310-N LABORATORY

REVISION DATES: 06/01/13, 04/01/10, 10/01/09, 10/01/06, 10/01/01

INITIAL
EFFECTIVE DATE: 10/01/1994

DESCRIPTION

AHCCCS covers medically necessary laboratory services ordered by a primary care provider, other practitioner or dentist which are ordinarily provided in Clinical Laboratory Improvement Act (CLIA) approved hospital, independent clinic, physician's office and other health care facility laboratories for all eligible members as defined in 9 A.A.C. 22, Article 2.

AHCCCS does not restrict the performance of laboratory tests to any particular lab. Any lab that has the proper CLIA certifications and is AHCCCS registered may perform laboratory tests. AHCCCS Contractors may preferentially contract with particular labs for services, provided that the lab has the necessary CLIA certifications to perform those tests.

AMOUNT, DURATION AND SCOPE

Medically necessary diagnostic testing and screening are covered services.

Refer to the AHCCCS FFS Provider Manual for information regarding CLIA requirements for AHCCCS covered laboratory services. This Manual is available on the AHCCCS Web site (www.azahcccs.gov).

The AHCCCS Division of FFS Management does not require prior authorization for medically necessary routine non-genetic testing laboratory services performed by FFS providers.

LIMITATIONS

Genetic Testing Provisions:

All genetic testing requires prior authorization. Prior authorization requests must include documentation regarding how the genetic testing is consistent with the genetic testing coverage limitations.

Genetic testing is only covered when the results of such testing are necessary to differentiate between treatment options. Genetic testing is not covered to determine

specific diagnoses or syndromes when such diagnoses would not definitively alter the medical treatments of the member. Genetic testing is not covered to determine the likelihood of associated medical conditions occurring in the future. Routine, non-genetic testing for other medical conditions (e.g., renal disease, hepatic disease, etc.) that may be associated with an underlying genetic condition is covered when medically necessary.

Genetic testing is not covered as a substitute for ongoing monitoring or testing of potential complications or sequelae of a suspected genetic anomaly. Genetic testing is not a covered service for purposes of determining current or future family planning.

Genetic testing is not covered to determine whether a member carries a hereditary predisposition to cancer or other diseases. Genetic testing is also not covered for members diagnosed with cancer to determine whether their particular cancer is due to a hereditary genetic mutation known to increase the risks of developing that cancer.