

**310-N LABORATORY**

EFFECTIVE DATES: 10/01/94, 10/01/17, 10/01/18

REVISION DATES: 10/01/06, 10/01/09, 04/01/10, 10/01/01, 06/01/13, 04/20/17, 06/12/18

**I. PURPOSE**

This Policy applies to AHCCCS Complete Care (ACC), ALTCS/EPD, DCS/CMDP (CMDP), DES/DDD (DDD), RBHA Contractors; and Fee-For-Services (FFS) Programs and populations as delineated within this Policy. This Policy does not apply to Federal Emergency Services (FES) outside of emergency services. (For FES, see AMPM Chapter 1100). 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.

**II. DEFINITIONS****CLINICAL LABORATORY  
IMPROVEMENT ACT (CLIA)**

A certificate issued on the basis of the laboratory's accreditation by an organization approved by Center's for Medicare and Medicaid (CMS) in accordance with 42 CFR 493.61.

**LABORATORY**

A facility for the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or that otherwise describes the presence or absence of various substances or organisms in the body as defined in 42 CFR 493.2.

**III. POLICY**

Any laboratory that has the proper CLIA certifications and is an AHCCCS registered provider may perform laboratory tests. Contractors 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.