

## PATHOLOGY AND LABORATORY GUIDELINES

This Fee Schedule has been updated to incorporate by reference the 2017 Edition of the American Medical Association's *Physicians' Current Procedural Terminology*, Fourth Edition (CPT®-4), including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT®-4 are preceded by an AZ identifier and numbered in the following format: AZ0xx-xxx. Additional information regarding publications adopted by reference is found in the Introduction of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an adopted portion of the CPT®-4 and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

A provider seeking reimbursement for “point of care” drug testing must submit to the payer written documentation establishing:

1. That the testing is medically necessary and reasonably required;
2. The type of drug testing utilized; and
3. The provider's interpretation of the “point of care” testing.

For purposes of this section, “point of care” testing is testing that is performed at or near the site of patient care (i.e. the physician's office).