87471	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE	\$39.86	10/01/2018
87472	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE	\$48.65	10/01/2018
87475	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA BURGDORFERI,	\$22.78	10/01/2018
87476	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA BURGDORFERI,	\$39.86	10/01/2018
87480	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES,	\$22.78	10/01/2018
87481	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES,	\$39.86	10/01/2018
87482	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES,	\$51.28	10/01/2018
87483	CENTRAL NERVOUS SYSTEM PATHOGEN (EG, NEISSERIA MANGITIDIS, STREPTOCOCCUS PNEUMON	\$473.39	10/01/2018
87485	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE,	\$22.78	10/01/2018
87486	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE,	\$39.86	10/01/2018
87487	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE,	\$48.65	10/01/2018
87490	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS,	\$22.78	10/01/2018
87491	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS,	\$39.86	10/01/2018
87492	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS,	\$49.19	10/01/2018
87493	CLOSTRIDIUM DIFFICILE, TOXIN GENE(S), AMPLIFIED PROBE TECHNIQUE	\$39.86	10/01/2018
87495	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOMEGALOVIRUS,	\$27.63	10/01/2018
87496	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOMEGALOVIRUS,	\$39.86	10/01/2018
87497	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOMEGALOVIRUS,	\$48.65	10/01/2018
87498	DETECTION TEST FOR ENTEROVIRUS (INTESTINAL VIRUS)	\$39.86	10/01/2018
87500	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); VANCOMYCIN RESISTANCE (\$39.86	10/01/2018
87501	DETECTION TEST FOR INFLUENZA VIRUS	\$58.28	10/01/2018
87502	DETECTION TEST FOR MULTIPLE TYPES INFLUENZA VIRUS	\$96.66	10/01/2018
87503	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, FOR MU	\$26.88	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
87505	DETECTION TEST FOR DIGESTIVE TRACT PATHOGEN	\$145.71	10/01/2018
87506	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GASTROINTESTINAL PATHO	\$242.41	10/01/2018
87507	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GASTROINTESTINAL PATHO	\$473.39	10/01/2018
87510	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA VAGINALIS,	\$22.78	10/01/2018
87511	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA VAGINALIS,	\$39.86	10/01/2018
87512	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA VAGINALIS,	\$47.43	10/01/2018
87516	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS B VIRUS,	\$39.86	10/01/2018
87517	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS B VIRUS,	\$48.65	10/01/2018
87520	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C, DIRECT	\$28.72	10/01/2018
87521	DETECTION TEST FOR HEPATITIS C VIRUS	\$39.86	10/01/2018
87522	DETECTION TEST FOR HEPATITIS C VIRUS	\$48.65	10/01/2018
87525	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G, DIRECT	\$27.42	10/01/2018
87526	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G, AMPLIFIED	\$39.86	10/01/2018
87527	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G,	\$47.43	10/01/2018
87528	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES SIMPLEX VIRUS,	\$22.78	10/01/2018
87529	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES SIMPLEX VIRUS,	\$39.86	10/01/2018
87530	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES SIMPLEX VIRUS,	\$48.65	10/01/2018
87531	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES VIRUS-6, DIRECT	\$53.36	10/01/2018
87532	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES VIRUS-6,	\$39.86	10/01/2018
87533	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES VIRUS-6,	\$47.43	10/01/2018
87534	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, DIRECT PROBE	\$22.78	10/01/2018
87535	DETECTION TEST FOR HIV-1 VIRUS	\$39.86	10/01/2018
87536	DETECTION TEST FOR HIV-1 VIRUS	\$96.66	10/01/2018
87537	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2, DIRECT PROBE	\$22.78	10/01/2018
87538	DETECTION TEST FOR HIV-2 VIRUS	\$39.86	10/01/2018
87539	DETECTION TEST FOR HIV-2 VIRUS	\$53.93	10/01/2018
87540	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGIONELLA	\$22.78	10/01/2018
87541	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGIONELLA	\$39.86	10/01/2018
87542	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGIONELLA	\$47.43	10/01/2018
87550	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA SPECIES,	\$22.78	10/01/2018
87551	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA SPECIES,	\$44.38	10/01/2018
87552	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA SPECIES,	\$48.65	10/01/2018
87555	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$24.73	10/01/2018
87556	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$39.86	10/01/2018
87557	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$48.65	10/01/2018
87560	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$25.11	10/01/2018
87561	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$39.86	10/01/2018
87562	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$48.65	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
87580	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA PNEUMONIAE,	\$22.78	10/01/2018
87581	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA PNEUMONIAE,	\$39.86	10/01/2018
87582	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA PNEUMONIAE,	\$278.41	10/01/2018
87590	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA GONORRHOEAE,	\$24.73	10/01/2018
87591	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA GONORRHOEAE,	\$39.86	10/01/2018
87592	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA GONORRHOEAE,	\$48.65	10/01/2018
87623	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (\$39.86	10/01/2018
87624	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (\$39.86	10/01/2018
87625	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (H	\$39.86	10/01/2018
87631	DETECTION TEST FOR MULTIPLE TYPES OF RESPIRATORY VIRUS	\$145.71	10/01/2018
87632	DETECTION TEST FOR MULTIPLE TYPES OF RESPIRATORY VIRUS	\$242.41	10/01/2018
87633	DETECTION TEST FOR MULTIPLE TYPES OF RESPIRATORY VIRUS	\$473.39	10/01/2018
87634	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); RESPIRATORY SYNCYTIAL V	\$79.73	10/01/2018
87640	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STAPHYLOCOCCUS AUREUS,	\$39.86	10/01/2018
87641	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STAPHYLOCOCCUS AUREUS,	\$39.86	10/01/2018
87650	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GROUP	\$22.78	10/01/2018
87651	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GROUP	\$39.86	10/01/2018
87652	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GROUP	\$47.43	10/01/2018
87653	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GROUP B,	\$39.86	10/01/2018
87660	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRICHOMONAS VAGINALIS,	\$22.78	10/01/2018
87661	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRICHOMONAS VAGINALIS,	\$39.86	10/01/2018
87662	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); ZIKA VIRUS, AMPLIFIED P	\$58.28	10/01/2018
87797	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE	\$27.63	10/01/2018
87798	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE	\$39.86	10/01/2018
87799	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE	\$48.65	10/01/2018
87800	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPLE ORGANISMS;	\$45.57	10/01/2018
87801	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPLE ORGANISMS;	\$79.73	10/01/2018
87802	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	\$13.62	10/01/2018
87803	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	\$14.72	10/01/2018
87804	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	\$15.23	10/01/2018
87806	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATIO	\$30.15	10/01/2018
87807	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	\$13.62	10/01/2018
87808	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATIO	\$14.07	10/01/2018
87809	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATIO	\$20.02	10/01/2018
87810	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATIO	\$32.47	10/01/2018
87850	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION;	\$22.60	10/01/2018
87880	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION;	\$15.21	10/01/2018
87899	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; NOT	\$14.78	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
87900	INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHENOTYPE PREDICTION USING REGULARLY UPDATE	\$148.05	10/01/2018
87901	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HIV-1, REVERSE	\$292.41	10/01/2018
87902	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C	\$292.41	10/01/2018
87903	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) WITH DRUG	\$555.02	10/01/2018
87904	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) WITH DRUG RESIS	\$29.61	10/01/2018
87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHER THAN VIRUS (EG, SIALIDASE ACTIVITY IN	\$13.87	10/01/2018
87906	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HIV-1, OTHER RE	\$146.21	10/01/2018
87910	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); CYTOMEGALOVIRUS	\$292.41	10/01/2018
87912	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HEPATITIS B	\$292.41	10/01/2018
87999	UNLISTED MICROBIOLOGY PROCEDURE	BR	10/01/1982
88130	SEX CHROMATIN IDENTIFICATION; BARR BODIES	\$20.41	10/01/2018
88140	SEX CHROMATIN IDENTIFICATION; PERIPHERAL BLOOD SMEAR, POLYMORPHONUCLEAR	\$9.07	10/01/2018
88142	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN	\$23.01	10/01/2018
88143	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN	\$23.01	10/01/2018
88147	CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM UNDER	\$46.52	10/01/2018
88148	CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM WITH	\$17.26	10/01/2018
88150	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; MANUAL SCREENING UNDER PHYSICIAN	\$13.48	10/01/2018
88152	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND	\$25.43	10/01/2018
88153	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND	\$22.11	10/01/2018
88155	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL, DEFINITIVE HORMONAL EVALUATION (EG,	\$13.48	10/01/2018
88164	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); MANUAL	\$13.48	10/01/2018
88165	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL	\$38.84	10/01/2018
88166	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL	\$13.48	10/01/2018
88167	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL	\$13.48	10/01/2018
88174	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN	\$24.27	10/01/2018
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVA	\$30.09	10/01/2018
88199	UNLISTED CYTOPATHOLOGY PROCEDURE	BR	10/01/1982
88230	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; LYMPHOCYTE	\$132.31	10/01/2018
88233	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; SKIN OR OTHER SOLID TISSUE BIOPSY	\$159.84	10/01/2018
88235	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; AMNIOTIC FLUID OR CHORIONIC VILLUS	\$167.27	10/01/2018
88237	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; BONE MARROW, BLOOD CELLS	\$143.46	10/01/2018
88239	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; SOLID TUMOR	\$167.55	10/01/2018
88240	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS, EACH CELL LINE	\$12.02	10/01/2018
88241	THAWING AND EXPANSION OF FROZEN CELLS, EACH ALIQUOT	\$11.47	10/01/2018
88245	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE SISTER CHROMATID EXCHANGE	\$196.70	10/01/2018
88248	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE BREAKAGE, SCORE 50-100	\$196.70	10/01/2018
88249	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS, CLASTOGEN STRESS	\$196.70	10/01/2018
88261	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING	\$243.19	10/01/2018

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
88262	CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYPES, WITH BANDING	\$141.57	10/01/2018
88263	CHROMOSOME ANALYSIS; COUNT 45 CELLS FOR MOSAICISM, 2 KARYOTYPES, WITH BANDING	\$170.70	10/01/2018
88264	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	\$141.57	10/01/2018
88267	CHROMOSOME ANALYSIS, AMNIOTIC FLUID OR CHORIONIC VILLUS, COUNT 15 CELLS, 1	\$204.19	10/01/2018
88269	CHROMOSOME ANALYSIS, IN SITU FOR AMNIOTIC FLUID CELLS, COUNT CELLS FROM 6-12	\$188.91	10/01/2018
88271	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	\$24.32	10/01/2018
88272	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 3-5 CELLS	\$37.44	10/01/2018
88273	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 10-30 CELLS	\$36.49	10/01/2018
88274	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 25-99 CELLS	\$39.54	10/01/2018
88275	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 100-300 CELLS	\$47.09	10/01/2018
88280	CHROMOSOME ANALYSIS; ADDITIONAL KARYOTYPES, EACH STUDY	\$30.79	10/01/2018
88283	CHROMOSOME ANALYSIS; ADDITIONAL SPECIALIZED BANDING TECHNIQUE (EG, NOR,	\$77.91	10/01/2018
88285	CHROMOSOME ANALYSIS; ADDITIONAL CELLS COUNTED, EACH STUDY	\$24.76	10/01/2018
88289	CHROMOSOME ANALYSIS; ADDITIONAL HIGH RESOLUTION STUDY	\$39.11	10/01/2018
88299	UNLISTED CYTOGENETIC STUDY	BR	10/01/1982
88371	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT;	\$25.24	10/01/2018
88372	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT;	\$25.83	10/01/2018
88399	UNLISTED MISCELLANEOUS PATHOLOGY PROCEDURE	BR	10/01/1982
88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	\$5.69	10/01/2018
88738	HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUTANEOUS	\$5.69	10/01/2018
88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; CARBOXYHEMOGLOBIN	\$8.62	10/01/2018
88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; METHEMOGLOBIN	\$8.62	10/01/2018
88749	UNLISTED IN VIVO (EG, TRANSCUTANEOUS) LABORATORY SERVICE	BR	01/01/2011
89050	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID, JOINT FLUID), EX	\$5.36	10/01/2018
89051	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID, JOINT FLUID),	\$6.26	10/01/2018
89055	WHITE BLOOD CELL MEASURE, STOOL SPECIMEN	\$4.85	10/01/2018
89060	CRYSTAL IDENTIFICATION BY LIGHT MICROSCOPY WITH OR WITHOUT POLARIZING LENS ANALY	\$8.12	10/01/2018
89125	FAT STAIN, FECES, URINE, OR RESPIRATORY SECRETIONS	\$5.41	10/01/2018
89160	MEAT FIBERS, FECES	\$4.46	10/01/2018
89190	NASAL SMEAR FOR EOSINOPHILS	\$5.39	10/01/2018
89240	UNLISTED MISCELLANEOUS PATHOLOGY TEST	BR	01/01/2004
89264	SPERM IDENTIFICATION FROM TESTIS TISSUE, FRESH OR CRYOPRESERVED	BR	10/14/1998
89321	SEMEN ANALYSIS; SPERM PRESENCE AND MOTILITY OF SPERM, IF PERFORMED	\$13.69	10/01/2018
89322	SEMEN ANALYSIS; VOLUME, COUNT, MOTILITY, AND DIFFERENTIAL USING STRICT MORPHOLOG	\$17.60	10/01/2018
G0027	SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY OF SPERM EXCLUDING HUHNER	\$7.39	10/01/2018
G0054	BLOOD CHOLESTEROL TEST, BY CHOLESTEROL MONITORING DEVICE APPROVED BY FDA FOR HOM	BR	01/01/1996
G0055	GLUCOSE POST DOSE (INCLUDES GLUCOSE) DIRECT MEASUREMENT BY A GLUCOSE TESTING DEV	BR	01/01/1996
G0056	GLUCOSE TOLERANCE TEST (GTT), BY DIRECT MEASUREMENT BY GLUCOSE TESTING DEVICE AP	BR	01/01/1996

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
G0057	GLUCOSE TOLERANCE TEST (GTT), BY DIRECT MEASUREMENT BY A GLUCOSE TESTING DEVICE	BR	01/01/1996
G0103	PROSTATE CANCER SCREENING; PROSTATE SPECIFIC ANTIGEN TEST (PSA)	\$20.89	10/01/2018
G0123	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	\$23.01	10/01/2018
G0143	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	\$24.89	10/01/2018
G0144	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	\$40.45	10/01/2018
G0145	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	\$30.09	10/01/2018
G0147	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED	\$13.48	10/01/2018
G0148	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED	\$29.38	10/01/2018
G0306	COMPLETE CBC, AUTOMATED (HGB, HCT, RBC, WBC, WITHOUT PLATELET COUNT) AND	\$8.82	10/01/2018
G0307	COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC; WITHOUT PLATELET COUNT)	\$7.34	10/01/2018
G0328	COLORECTAL CANCER SCREENING; FECAL OCCULT BLOOD TEST, IMMUNOASSAY, 1-3	\$18.07	10/01/2018
G0432	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY (EIA) TECHNIQUE, QUALIT	\$18.00	10/01/2018
G0433	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA)	\$16.83	10/01/2018
G0435	INFECTIOUS AGENT ANTIGEN DETECTION BY RAPID ANTIBODY TEST ORORAL MUCOSA TRANSUD	\$13.62	10/01/2018
G0475	HIV ANTIGEN/ANTIBODY, COMBINATION ASSAY, SCREENING	\$27.35	10/01/2018
G0476	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (H	\$39.86	10/01/2018
G0480	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDEN	\$105.28	10/01/2018
G0481	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDEN	\$144.06	10/01/2018
G0482	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDEN	\$182.84	10/01/2018
G0483	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDEN	\$227.17	10/01/2018
G0499	HEPATITIS B SCREENING IN NON-PREGNANT, HIGH RISK INDIVIDUAL INCLUDES HEPATITIS B	\$32.11	10/01/2018
P2028	CEPHALIN FLOCCULATION, BLOOD	\$5.62	10/01/2018
P2029	CONGO RED, BLOOD	\$5.62	10/01/2018
P2033	THYMOL TURBIDITY, BLOOD	\$5.62	10/01/2018
P2038	MUCOPROTEIN, BLOOD (SEROMUCOID) (MEDICAL NECESSITY PROCEDURE)	\$5.62	10/01/2018
P3000	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, BY TECHNI	\$13.48	10/01/2018
P7001	CULTURE, BACTERIAL, URINE; QUANTITATIVE, SENSITIVITY STUDY	\$13.59	10/01/2012
P9010	BLOOD (WHOLE), FOR TRANSFUSION, PER UNIT	BR	03/01/1989
P9011	BLOOD, SPLIT UNIT	BR	03/01/1989
P9012	CRYOPRECIPITATE, EACH UNIT	\$17.06	10/01/2012
P9016	RED BLOOD CELLS, LEUKOCYTES REDUCED, EACH UNIT	\$64.47	10/01/2012
P9017	FRESH FROZEN PLASMA (SINGLE DONOR), FROZEN WITHIN 8 HOURS OF COLLECTION, EACH	\$30.31	10/01/2012
P9019	PLATELET CONCENTRATE	\$30.31	10/01/2012
P9020	PLATELET RICH PLASMA, EACH UNIT	\$38.04	10/01/2012
P9021	RED BLOOD CELLS, EACH UNIT	\$45.51	10/01/2012
P9022	RED BLOOD CELLS, WASHED, EACH UNIT	\$85.30	10/01/2012
P9023	PLASMA, POOLED MULTIPLE DONOR, SOLVENT/DETERGENT TREATED, FROZEN, EACH UNIT	BR	01/01/2000
P9031	PLATELETS, LEUKOCYTES REDUCED, EACH UNIT	BR	01/01/2001

Arizona Health Care Cost Containment System
Proposed Clinical Lab Rates
Effective 10/1/2018

HCPCS	Description	FFS Rate	Eff.Date
P9032	PLATELETS, IRRADIATED, EACH UNIT	BR	01/01/2001
P9033	PLATELETS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	BR	01/01/2001
P9034	PLATELETS, PHERESIS, EACH UNIT	BR	01/01/2001
P9035	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, EACH UNIT	BR	01/01/2001
P9036	PLATELETS, PHERESIS, IRRADIATED, EACH UNIT	BR	01/01/2001
P9037	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	BR	01/01/2001
P9038	RED BLOOD CELLS, IRRADIATED, EACH UNIT	BR	01/01/2001
P9039	RED BLOOD CELLS, DEGLYCEROLIZED, EACH UNIT	BR	01/01/2001
P9040	RED BLOOD CELLS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	BR	01/01/2001
P9044	PLASMA, CRYOPRECIPITATE REDUCED, EACH UNIT	BR	01/01/2001
P9050	GRANULOCYTES, PHERESIS, EACH UNIT	BR	01/01/2002
P9051	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, EACH UNIT	BR	01/01/2004
P9052	PLATELETS, HLA-MATCHED LEUKOCYTES REDUCED, APHERESIS/PHERESIS, EACH UNIT	BR	01/01/2004
P9053	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH UNIT	BR	01/01/2004
P9054	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, FROZEN, DEGLYCEROL, WASHED,	BR	01/01/2004
P9055	PLATELETS, LEUKOCYTES REDUCED, CMV-NEGATIVE, APHERESIS/PHERESIS, EACH UNIT	BR	01/01/2004
P9056	WHOLE BLOOD, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	BR	01/01/2004
P9057	RED BLOOD CELLS, FROZEN/DEGLYCEROLIZED/WASHED, LEUKOCYTES REDUCED, IRRADIATED,	BR	01/01/2004
P9058	RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH UNIT	BR	01/01/2004
P9059	FRESH FROZEN PLASMA BETWEEN 8-24 HOURS OF COLLECTION, EACH UNIT	BR	01/01/2004
P9060	FRESH FROZEN PLASMA, DONOR RETESTED, EACH UNIT	BR	01/01/2004
P9073	PLATELETS, PHERESIS, PATHOGEN-REDUCED, EACH UNIT	BR	01/01/2018
P9100	PATHOGEN(S) TEST FOR PLATELETS	BR	01/01/2018
P9603	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY SPECI	BR	03/01/1989
P9604	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY	BR	03/01/1989
P9612	CATHETERIZATION FOR COLLECTION OF SPECIMEN, SINGLE PATIENT, ALL PLACES OF	\$2.76	10/01/2018
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS	\$13.48	10/01/2018
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	\$5.36	10/01/2018
Q0113	PINWORM EXAMINATIONS	\$4.85	10/01/2018
Q0114	FERN TEST	\$8.96	10/01/2018
Q0115	POST-COITAL DIRECT, QUALITATIVE EXAMINATIONS OF VAGINAL OR CERVICAL MUCOUS	\$23.00	10/01/2018
Q0116	HEMOGLOBIN BY SINGLE ANALYTE INSTRUMENTS WITH SELF-CONTAINED OR COMPONENT FEATUR	BR	01/01/1994
S3620	NEWBORN METABOLIC SCREENING PANEL, INCLUDES TEST KIT, POSTAGE AND THE	\$65.00	04/01/2014
S3800	GENETIC TESTING FOR AMYOTROPHIC LATERAL SCLEROSIS (ALS)	BR	07/01/2007
S3854	GENE EXPRESSION PROFILING PANEL FOR USE IN THE MANAGEMENT OF BREAST CANCER TREAT	BR	01/01/2017