

PATHOLOGY AND LABORATORY GUIDELINES

This Fee Schedule has been updated to incorporate by reference the 2021 Edition of the American Medical Association's *Current Procedural Terminology* (CPT®) publication, 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® are preceded by an AZ identifier and numbered in the following format: AZxxx. The Industrial Commission has adopted the Clinical Laboratory Fee Schedule (CLAB) used by Medicare to reimburse the majority of pathology and laboratory services (see additional information regarding publications adopted by reference in the Introduction Section 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® and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

- A. A healthcare provider seeking reimbursement for presumptive or “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 healthcare provider's interpretation of the “point of care” testing.

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

CPT® codes 80305-80307 are used for reporting presumptive drug class screening. Each code represents all drugs and drug classes performed by the respective methodology per date of service.

Healthcare providers performing validity testing on urine specimens utilized for drug testing shall not separately bill the validity testing. For example, if a laboratory performs a urinary pH, specific gravity, creatinine, nitrates, oxidants, or other tests to confirm that a urine specimen is not adulterated, this testing is not separately billed.

Definitive drug testing may be reported with HCPCS codes G0480 - G0483. These codes differ based on the number of drug classes including metabolites tested. Only one code from this group of codes may be reported per date of service. Any request for quantitative or definitive testing requires documentation that qualifies necessity.

G0480 – Definitive drug testing 1 – 7 drug class(es) including metabolite(s) if performed

G0481 – Definitive drug testing 8 – 14 drug class(es) including metabolite(s) if performed

G0482 – Definitive drug testing 15 – 21 drug class(es) including metabolite(s) if performed

G0483 – Definitive drug testing 22 or more drug class(es), including metabolite(s) if performed.

U0001 – Laboratory testing for infection of SARS-CoV-2/2019-nCoV (COVID-19). Tests developed by the CDC.

U0002 – Laboratory testing for infection of SARS-CoV2/2019-nCoV (COVID-19). Non-CDC developed tests.