

310-N - LABORATORY

EFFECTIVE DATES: 10/01/94, 10/01/17, 10/01/18, 08/15/25

APPROVAL DATES: 10/01/06, 10/01/09, 04/01/10, 10/01/01, 06/01/13, 04/20/17, 06/12/18,
05/30/25

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS CHP (CHP), and DES DDD (DDD) Contractors; Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), Tribal ALTCS; and all FFS populations, excluding Federal Emergency Services Program (FESP). (For FESP, see AMPM Chapter 1100). This Policy establishes the coverage requirements for medically necessary laboratory services.

II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy.

III. POLICY

AHCCCS covers medically necessary laboratory services for diagnostic, screening and monitoring purposes when ordered by a member's Primary Care Provider (PCP), other attending physician or dentist, and provided by a free-standing laboratory or hospital laboratory, clinic, physician office, or other health care facility laboratory with Clinical Laboratory Improvement Act (CLIA) licensure or a Certificate of Waiver. Any laboratory that has the proper CLIA certifications and is an AHCCCS registered provider may perform laboratory tests.

The Contractor may preferentially contract with particular laboratories for services, provided that the laboratory has the necessary CLIA certifications to perform those tests. Refer to AMPM Policy 310-II for requirements regarding Genetic Testing and AMPM Policy 310-KK for requirements regarding Biomarkers Testing.

Refer to the [AHCCCS Covered Behavioral Health Services Guide](#) on the [Medical Coding and Resource website](#) for information on presumptive, and definitive urine drug testing guidance and requirements.